

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 DEC 17 AM 9:51  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5** **FEC-MAIL CENTER**

**HIP HOP UNITED**

ADDRESS (number and street) **26 MOORE AVENUE**

Check if different than previously reported. (ACC)

**CHERRY HILL, NJ 08034**

**CHERRY HILL, NJ NJ 08034**

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

**000569574**

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:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	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)

Election on M M / D D / Y Y Y Y in the State of

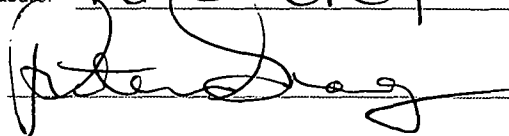
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period **10 15 2014** through **12 04 2014**

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 **Peter Gray**

Signature of Treasurer 

Date **12 04 2014**

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

Office Use Only								
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**HIP HOP UNITED**

Report Covering the Period: From:

**10 15 2014**

To:

**12 04 2014**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2014</b>		0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0	0
7. Total Disbursements (from Line 31).....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0	0
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HIP HOP UNITED**

Report Covering the Period: From:

**10 ' 15 ' 2014**

To:

**12 ' 04 ' 2014**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0
(ii) Unitemized .....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

FROM: 10/15/2014

**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 .....		
(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 .....		
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)(ii) and Line 30(a)(ii) from Line 31) .....		

FROM FINANCIAL STATEMENTS

**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) .....		

11041-1010-0110



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF	6
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 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)  
**HIP HOP UNITED**

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<b>600569574</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	

1-800-4-A-FED-1-2004

**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 2 OF 16

<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)

HIP HOP UNITED

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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:		

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

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



1-11-03 10:41 AM

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

**LOANS**

NAME OF COMMITTEE (In Full)  
**HIP HOP UNITED**

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

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	(M-M) / (D-D) / (Y-Y-Y-Y)	(M-M) / (D-D) / (Y-Y-Y-Y)	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶		○
<b>TOTALS</b> 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.			

FORM 1001-1001-1001



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

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

PAGE 4 OF 16

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full) **HIP HOP UNITED**

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)▶			

FROM AND CONTAIN

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

PAGE 5 OF 16  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <h1 style="text-align: center; margin: 0;">HIP HOP UNITED</h1>	FEC IDENTIFICATION NUMBER ▼ <h2 style="text-align: center; margin: 0;">C 00569574</h2>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

FROM: INFO: QMONT

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	[REDACTED] ○
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	[REDACTED] ○
(c) <b>TOTAL</b> Independent Expenditures.....▶	[REDACTED] ○

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 \_\_\_\_\_



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

NAME OF COMMITTEE (In Full) **HIP HOP UNITED**

**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.

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

FORM 1001-0001

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

NAME OF COMMITTEE (In Full)  
**HIP HOP UNITED**

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	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**

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

FROM: INFO: 09/11/2004

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

NAME OF COMMITTEE (In Full) HIP HOP UNITED

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:		Category/ Type	Date
Activity or Event Identifier:			M M / D D / Y Y Y Y
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:		Category/ Type	Date
Activity or Event Identifier:			M M / D D / Y Y Y Y
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:		Category/ Type	Date
Activity or Event Identifier:			M M / D D / Y Y Y Y
FEDERAL SHARE		+	NONFEDERAL SHARE
		=	TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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FORM 1 - 01/10 - 01/10

**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)

NAME OF COMMITTEE (In Full) **HIPHOP UNITED**

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID .....	
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV .....	
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity .....	

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID .....	
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV .....	
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL</b> This Period (Voter Registration).....	
<b>TOTAL</b> This Period (Voter ID) .....	
<b>TOTAL</b> This Period (GOTV).....	
<b>TOTAL</b> This Period (Generic Campaign Activity).....	
<b>TOTAL</b> This Period (Total Amount of Transfers Received).....	

ACTION - AMIC - ONLINE





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

NAME OF COMMITTEE (In Full)	HIP HOP UNITED
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD		COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS			
(a) Itemized ..... (Use Schedule L-A)	0		0
(b) Unitemized .....	0		0
(c) Total .....	0		0
2. OTHER RECEIPTS .....	0		0
3. TOTAL RECEIPTS .....	0		0
(Add Lines 1c and 2)			
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
(a) Voter Registration .....	0		0
(b) Voter ID .....	0		0
(c) GOTV .....	0		0
(d) Generic Campaign .....	0		0
(e) Total .....	0		0
5. OTHER DISBURSEMENTS .....	0		0
6. TOTAL DISBURSEMENTS .....	0		0
(Add Lines 4e and 5)			
7. BEGINNING CASH ON HAND .....	0		0
(for Column B, use cash as of January 1st)			
8. RECEIPTS .....	0		0
(from Line 3)			
9. SUBTOTAL .....	0		0
(Add Lines 7 and 8)			
10. DISBURSEMENTS .....	0		0
(From Line 6)			
11. ENDING CASH ON HAND .....	0		0
(Subtract Line 10 From Line 9)			

FROM: HINDS | GUNN | LEVIN

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

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

FOR LINE NUMBER:  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)  
**HIP HOP UNITED**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>Mailing Address</p>	
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	
<p><b>B.</b></p> <p>Mailing Address</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	
<p><b>C.</b></p> <p>Mailing Address</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	<p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name</p>	
<p><b>D.</b></p> <p>Mailing Address</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p>
<p>City State Zip Code</p>	<p>Amount of Each Receipt this Period</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	<p>Aggregate Year-to-Date</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>	<p>.....</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	<p>.....</p>

FORM 1-2010-0104

**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 **13** OF **16**  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)  
**HIPHOPUNITED**

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
M M / D D / Y Y Y Y

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

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
M M / D D / Y Y Y Y

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

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
M M / D D / Y Y Y Y

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

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

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

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
M M / D D / Y Y Y Y

Mailing Address  
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) ..... ▶

UNLINED - OUPH - UNOH

**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 14 of Schedule C

NAME OF COMMITTEE (In Full) <b>HIPHOP UNITED</b>		FEC IDENTIFICATION NUMBER <b>C 00569574</b>	
LENDING INSTITUTION (LENDER) 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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). 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 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			

FORM 1000 - 01/01/01

**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)

HIP HOP UNITED

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.....  %

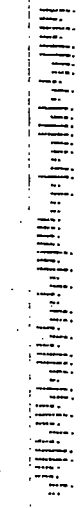
Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

11/10/04 10:04 AM

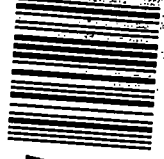
UNITED STATES POSTAL SERVICE



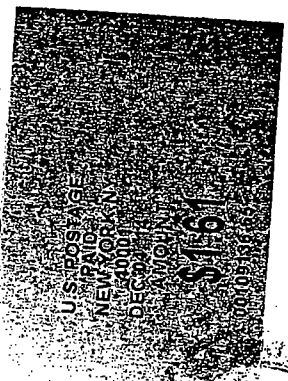
MOORE AVE  
MERRY HILL, NJ 08034



1000



20483




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

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<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  
 (8/2013)

12/17/14  
 DATE PREPARED

FROM AND ON