

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

77 MILLION REPUBLICANS FUND

Report Covering the Period: From: **01** / **01** / **2014** To: **03** / **31** / **2014**

14031241986

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		00
(b) Cash on Hand at Beginning of Reporting Period.....	00	
(c) Total Receipts (from Line 19)	00	00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	00	00
7. Total Disbursements (from Line 31).....	00	00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	00	00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

77 MILLION REPUBLICANS FUND

Report Covering the Period: From: **01** / **01** / **2014** To: **03** / **31** / **2014**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

0.0

0.0

(ii) Unitemized.....

0.0

0.0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....

0.0

0.0

(b) Political Party Committees.....

0.0

0.0

(c) Other Political Committees (such as PACs).....

0.0

0.0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....

0.0

0.0

12. Transfers From Affiliated/Other Party Committees.....

0.0

0.0

13. All Loans Received.....

0.0

0.0

14. Loan Repayments Received.....

0.0

0.0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.0

0.0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.0

0.0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.0

0.0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.0

0.0

(b) Levin Funds (from Schedule H5).....

0.0

0.0

(c) Total Transfers (add 18(a) and 18(b))..

0.0

0.0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....

0.0

0.0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....

0.0

0.0

14031241987

DETAILED SUMMARY PAGE
of Disbursements

14031241988

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00	00
24. Independent Expenditures (use Schedule E).....	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	00	00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.0	00
34. Total Contribution Refunds (from Line 28(d))	0.0	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.0	00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.0	00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.0	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.0	00

14031241989

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 1

11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
00

SUBTOTAL of Receipts This Page (optional).....▶ **00**

TOTAL This Period (last page this line number only).....▶ **00**

14031241990

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14031241991

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<u>00</u>	<u>00</u>	<u>00</u>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<u>MM / DD / YYYY</u>	<u>MM / DD / YYYY</u>	<u> </u> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <u> </u>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <u> </u>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <u> </u>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <u> </u>

SUBTOTALS This Period This Page (optional)..... ▶	<u>00</u>
TOTALS This Period (last page in this line only)..... ▶	<u>00</u>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031241992

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

77 MILLION REPUBLICANS FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="00"/>	Amount Incurred This Period <input style="width:90%;" type="text" value="00"/>	Payment This Period <input style="width:90%;" type="text" value="00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="00"/>
---	---	---	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text"/>	Amount Incurred This Period <input style="width:90%;" type="text"/>	Payment This Period <input style="width:90%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text"/>
--	--	--	--

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text"/>	Amount Incurred This Period <input style="width:90%;" type="text"/>	Payment This Period <input style="width:90%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text"/>
--	--	--	--

1) SUBTOTALS This Period This Page (optional)..... ▶	<input style="width:90%;" type="text" value="00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input style="width:90%;" type="text" value="00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input style="width:90%;" type="text" value="00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:90%;" type="text" value="00"/>

14031241994

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

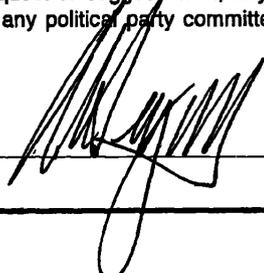
NAME OF COMMITTEE (In Full) 77 MILLION REPUBLICANS FUND	FEC IDENTIFICATION NUMBER C00541557
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City State Zip Code	Amount
Purpose of Expenditure	<input type="text" value="00"/>
Category/Type <input type="text" value=""/>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value=""/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City State Zip Code	Amount
Purpose of Expenditure	<input type="text" value="000"/>
Category/Type <input type="text" value=""/>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text" value=""/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text" value="00"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text" value="00"/>
(c) TOTAL Independent Expenditures	<input type="text" value="00"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date / /

14031241995

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) 77 MILLION REPUBLICANS FUND	<input type="checkbox"/> Check if 24-hour notice
---	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
---	--

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code	Purpose of Expenditure <input type="checkbox"/> Category/Type Date M M / D D D / Y Y Y Y Y Y Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	
Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code	Purpose of Expenditure <input type="checkbox"/> Category/Type Date M M / D D D / Y Y Y Y Y Y Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	
Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code	Purpose of Expenditure <input type="checkbox"/> Category/Type Date M M / D D D / Y Y Y Y Y Y Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	
Aggregate General Election Expenditure for this Candidate ▶	

