140% - 186 - 0815

FE7AN014

FEC FORM 3X

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

RECEIVED

2014 DEC 17 Ajj 9: 51 Office Use Only

1.			ME MM			Ε(in	full)
ıL	1	ı)	Ц	C	۱ ۱	\Box

TYPE OR PRINT ▼

Example: If typing, type

12FE4M5 EC MAIL CENTER

COMMITTEE (III Idii)	•	over the lines.				
HIPHOPUNI	TED				 	
ADDRESS (number and street) Check if different than previously reported. (ACC)	26 MOOR HERRY H	LINJ.	14E 0803	<u>y</u> (28034 	
2. FEC IDENTIFICATION NUMB	ER ▼ CITY.	\	STATE	E▲	ZIP CO	DE 🛦
0.0056957	3. IS 1		NEW OR	AME (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On: Mar 20	(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	0 (M8) 0 (M9) 0 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	(c) 12-Day PRE-Election Report for the: Election	Primary (12F Convention (M / /	12C)	General (1 Special (1	·	Runoff (12R)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the: Election		G) . o o / Y - V	Runoff (30	in the State o	Special (30S)
5. Covering Period	(1.5) 2014	through	1.2	04´	2014	
Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous	teter Gr	3	Date	12	-1841	•
Office Use Only					FEC FOF Rev. 12/2	•

1403 - 136 - 0316

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

10 15 2014 TO: 12 04 2014

		COLUMN A This Period			LUMN B r Year-to-Date	
3 .	(a) Cash on Hand January 1, 2011				,	. 0
	(b) Cash on Hand at Beginning of Reporting Period		. 🔿			
	(c) Total Receipts (from Line 19)	in and the second of the secon			. 1	. 🔿
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	y	. 0		,	
7.	Total Disbursements (from Line 31)	1 8		, ·	,	. 🔿
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	The state of the s		. 7	7 .	. 🔿
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\circ			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		- O			

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

FE6AN026

1403 - 136 - 0317

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HIP HOP UNITED

To: Report Covering the Period: From: COLUMN A COLUMN B I. Receipts **Total This Period** 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 Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

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)	t	Caleridal real-to-bate
	(i) Federal Share		, ,
	(ii) Non-Federal Share		, , ,
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	\mathcal{O}	
22.	Transfers to Affiliated/Other Party		
23.	Committees		, , , , , O
24	Independent Expenditures		., . ,
	(use Schedule E)		·
25.	(52 U.S.C. § 30116(d)) (use Schedule F)		
26.	Loan Repayments Made		-1
27.	Loans Made		
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	and the second of the second o	2.29 ·
	(d) Total Contribution Refunds	1	
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	Le representation of the CO	The second of th
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	The state of the s	, . ,
	(ii) He exical Objects		· · · · · · · · · · · · · · ·
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	and the state of t	
	With Federal Funds	(J)	• • • • • • • • • • • • •
	(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))	0	
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	3	, , , , , , , , , , , , , , , , , , ,

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)		
24	(from Line 11(d), page 3)	Secretaria de la Caracteria de la Caract	
34.	(from Line 28(d))	\bigcap	
35.	Net Contributions (other than loans)		
Ψ.	(subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures		
	(add Line 21(a)(i) and Line 21(b))	i di kacamatan dan kacamatan dan dan dan dan dan dan dan dan dan d	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
37.	Offsets to Operating Expenditures		
	(from Line 15, page 3)	Levillar reduced with a first of the city of	
38.	Net Operating Expenditures		
	(subtract Line 37 from Line 36)	- Hawaisa a arang sa karang sa magalang ang Palangan Palangan Palangan Palangan Palangan Palangan Palangan Pal	

SCHEDULE A (FEC Form 3X)

