FEC FORM 3X

Office

Use

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 MAR 30 AM 7: 15

FEC FORM 3X

Rev. 12/2004

1.	NAME OF COMMITTEE (in		OR PRINT ▼		mple: If typer the lines.	oing, type	12FE	4M5		
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Ц			<u> </u>		1 1 1					
ADI	ORESS (number ar	nd street)	93, Wali	(101+1+1	151016	ch I		1111		<u></u>
	Check if diff than previou reported. (A	ıslv .	01/100/11/11	<u> </u>				- , , ,	1-1	
2.	FEC IDENTIFIC			CITY ▲	1 1 1		STATE 4	<u> </u>	ZIP COD	DE 🛦
) 5	C			3. IS THIS REPORT	G	NEW (N) OF		AMENDED (A)		
4.	TYPE OF RE (Choose One)	PORT (I) Monthly . Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M:		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
1	(a) Quarterly Re	ports:		Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		(Non-Election Year Only) Jan 31 (YE)
ĺ	April 15 Quarter	ly Report (Q1)	(c) 12-Day		Primary (1:			neral (12G)		Runoff (12R)
<u> </u>	July 15 Quarter	ly Report (Q2)	PRE-Electio Report for the		Convention		(프)	ecial (12S)		(12.1)
	October Quarter	r 15 ly Report (Q3)	neport for t	ile.	CONVENIIO					
Ď	January Year-Er	/ 31 nd Report (YE)	E	Election on	MVM	/ [0 7 0] /		YY	in the State of	
	Report	Mid-Year (Non-election nly) (MY)	(d) 30-Day POST-Electi	141	General (3	0G)	Ru	noff (30R)		Special (30S)
	Termina (TER)	ation Report	•	election on	M V M Y	/ 0-0		Y -	in the State of	
5.	Covering Period	O'	B"\ Zc	TU	through	ڰ	<u>්</u> ද්	Ŋ'ŊŎ	T.C	
	-		eport and to the be $A_{\alpha}(l, \alpha_{i, k})$		_		true, corre	ct and comple	te.	
iyp	e or Print Name	or treasurer Z	11 -	Frede	ارس ل					· .
Sig	nature of Treasure	er Am	dy Fi	unding	<u> </u>	<u></u>	Date	ڻ کُل ' گُ		YOTE

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name	N	
12 124cm	schewitzer	
Report Covering the Period: From:		To: 01 / 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1,		7(73
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7. Total Disbursements (from Line 31)	. [71:73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	[
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	· · · · · · · · · · · · · · · · · · ·
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)	·	Page 3
Write or Type Committee Name		
Draft Brian SC	hewitzer	
	To To	
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)		
Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other		
Party Committees		
14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	
(Carry Totals to Line 37, page 5)		
Political Committees		
18. Transfers from Non-Federal and Levin Fund (a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		
20. Total Federal Receipts		
ICHNIFACT LING TRICK FRANCISCO TON	11 Z Z I H	11 P

2016 · 08 · 80 · 08 · 00057987

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		1 100 100 100
	Activity (from Schedule H4)		
	(i) Federal Share		8 11 /1N 8 8 /1N 8 10/m
		Lenner of the formation	
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party	0	
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	9	
24	Independent Expenditures		
£-7,	(use Schedule E)	5	
25.	Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	5	
	THE STATE OF THE S		
26.	Loan Repayments Made	5 5 5 5 5 5 5 5 5	
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		La range of the second
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Tabel Cambridge Defends		
	(d) Total Contribution Refunds	2	
	(add Lines 28(a), (b), and (c))▶		
20	Other Disbursements	7177	
LJ.	Other Dispursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		\
	With Federal Funds		Lasynaryna Con
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
	T. D.		•
إ ٦.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	L	Language Tin
20	Total Endored Diphuron-serts		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

2016-05-30-05-00057989

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) ် (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures <u>တ</u> (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 115 11c 12 **Detailed Summary Page** 13 14 15 16 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) Schewitzer Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. 2016 03 30 -Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 03-00057990 City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation

☐ Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	MAM , DAD , ARARA
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	·

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....