SUBTOTAL of Expenditures This Page (optional).....▶	00
TOTAL This Period (last page this line number only).....▶	00

14031241996

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

77 MILLION REPUBLICANS FUND

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

14031241997

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

77 MILLION REPUBLICANS FUND

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

14031241998

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	00
ii) Generic Voter Drive	00
iii) Exempt Activities	00
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	00
b) _____	00
c) Total Amount Transferred For Direct Fundraising	00
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	00
b) _____	00
c) Total Amount Transferred For Direct Candidate Support	00
vi) Public Communications Referring Only to Party (Made by PAC)	00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	00
TOTAL This Period (Generic Voter Drive)	00
TOTAL This Period (Exempt Activities)	00
TOTAL This Period (Direct Fundraising)	00
TOTAL This Period (Direct Candidate Support)	00
TOTAL This Period (Public Communications Referring Only to Party)	00
TOTAL This Period (Total Amount Transferred)	00

14031241999

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

A. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Purpose of Disbursement:
 Activity or Event Identifier: Category/Type

Allocated Activity or Event Year-To-Date:
 Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Purpose of Disbursement:
 Activity or Event Identifier: Category/Type

Allocated Activity or Event Year-To-Date:
 Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Purpose of Disbursement:
 Activity or Event Identifier: Category/Type

Allocated Activity or Event Year-To-Date:
 Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

14031242000

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

77 MILLION REPUBLICANS FUND

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

00

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

00

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

00

iii) GOTV

GOTV

Total Amount Transferred for GOTV

00

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

00

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

00

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

00

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID

00

iii) GOTV

GOTV

Total Amount Transferred for GOTV

00

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

00

TOTAL This Period (Voter ID)

00

TOTAL This Period (GOTV).....

00

TOTAL This Period (Generic Campaign Activity).....

00

TOTAL This Period (Total Amount of Transfers Received).....

00

14031242001

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date [-----] 00	
City	State	Zip Code	<input type="checkbox"/>	Date
Purpose of Disbursement			Category/ Type <input type="checkbox"/>	[MM] / [DD] / [YYYY]
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
[-----] 00 + [-----] 00 = [-----] 00				

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date [-----]	
City	State	Zip Code	<input type="checkbox"/>	Date
Purpose of Disbursement			Category/ Type <input type="checkbox"/>	[MM] / [DD] / [YYYY]
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
[-----] + [-----] = [-----]				

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date [-----]	
City	State	Zip Code	<input type="checkbox"/>	Date
Purpose of Disbursement			Category/ Type <input type="checkbox"/>	[MM] / [DD] / [YYYY]
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
[-----] + [-----] = [-----]				

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
[-----] 00 + [-----] 00 = [-----] 00				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE TOTAL AMOUNT				
[-----] 00 [-----] 00				
TOTAL This Period for the Levin Share				
[-----] 00				

14031242002

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

14031242003

NAME OF COMMITTEE (In Full) 77 MILLION REPUBLICANS FUND
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	00	00
(b) Unitemized	00	00
(c) Total	00	00
2. OTHER RECEIPTS	00	00
3. TOTAL RECEIPTS (Add Lines 1c and 2)	00	00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	00	00
(b) Voter ID	00	00
(c) GOTV	00	00
(d) Generic Campaign	00	00
(e) Total	00	00
5. OTHER DISBURSEMENTS	00	00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	00	00
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	00	00
8. RECEIPTS (from Line 3)	00	00
9. SUBTOTAL (Add Lines 7 and 8)	00	00
10. DISBURSEMENTS (From Line 6)	00	00
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	00	00

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period 00</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date 00</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>	<p>00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>	<p>00</p>

14031242004

SCHEDULE L-B (FEC Form 3X)

**ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE **1** OF **1**
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
77 MILLION REPUBLICANS FUND

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

00

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

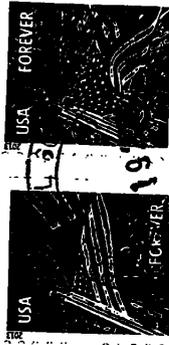
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14031242005

14031242006

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PREPARER
(8/2013)

5/27/14

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