

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2017 APR 24 PM 2:41

FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4MS

Supporting Young Down Ballot, Support Pac

ADDRESS (number and street) 118 Vintag Park Blvd
Suite W
Houston TX 77070-1

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000617977

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(A) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(B) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Pre-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Post-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(C) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input checked="" type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on [] [] [] in the State of []

(D) 30-Day POST-Election Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
---	---------------------------------------	--

Election on [] [] [] in the State of []

5. Covering Period [] [] [] through [] [] []

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer David Jackson

Signature of Treasurer [Signature] Date 03 30 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30102.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
Rev. 05/2015

2017-04-24 14:40:10

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name:

Support Your Down Ballot

Report Covering the Period:

From:

To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,

(b) Cash on Hand at Beginning of Reporting Period.....

(c) Total Receipts (from Line 10).....

(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).....

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

9. 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 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

2017-04-24 10:00:00

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 05/2015)

Page 3

Write or Type Committee Name

Support Your Down Ballot

Report Covering the Period: From: [] [] [] 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).....		
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(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.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Accounts (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 (subtract Line 16(c) from Line 19).....▶		

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

	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		
(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 Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) -		
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)		

CONFIDENTIAL - 2014-04-01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)		
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 (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

2017-04-24-03-00154991

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

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

FOR LINE NUMBER: PAGE OF

(check only one)

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)
Support Your Down Ballot

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Amount of Each Receipt this Period

2017-04-24 10:00 AM

**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)					PAGE	OF
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27		
	<input type="checkbox"/> 25a	<input type="checkbox"/> 26b	<input type="checkbox"/> 26c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
Support Your Down Ballot

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

NON-FEDERAL CAMPAIGN

**SCHEDULE C (FEC Form 3X)
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page
PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (in Full)
Support Your Down Ballot

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election
 Priority
 General
 Other (specify)

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured

% (APR) Yes 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

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

2017-04-24 10:00:49

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page _____ of Schedule C

NAME OF COMMITTEE (in Full) <i>Support Your Down Ballot</i>	FEC IDENTIFICATION NUMBER C000617977
--	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <i>0</i>	Interest Rate (APR) <i>0</i>
Mailing Address	Date Incurred or Established	
City	Date Due	
State		
Zip Code		

A. Has loan been restructured? No Yes. If yes, date originally incurred

B. If line of credit, Amount of this Draw: *0* Total Outstanding Balance: *0*

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? *0*
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? *0*

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Date account established: _____ Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name: *David Jackson* DATE: *03 30 2017*
 Signature: *[Signature]*

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name	DATE
Signature	
Title	

20170330 10:40:10 AM

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)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (in Full)

SUPPORT YOUR DOWN BALLOT

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

NON-CONFIDENTIAL

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Support Your Down Ballot		FEC IDENTIFICATION NUMBER 00061977	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report		Announce report filed on	

NON-CONFIDENTIAL

Full Name of Payee		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination		
Mailing Address				Amount		
City	State	Zip Code		Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type			
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name of Payee		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination		
Mailing Address				Amount		
City	State	Zip Code		Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type			
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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: *[Signature]* Date: **05 30 2017**

**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**

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

NAME OF COMMITTEE (In Full) Support Your Down Ballot			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee	
If YES, name the designating committee:		Mailing Address	
		City	State ZIP Code

2025 RELEASE UNDER E.O. 14176

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item
Mailing Address			
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶		_____	

Purpose of Expenditure	<input type="checkbox"/> Category/Type
Date	____/____/____
Amount	_____

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item
Mailing Address			
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶		_____	

Purpose of Expenditure	<input type="checkbox"/> Category/Type
Date	____/____/____
Amount	_____

Full Name (Last, First, Middle Initial) of Each Payee			<input checked="" type="checkbox"/> Memo Item
Mailing Address			
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶		_____	

Purpose of Expenditure	<input type="checkbox"/> Category/Type
Date	____/____/____
Amount	_____

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

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)

Support Your Down Ballot

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

Indicate ratio below

Federal [] %

Nonfederal [] %

This ratio applies to (check all that apply):

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

2017-04-24-03-00-154966

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)
Support Your Down Ballot

**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 timespace method.

2017-04-24 00:00:00

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 checked="" type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %
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	FEDERAL % <input type="text" value=""/> %	NONFEDERAL % <input type="text" value=""/> %
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	FEDERAL % <input type="text" value=""/> %	NONFEDERAL % <input type="text" value=""/> %
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	FEDERAL % <input type="text" value=""/> %	NONFEDERAL % <input type="text" value=""/> %
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	FEDERAL % <input type="text" value=""/> %	NONFEDERAL % <input type="text" value=""/> %
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	FEDERAL % <input type="text" value=""/> %	NONFEDERAL % <input type="text" value=""/> %

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

PAGE 07
 OF
 FOR LINE 15e OF FORM 3X

NAME OF COMMITTEE (in Full)

Support Your Down Ballot

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

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 Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

ACCOUNT NO 14024

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

NAME OF COMMITTEE (In Full)
Support Your Down Ballot

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>1</u>		<u>1</u>		<u>1</u>

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

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
<u>1</u>		<u>1</u>		<u>1</u>

TOTAL This Period (last page for each line only) (Federal share to 21(a)(1) and NonFederal share to 21(a)(2))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>1</u>		<u>1</u>		<u>1</u>

2018-10-14 10:40:10

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

NAME OF COMMITTEE (in Full)
Support Your Down Ballot

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration
Total Amount Transferred for Voter Registration... **VOTER REGISTRATION**
- ii) Voter ID
Total Amount Transferred for Voter ID... **VOTER ID**
- iii) GOTV
Total Amount Transferred for GOTV... **GOTV**
- iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity... **GENERIC CAMPAIGN ACTIVITY**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration
Total Amount Transferred for Voter Registration... **VOTER REGISTRATION**
- ii) Voter ID
Total Amount Transferred for Voter ID... **VOTER ID**
- iii) GOTV
Total Amount Transferred for GOTV... **GOTV**
- iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity... **GENERIC CAMPAIGN ACTIVITY**

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration) ...
- TOTAL This Period (Voter ID) ...
- TOTAL This Period (GOTV) ...
- TOTAL This Period (Generic Campaign Activity) ...
- TOTAL This Period (Total Amount of Transfers Received) ...

NON-PROFIT ORGANIZATION

**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 (to Full)
Support Your Down Ballot

2017-04-24 00:15:00

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category Type

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category Type

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category Type

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Allocated Activity or Event Year-To-Date

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)(1) and Levin share to 30(a)(1))

FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT

TOTAL This Period for the Levin Share

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

NAME OF COMMITTEE (In Full) Support Your Down Ballot
 NAME OF ACCOUNT

ACCOUNT-00 | WO | 2 | 40 | 4 | 10 | 10

	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 (Add Lines 1a and 2)		
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, see 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**

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

PAGE 1 OF

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

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)

Support Your Down Ballot

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2017-04-24 10:00:00

**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 OF
(check only one) 4a 4c 5
 4b 4d

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)
Support Your Down Ballot

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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 Memo Item

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 Memo Item

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 Memo Item

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)

2018-05-10 10:40:10

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 4/21/17
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

4/24/17
 DATE PREPARED

2017-04-24 09:00:00