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

Receipt For:

Primary

General

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedul for each category of t	e(s) (check he	INE NUMBER: only one) 21b 22 23 2	PAGE OF 25 □ 26
	·	Detailed Summary Pa	ae I 📖	27 28a 28b	28c 29 30b
Any information copied from such F or for commercial purposes, other t					
NAME OF COMMITTEE (In Full					
Full Name (Last, First, Middle In	in sch	ewitces			
Full Name (Last, First, Middle In Mailing Address		6		Date of Disburseme	ent
Mailing Address	iteg ?	Grond		C)	7 6 7 6
I can street					
city water low?	;	State Zip Code	10		
Purpose of Disbursement	1				
Cetter to the Ch	for cant	Paiso			sbursement this Period
			Category Type		71.73
Office Sought: House Senate		ment For: Primary Gener	al		
Presiden		Other (specify) ▼	 -		
State: District: 5 Full Name (Last, First, Middle In	nitiol)				·
B.	maij			Date of Disburseme	ent
Mailing Address				/ D Y D) (<u> </u>
City	1	State Zip Code	ı	1	
Purpose of Disbursement			[
Candidate Name		_			sbursement this Period
/ ⊒ì			Category Type	W	
Office Sought: House Senate	Disburse	ment For: Primary Gener	ral .		
Presiden	ıt 📗	Other (specify)	u.	·	
State: District:	/				
Full Name (Last, First, Middle Ir C.	nuarj			Date of Disburseme	ent
Mailing Address		<u> </u>		///	, [, , , , , , ,]
City		State Zip Code			
Purpose of Disbursement	Purpose of Disbursement				
Örrallidas Norra					sbursement this Period
Candidate Name		·	Categor Type	·	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Office Sought: House	Disburse	ment For:		1	
Senate Presiden	nt	Primary Gener Gen	raı		
State: District:					

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

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

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30
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992

ANS	Use separate s	chedule(s) PAGE OF
ANS	for each catego Detailed Summ	ory of the
ME OF COMMITTEE (In Full)		
LOAN SOURCE Full Name (Last, First, Middle In	itial)	Election:
	,	Primary General
Mailing Address		Other (specify) ▼
City State	ZIP Code	
_	ulative Payment To Date	Balance Outstanding at Close of This I
	·	
TERMS Date Incurred	Date Due Inte	erest Rate Secured:
MYM) / [DID] / [YYYYY] [MYM]	/ [D.0] / [A.A.A.A.A.]	% (apr) Yes
List All Endorsers or Guarantors (if any) to Loa	n Source	
1. Full Name (Last, First, Middle Initial)	Name of Employe	er
Mailing Address	Occupation	
	Amount 75	
City State ZIP	Code Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employe	er
Mailing Address	Occupation	
	Amount	
City State ZIP	Code Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employe	er
Mailing Address	Occupation	
	Amount	
City State ZIF	Code Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employe	er
Mailing Address	Occupation	
City State ZIF	Amount Code Guaranteed Outstanding:	
JBTOTALS This Period This Page (optional)		

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

2016 - 0M - MO - 0M - 0005799K

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

ederal Election Commission, Washington, D.C	C. 20463	Tage or concaute o
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		0/
Mailing Address	Date Incurred or Established	
City State Zip	p Code Date Due	MAN (DOD) (YAYAAA
A. Has loan been restructured? No	Yes If yes, date originally incurre	ed Marm / Darb / Marriage
Amount of this Oraw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for No Yes (Endorsers and	r the debt incurred? ad guarantors must be reported on Schedule C.	.)
property, goods, negotiable instruments	collateral for the loan: real estate, personal its, certificates of deposit, chattel papers, deposit, or other similar traditional collateral?	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future collateral for the loan? No	receipts of interest income, pledged as Yes If yes, specify:	What is the estimated value?
A depository account must be establis to 11 CFR 100.82(e)(2) and 100.142(e)		
Date account established:	Address:	· .
[WAM] \ [B-D] \ [A-A-	City, State, Zip:	
F. If neither of the types of collateral describe loan amount, state the basis upon	cribed above was pledged for this loan, or if the which this loan was made and the basis on w	e amount pledged does not equal or exceed which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		MON (DOCO) (TANANA
H. Attach a signed copy of the loan agree	eement.	
are accurate as stated above. II. The loan was made on terms an similar extensions of credit to oth. III. This institution is aware of the re-	INSTITUTION: nowledge, the terms of the loan and other infor nd conditions (including interest rate) no more f her borrowers of comparable credit worthiness. equirement that a loan must be made on a bas set forth at 11 CFR 100.82 and 100.142 in mal	avorable at the time than those imposed for
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	MAM (DAD) (AAAAAA

