

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 FEB -2 PM 12:27

Office Use Only

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

ADDRESS (number and street) 15 Arredondo Ave

Check if different than previously reported. (ACC) St. Augustine FL 32080

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C00581322

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07/09/2015 through 12/31/2015

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 Justin Breidenstein

Signature of Treasurer [Signature] Date 01/28/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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NON-CONFIDENTIAL INFORMATION

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

07 / 09 / 2015

To:

12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

20150106201500045994

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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).....	<input type="text"/>	<input type="text"/>
(ii) Unitemized.....	<input type="text"/>	<input type="text"/>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<input type="text"/>	<input type="text"/>
(b) Political Party Committees.....	<input type="text"/>	<input type="text"/>
(c) Other Political Committees (such as PACs).....	<input type="text"/>	<input type="text"/>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<input type="text"/>	<input type="text"/>
12. Transfers From Affiliated/Other Party Committees.....	<input type="text"/>	<input type="text"/>
13. All Loans Received.....	<input type="text"/>	<input type="text"/>
14. Loan Repayments Received.....	<input type="text"/>	<input type="text"/>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<input type="text"/>	<input type="text"/>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	<input type="text"/>	<input type="text"/>
17. Other Federal Receipts (Dividends, Interest, etc.).....	<input type="text"/>	<input type="text"/>
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	<input type="text"/>	<input type="text"/>
(b) Levin Funds (from Schedule H5).....	<input type="text"/>	<input type="text"/>
(c) Total Transfers (add 18(a) and 18(b))..	<input type="text"/>	<input type="text"/>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<input type="text"/>	<input type="text"/>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<input type="text"/>	<input type="text"/>

NON-FEDERAL AND LEVIN FUNDS

## DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

### 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 .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(ii) Non-Federal Share.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(b) Other Federal Operating Expenditures .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).....▶	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
22. Transfers to Affiliated/Other Party Committees.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
24. Independent Expenditures (use Schedule E).....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
26. Loan Repayments Made.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
27. Loans Made.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(b) Political Party Committees .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(c) Other Political Committees (such as PACs).....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....▶	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
29. Other Disbursements .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(ii) "Levin" Share.....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(b) Federal Election Activity Paid Entirely With Federal Funds .....	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**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) .....		
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) .....		

NON-PROFIT ORGANIZATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 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)

**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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

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

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

2016-02-20 10:00:00

**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"/> 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

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)

<b>A.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code		
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>B.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code		
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>C.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code		
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

2025 RELEASE UNDER E.O. 14176

# 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)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Election:  
 Primary  
 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:

MM / DD / YYYY      MM / DD / YYYY      % (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.

2010-01-01 10:10:00 AM



# 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)	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> _____
-----------------------------	--

<b>LENDING INSTITUTION (LENDER)</b> Full Name	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y ____/____/____
City State Zip Code	Date Due	M M / D D / Y Y Y Y ____/____/____

A. Has loan been restructured?  No  Yes If yes, date originally incurred      M M / D D / Y Y Y Y  
     /      /     

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

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?  
\_\_\_\_\_  
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?  
\_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_

Date account established:      M M /      D D /      Y Y Y Y  
     /      /     

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 Signature	DATE M M / D D / Y Y Y Y ____/____/____
---	---

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 Signature	DATE M M / D D / Y Y Y Y ____/____/____
Title	

2025 RELEASE UNDER E.O. 14176

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full) \_\_\_\_\_

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: 100%; height: 15px; border: 1px solid black;" type="text"/>	

Amount Incurred This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	Payment This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	Outstanding Balance at Close of This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>
---	---	---

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: 100%; height: 15px; border: 1px solid black;" type="text"/>	

Amount Incurred This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	Payment This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	Outstanding Balance at Close of This Period <input style="width: 100%; height: 15px; border: 1px solid black;" 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: 100%; height: 15px; border: 1px solid black;" type="text"/>	

Amount Incurred This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	Payment This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>	Outstanding Balance at Close of This Period <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>
---	---	---

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>
2) <b>TOTALS</b> This Period (last page this line number only).....▶	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>

NON-FUNCTIONAL INFORMATION

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

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on
		<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