SCHEDOLL A (I LC I OHII 3A)	Use separate schedule(s)	(shock only one)
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		3331 33311
HIP HOP UNITE	D	
Full Name (Last, First, Middle Initial) .		Date of Receipt
Mailing Address		M
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	9569574	
Name of Employer Occupation	1	-
Receipt For: Primary	Year-to-Date ▼	
	y constant	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M M / O D / Y Y Y
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	· · · · · · · · · · · · · · · · · · ·	. ,
Name of Employer Occupation	n	
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		
G. Mailing Address		Date of Receipt
City State	ZIp Code	Amount of Each Receipt this Period
FEC ID number of contributing tederal political committee.	. •	3 3 3 3 3 3 3 3 3 3
Name of Employer Occupatio	n	
Receipt For: Primary General Other (specify) ▼	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, , ,
TOTAL This Period (last page this line number only)		

IT

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 26		
A	<u> </u>	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
HIP HOP UNIT	ED				
Full Name (Last, First, Middle Initial) A.			Date of Disbursement		
Mailing Address					
City	State Zip Code		· · · · · · · · · · · · · · · · · · ·		
Purpose of Disbursement	- 1	777 777 .	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	en er er 200 werte stockt bestatiet in de seine Gebeure 1982 onder 1985 bestatiet in		
Office Sought: House Disburser Senate President	nent For: Primary				
State: District: Full Name (Last, First, Middle Initial)					
B.			Date of Disbursement		
Mailing Address	Mailing Address				
City	City State Zip Code				
Purpose of Disbursement	ose of Disbursement				
			Amount of Each Disbursement this Period		
Candidate Name Office Sought: House Disburser		Category/ Type	en e		
Senate President	ment For: Primary General Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)		,		
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only			,		

SCHEDULE C (FEC Form 3X) LOANS

OF PAGE Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X Detailed Summary Page NAME OF COMMITTEE (In Full) HOP UNITED 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 to be sugar and pro-**TERMS** Date Due Interest Rate Secured: Date Incurred M - M - / "D - D - / "Y - Y - Y - Y - Y -Yes No % (apr) and 😘 (Comment) 🛵 to the de List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State City ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code City State Guaranteed 1 13. ٠,٠ Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code 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.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

:		
		9
	П	10

OF O

		ambered line) 10
AME OF COMMITTEE (In Full)	IIP HOPUNITED	
A. Full Name (Last, First, Middle		Nature of Debt (Purpose):
/		realist of Bost (, diposs).
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
City State	Zip Code	
Ony State	210 0000	
Outstanding Ratance Reginning	This Parlad	
Outstanding Balance Beginning) 1110 01100	
grant transfer out our transfer out to	A CONTRACTOR OF THE CONTRACTOR	
Amount Incurred This F	Period Payment This Period	Outstanding Balance at Close of This Period
The state of the s	the company of the contract of	, , .
B. Full Name (Last, First, Middle	Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		_
Walling Address		
City State	Zip Code	7
Outstanding Balance Beginning	This Period	
The family of the 2004	•	
-0+10+20+10 +30 10		
Amount Incurred This F	Period Payment This Period	Outstanding Balance at Close of This Period
South out with the suite of the	race Market and the state of t	3 3 °
C. Full Name (Last, First, Middle	e initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning		
Amount Incurred This 1		Outstanding Balance at Close of This Period
gradus sanga in langa		
The state of the s	the state of the s	, 3
<u> </u>		
1) SUBTOTALS This Period This	Page (optional)	•
		- , , ,
TOTALS This Period (last page	this line number only)	• , , . , . ()
3) TOTAL OUTSTANDING LOANS	S from Schedule C (last page only)	• • • • • • • • • • • • • • • • • • •
4) ADD 2) and 3) and carry forwa	rd to appropriate line of Summary Page (last page only)	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE))	OF	- 1	K	,
FOR LINE	24	OF	FO	ŘΜ	ЗХ