2016 · 03 · 30 · 05 · 00057994

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

9

	numbered line)	10
	•	
or or Creditor	Nature of Debt (Purpose):
Zip Code		
Payment This Period	Outstanding Ba	alance at Close of This Period
or Creditor	Nature of Debt (Purpose):
7in Codo		
Zip Code		
Dormant This Davied	Outstanding P	olongo at Class of This Bariad
		alance at Close of This Period
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or or Creditor	Nature of Debt (Purpose):
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line of Summary Page (last nage	only)	
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FEC IDENTIFICATION NUMBER Check	MIZED INDEPENDENT EXPENDITURES					AGE OR LINE 2	OF 24 OF FORM 3
Check if 24-hour notice 48-hour notice Category Date Mailing Address Amount City State Zip Code Category Office Sought House State Sende District Purpose of Expenditure Category Disbursement For Primary General Calendar Year-To-Date Per Election For Office Sought For Office Sought For Office Mailing Address District Check One: Support Oppose Calendar Year-To-Date Per Election Office Sought For Office Category Date Mailing Address Date For Office Category Date Mailing Address City State Zip Code Calendar Year-To-Date Per Election Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election Opposed Disbursement For: Primary General Calendar Year-To-Date Per Election Opposed Opposed Opposed Opposed Substottal of Itemized Independent Expenditures Disbursement For: Primary General Other (specify) Other (specify) Other (specify) Other (specify) Disbursement For: Primary General Other (specify) Other (spe	ME OF COMMITTEE (In Full)	·			<u> </u>		
Mailing Address Amount City State Zip Code Category							
Mailing Address Amount City State Zip Code Category	Check if 24-hour notice 48-hour notice					^	<u> </u>
Mailing Address City State Zip Code Office Sought: House State: Senate Persident Check One: Support Opposed by Expenditure: Category Office Sought: President Check One: Support Office Sought Office Sought Office Sought: President Check One: Support Opposed State: Senate Persident Check One: Support Opposed State: Senate President Check One: Support Opposed State: Senate Persident Check One: Support Opposed State: Senate Persident Check One: Support Opposed State: Senate Persident Check One: Support Opposed State: Senate President Check One: Support Opposed S				Date			
Amount Purpose of Expenditure					1 [M.J.	0 U D /	LANANA RA
Category/ Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought State President Check One; Support Opposed Other (specify) Calendar Year-To-Date Per Election for Office Sought Type Date Primary General Candidate Check One; Support Other (specify) Full Name (Last, First, Middle Initial) of Payee Date D	Mailing Address			L		الحجا	<u></u>
Purpose of Expenditure Category/ Office Sought: House State: Senate District: President Check One: Support Opposed Opposed	•			Amou	ńt		
Name of Federal Candidate Supported or Opposed by Expenditure: Category/	City State	Zip Code				********************************	
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Candidate Support Other (specify) Disbursement For: Primary General Candidate Support Other (specify) Date Da	Purpose of Expenditure		Offic	e Soug			
Cleek One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code Date Amount Check One: Primary General Other (specify) Amount City State Zip Code Office Sought: House State: Senate District: President Check One: Support Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Other (specify) Substruct Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) Substruct Support Oppose Disbursement For: Primary General Other (specify) Substruct Other (specify) Type Disbursement For: Other (specify) Type Other (specify) Type Disbursement For: Other (specify) Type Other (specify) Type Disbursement For: Other (specify) Disbursement For: Other (specify) Disbursement For: Other (specify) Type Disbursement For: Other (specify) Disburs	Name of Federal Condidate Supported as Opposed by Experience				\vdash		District:
Full Name (Last, First, Middle Initial) of Payee Date	Name of Pederal Candidate Supported of Opposed by Exper	ionure.	Che	ck One:		Support	Oppose
Full Name (Last, First, Middle Initial) of Payee Date	Odicilidal Teal-10-Date Fel Liection		Disb				General
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type General Candidate Supported or Opposed by Expenditure: Check One: Support Opposed Calendar Year-To-Date Per Election for Office Sought Other (specify) a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary General Other (specify) TOTAL Independent Expenditures Check One: Opposed Disbursement For: Primary General Other (specify) TOTAL Independent Expenditures Disbursement For: Opposed Disbursement For: Other (specify) TOTAL Independent Expenditures Disbursement For: Other (specify)	ISI Silios Googin (L.J.L./L./L.				tner (spec	···y) ▶	
Amount City State Zip Code Purpose of Expenditure Category/ Type	Full Name (Last, First, Middle Initial) of Payee			Date			
Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Opposed Calendar Year-To-Date Per Election Tor Office Sought Other (specify) a) SUBTOTAL of Itemized Independent Expenditures. Disbursement For: Primary General Other (specify) TOTAL Independent Expenditures. Disbursement For: Thing General Other (specify) TOTAL Independent Expenditures. Disbursement For: Thing General Other (specify) TOTAL Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures. Disbursement For: Thing General Other (specify) Total Independent Expenditures on the Independent Expenditures				T.	1_M_1	DQ\	14-04-04-01
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Opposed Other (specify) Other	Mailing Address	I r		Amou	int	لــــــــــــــــــــــــــــــــــــــ	
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Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	Purpose of Expenditure	Category/	Offic	e Soug	ht:	House	State:
Calendar Year-To-Date Per Election for Office Sought Support Support Oppose Other (specify) a) SUBTOTAL of Itemized Independent Expenditures b) SUBTOTAL of Unitemized Independent Expenditures c) TOTAL Independent Expenditures c) TOTAL Independent Expenditures b) Inder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concitin, 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.				•		Senate	District:
Calendar Year-To-Date Per Election for Office Sought	Name of Federal Candidate Supported or Opposed by Exper	nditure:			닏	President	
a) SUBTOTAL of Itemized Independent Expenditures			Che	ck One:	: []	Support	Oppose
a) SUBTOTAL of Itemized Independent Expenditures	Calendar Year-To-Date Per Election		Disb	urseme	nt For:	Primary	General
b) SUBTOTAL of Unitemized Independent Expenditures				o	ther (spec	ify) ▶	
b) SUBTOTAL of Unitemized Independent Expenditures	a) SURTOTAL of Itemized Independent Expenditures					J	
Inder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concith, 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.					_*/)\'		<u></u>
Inder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concith, 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. Date	b) SUBTOTAL of Unitemized Independent Expenditures		• •				*
Inder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concith, 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. Date	(a) TOTAL hadanandara Farran (*)						
ith, 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. Date	(c) IVIAL Independent Expenditures		· •			h4/g\	
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		Date	• <u> </u>	n			