20110819 09:02 AM

**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)

PAGE OF  
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)	<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 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	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y	
City State Zip Code	Amount <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y	
City State Zip Code	Amount <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y	
City State Zip Code	Amount <input type="text"/>	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

40000400001NO1NO101010

**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)

**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

20110101 10:00:00 AM

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

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

**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.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> %

2016-01-01 10:00:00

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

**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) .....

2019-02-02 10:00:00

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:	Activity or Event Identifier:		Date		
		Category/ Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:	Activity or Event Identifier:		Date		
		Category/ Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:	Activity or Event Identifier:		Date		
		Category/ Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	

<b>SUBTOTAL of Allocated Federal and NonFederal Activity This Page</b>					
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))</b>					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	

20110120 10:01:00 AM



**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)

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

**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
	MM / DD / YYYY	

**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).....

20110101 0000490000

**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)

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	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

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	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
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	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

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

NOT FOR CIRCULATION

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

NAME OF COMMITTEE (In Full)

NAME 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 .....		
(Add Lines 1c 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, 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)		

NOT FOR CIRCULATION: BOB BUCHHEIT

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

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

PAGE OF

FOR LINE NUMBER:  1a  2  
(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)

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

2010-02-01 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:  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

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

NON-FUNCTIONAL: 000049000-1

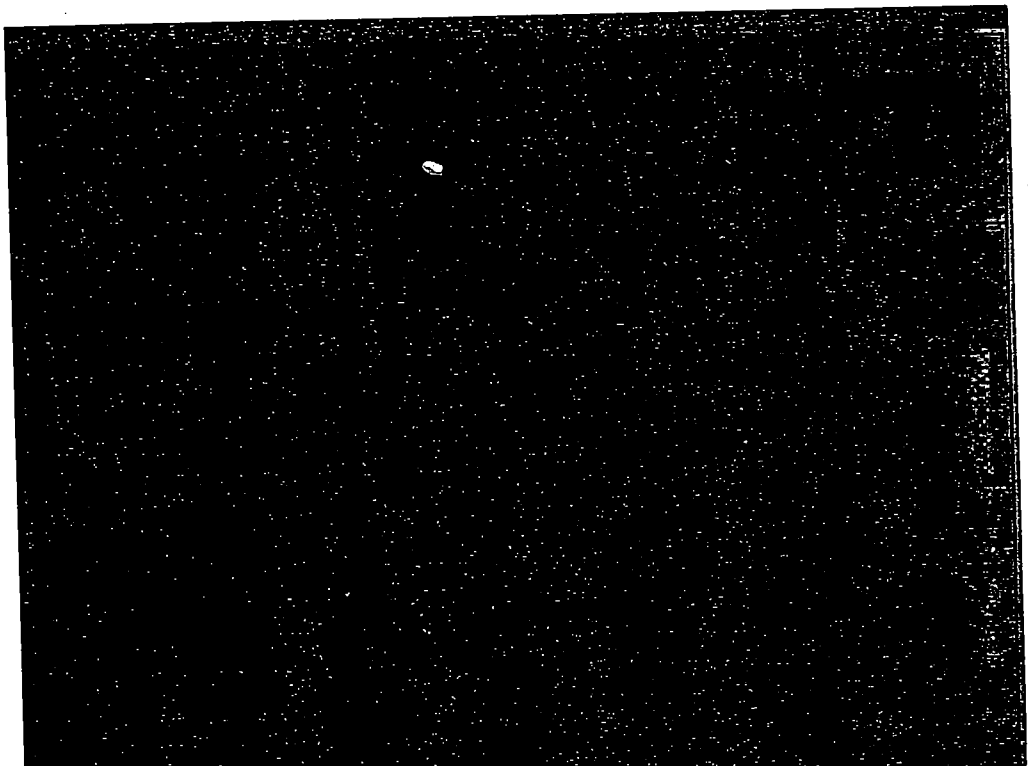
# N|B|W

NEVILLE BREIDENSTEIN WAINIO CPAs

P.O. BOX 1583

ST. AUGUSTINE, FL 32085

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463.



2016 FEB 02 PM 12:22

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Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked Date of Receipt  
NONE 2/2/16

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 Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER  
(3/2015)

*Jr*

2/2/16  
DATE PREPARED

11-00040000-1-NO-1-NO-1-010101