NAME OF COMMITTEE (In Full)	_	FEC IDENTIFICATION NUMBER ▼
HIPHOPUNIT	ED	00569574
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on
Full Name of Payee		Date of Public Distribution/Dissemination
		- M - M , / D O / Y Y Y
Mailing Address		• • • • • • • • • • • • • • • • • • • •
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ -	M M / D D / Y Y Y
	Туре	
Name of Federal Candidate		Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	the in the second	Disbursement For: Primary General
Per Election for Office Sought	entent a trout at a la	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
		M - M / O - O / Y Y - Y Y
Mailing Address		
		Amount
City State	Zip Code	
Side Side	Zip Code	the responsible to the control of
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / 6 0 / Y Y Y Y
	Туре	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		
Per Election for Office Sought	ration that at a t	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•
(A) 011DTOTAL (A) 12 (Sc. 1) 1 (Sc. 1)		
(b) SUBTOTAL of Unitemized Independent Expenditures	***************************************	• (1)
(c) TOTAL Independent Expenditures		• Company of the Comp
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Date	M-M-1/ D-D-7/ M-Y-Y - Y-Y-
Signature		

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

I BEHALF OF CANDIDATES F	PAGE 6 OF 16				
`	e used only t	by Political Committees in the	General Election)	FOR LINE 25 OF FORM 3X	
ME OF COMMITTEE (In Full)	PHC	PUNITET	\supset	Check if 24-hour notice	
s your committee been designated to make ordinated expenditures by a political party of YES NO	l l	Full Name of Subordinate Comm	ittee		
YES, name the designating committee:	1	Mailing Address			
	-	City	Sta	te ZIP C	ode
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Expe	enditure	
Mailing Address					Category/ Type
City	State	Zip Code	Date	о о , у [.]	y '
				.= :	
Name of Federal Candidate Supported	Office Sought	Senate District:	Amount	· .• . · .	
Aggregate General Election Expenditure for this Candidate ▶	un tenne e	Presidential	· ,	25 9t	•
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Expo	enditure	
	····uu				Category/
Mailing Address			Date		Туре
City	State	Zip Code	1 ii 4 k	D - D / P	γ' γ' 'Y
Name of Federal Candidate Supported	Office Sought	Senate District:	Amount	· · •	-
Aggregate General Election Expenditure for this Candidate ▶	in the second second	Presidential	21 mag 2 th	erts, it est a	. 5 - 9
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Exp	enditure	
Mailing Address					Category/ Type
			Date		···
City	State	Zip Code	M - M / 💒	D , D , Y	A. A. A.
Name of Federal Candidate Supported	Office Sough	t: House State: District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ▶	enter en en en	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ // p.13	ure ur 🐧 🔾	. •
SUBTOTAL of Expenditures This Page (opt	ional)				\cap
FOTAL This Period (last page this line num					\tilde{O}

1403 - 156 - 0526

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 7 OF 16

NAME OF COMMITTEE (In Full)

HIPHOP UNITED

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

Methods of allocation:

- 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.

are allocated using a time/space method.		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundralsing Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

1403 - 136 - 0327

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

PAGE 8 OF 6

ME OF COMMITTEE (In Full)	HOP UNITED	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D - D / Y Y Y - Y	•
) ·) ·
BREAKDOWN OF TRANSFER RECEIVE	D	
l) Total Administrative		, ,
II) Generic Voter Drive		, ,
iii) Exempt Activities		3
Iv) Direct Fundraising (List Activity or Ex	vent Identifier)	
	A Company of the Company of the	
a)	The state of the s	
		;
b)	- 49% (** 119	
c) Total Amount Transferred For Direct	t Fundraising	- · · · · · · · · · · · · · · · · · · ·
v) Direct Candidate Support (List Activi	ty or Event Identifier)	
a)		
a)	· , · .	
b)		
~,		
c) Total Amount Transferred For Direc	t Candidate Support	
	••	
vi) Public Communications Referring C	only to Party (Made by PAC)	3 2
	TALS FOR BREAKDOWN OF TRANSFER RECEIVE	
STAL This Desired (Adv. 5-1-1-4) at	• •	
TAL This Period (Administrative)		,
OTAL This Period (Generic Voter Drive)	• • •	
(23,13,10, 73,10, 5,170)		
OTAL This Period (Exempt Activities)	·······	, O
• ,	,	
TAL This Perlod (Direct Fundraising)	······································	mana da ang ang ang ang ang ang ang ang ang an
	mara	
OTAL This Period (Direct Candidate Support	.)	
TAL This Period (Public Communications F	Referring Only to Party)	, , , U
STATE THE DOLL OF THE STATE OF		
JTAL This Period (Total Amount Transferred)	· · · · · · · · · · · · · · · · · · ·