20-6 - 0M - MO - 0M - 00057996

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 **PAGE** OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? NO | YES If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional). TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

2016 · 03 · 30 · 03 · 00057997

- 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 Fuil)
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
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

20-6 : 0M : MO : 0M : 000050000

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

ALLOCATION RATIOS		
NAME OF COMMITTEE (In Full)		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	· · · · · · · · · · · · · · · · · · ·
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	t derived by federal cand junications or voter drives	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL O	NONEEDEDAL 9/
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL, %
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL O	NONEEDEDAL 9/
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL ~	NONECDEDAY
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

PAGE	С	F		
FOR LINE	18a	OF	FORM	зх

ME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER REC	EIVED	
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity	or Event Identifier)	
a)		₩
u ,		
b)		
c) Total Amount Transferred For	Direct Fundraising	
v) Direct Candidate Support (List	Activity or Event Identifier)	
a)		
b)		
c) Total Amount Transferred For	Direct Candidate Support	
vi) Public Communications Referr	ing Only to Party (Made by PAC)	
	TOTALS FOR BREAKDOWN OF TRANSFER RECEIV	/ED
FAL This Period (Administrative)		/ <u></u>
FAL This Period (Generic Voter Drive)		E (4) D D (5)
•		
TAL, This Period (Exempt Activities)		
FAL This Period (Direct Fundraising)		~ <u></u>
FAL This Period (Direct Candidate Su	pport)	
IAL This Period (Public Communicatio	ons Referring Only to Party)	
TAI This Period (Total Amount Transfe	erred)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR UN	JE 21a OF FOI	SM SY

NAME OF COMMITTEE (In Full)

A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code	· · · · · · · · · · · · · · · · · · ·	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	1	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date Date
) Î	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
μ :			
. — B.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
,	Andrew Address		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
)	City State Zip Code		Public Comm (ref to party only) by PAC
%	Purpose of Disbursement:	T	Allocated Activity or Event Year-To-Date
) 7 3	Tupose of Dispursement.		<u></u>
- }	Activity or Event Identifier:	Category/	
))		Туре	Date
<i>ያ</i> ጉ	FEDERAL SHARE + NONFEDERAL	SHARE	TOTAL AMOUNT
)			
c .	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
•	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
		T	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	Category/	[MUM] / [LOLOD] / [LADANANA]
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
_	INDICATAL of Allegated Endered and Non-Endered Activity This Dags		
3	UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL	CHADE	TOTAL AMOUNT
		. STANE	- LOIVE VIGORAL
			المستحدث المستحدث المستحدث المستحدث المستحدد الم
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and FEDERAL SHARE NONFEDERAL		are to 21(a)(ii)) TOTAL AMOUNT
	LEDELLY SILVE		

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)

PAGE OF FOR LINE 18b OF FORM 3X

1414= 6= -	2001117	There or process	TATAL AMANUS STATES
IAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		[M.S.W] \ D.S.D.] \ [A.V.A.T.A.T.A.]	
BREAKDOW	/N OF THIS TRANSFER		
D	Voter Registration	VOTER REGIST	ration
•	Total Amount Transferred for Vote	er Registration	
			VOTER ID
ii)	Voter ID		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Total Amount Transferred for Vote	er ID	
***			GOTV
(11)	GOTV Total Amount Transferred for GO	DV	
	Iolal Amount Transferred for GO		
iv)	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
		neric Campaign Activity	
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		[M-M] / [D-D] / [A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	
DDEAKDOW	AN OF THE TRANSCER		· · · · · · · · · · · · · · · · · · ·
	VN OF THIS TRANSFER	VOTER REGIS	TRATION
i)	Voter Registration	\ <u></u>	
	Total Amount Transferred for Vot	er Registration	
ii)	Voter ID		VOTER ID
,	Total Amount Transferred for Vot	er ID	
iii)	GOTV	أنسم	GOTV
	Total Amount Transferred for GO	TV	
		Longon d'accompany	GENERIC CAMPAIGN ACTIVITY
ív)	Generic Campaign Activity Total Amount Transferred for Gel	C Addith	
	lotal Amount Transferred for Gel	neric Campaign Activity	
	TOTALS FOR B	REAKDOWN OF TRANSFER RECEIVED ((Last Page Only)
TOTAL	This Period (Voter Registration).		
		[
TOTAL	This Period (Voter ID)		
		1	
TOTAL	This Period (GOTV)		, = 0
	· , , , , , , , , , , , , , , , , , , ,		
TOTAL	This Parind (Ganaria Campaian	Activity)	
IUIAI	- This renot (Generic Campaign)	Activity)	[
		ansfers Received)	

2016 - 0M - MO - 0M - 00058002

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)

PAGE OF

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code Purpose of Disbursement Category/	[Mand \ Lazal \ Lazad \ Lazad
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address City State Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement Category/	Date Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code Purpose of Disbursement Coteografia	[MAN] \ [Land] \ [Landand]
Type	Date
FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	. = TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	<u>.</u>
FEDERAL SHARE LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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

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

3

<u>0</u> 3

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

FOR LINE NUMBER:

2

OF

PAGE

(check only one) 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. D 03 Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation 0005×004 Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. **Mailing Address** Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMB	ER:	PAG	E	OF
FOR LINE NUMB (check only one)	Η'	4a 4b	4c 4d	5

OF LEVIN FUNDS		Aggregation Page	4b 4d 3
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no	of be sold or used by any per	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) / Full Or	ganization Name		
A.			Date of Disbursement
Mailing Address			- Many (Daron) (Aranana
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Or	ganization Name		
В.	3		Date of Disbursement
Mailing Address	·		- M.A. , [0.0] , [4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full O	rganization Name		
C.			Date of Disbursement
Mailing Address			- MARM \ [DRO] \ [ALARATA]
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		,	
Full Name (Last, First, Middle Initial) / Full O	rganization Name	· · · · · · · · · · · · · · · · · · ·	
D.			Date of Disbursement
Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MAM (DAD) AAAAAA
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full O	rganization Name		
E.			Date of Disbursement
Mailing Address			HAWN (LOLD) , LAGAALAA
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (option	nat)		
			[

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

999 C Street, NW

Februar Commission

OE AAM 810S



wolcoH,

SYS WONCOTT TOWN

ENVELOPE REPLACEN The FEC added this page to t		COMING DOCUMENTS
Hand Delivered		Date of Receipt
USPS First Class Mail	Postmarked NIME	Date of Receipt 3/30/16
USPS Registered/Certified		Postmarked (R/C)
USPS Priority Mail	,	Postmarked
	· _	
USPS Priority Mail Express		Postmarked
Postmark Illegible		
No Postmark		
Overnight Delivery Service	(Specify):	Shipping Date
	Next	Business Day Delivery
Received from House Reco	rds & Registration Offi	Date of Receipt ce
Received from Senate Publi	ic Records Office	Date of Receipt
Received from Electronic Fi	ling Office	Date of Receipt
Other (Specify):	. D	ate of Receipt or Postmarked
PREPARER O		3/30/16 DATE PREPARED
(3/2015)		