140M - 1MG - 0MN8

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	9	OF	ما	
FOR I	INF 2	ia OF	FORM	3X

	HIP HOP UNITE	ノレ	
Α.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
	Maining Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		3 3 .
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	and the state of t	* -	
	The transfer of the second of	- •	1
8.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<u> </u>	Allocated Activity or Event Year-To-Date
] .	3
	Activity or Event Identifier:	Category/	M · M / D D / Y Y Y
		Туре	Date
	FEDERAL SHARE + NONFEDERAL	=	= TOTAL AMOUNT
		. •	
	Service of the Control of the Contro	•	Allocated Activity or Event:
C.	Full Name (Last, First, Middle Initial)		Allocated Activity of Event. Administrative Fundraising Exempt
	Mailing Address		
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	I	Allocated Activity or Event Year-To-Date
			y y
	Activity or Event Identifier:	Category/ Type	N M / D D / Y - Y · Y · Y · Date
	FEDERAL CHARG	1	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	The state of the s		, , , ,
s	UBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
_	and the second of the second o		
T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and FEDERAL SHARE NONFEDERAL		hare to 21(a)(ii)) TOTAL AMOUNT

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	TC	5 0	F		6	
FOR L	NE	18b	OF	FO	RM	3)

AME OF COM	MITTEE (In Full) HIP F	top uni	TED	
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		M-M / D D /	Y Y Y Y	
		An editor in the		. 3 5
BREAKDOW	IN OF THIS TRANSFER			
i)	Voter Registration		VOTER REGISTR	ATION
,	Total Amount Transferred for Voter	Registration		•
				OTER ID
li)	Voter ID Total Amount Transferred for Voter	ID		
	Total Amount Transferred for Voter		. y	,
· ·	GOTV			GOTV
	Total Amount Transferred for GOT	V		rg v v v v v
iv)	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
•,	Total Amount Transferred for Gene	ric Campaign Activity		en e
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		M - M / D D : /		· · ·
BREAKDOV	VN OF THIS TRANSFER			
l)	Voter Registration		VOTER REGISTE	IATION
	Total Amount Transferred for Voter	Registration	. 7. 2	
115	Makes 19		V	OTER ID
11)	Voter ID Total Amount Transferred for Voter	· ID		
			y - 200	GOTV
iii)	GOTV			GOTV
	Total Amount Transferred for GOT	V		• • • • • • • • • • • • • • • • • • •
iv)	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Gene	eric Campaign Activity		, , , , .
		····		
	TOTALS FOR BR	EAKDOWN OF TRANSFE	R RECEIVED (L	ast Page Only)
TOTAL	L This Period (Voter Registration)	······································	y y	0
TOTAL	L This Period (Voter ID)		y	,
TOTAL	L This Period (GOTV)			\cap
				,
TOTAL	L This Period (Generic Campaign A	Activity)		. , , , , , 0
TOTAL	L This Period (Total Amount of Tran	nsfers Received)		
				7

140M: 1MG: 0MM0

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE	11	OF	16	
FOR L	INE 30	a OF	FORM:	3X

ME OF COMMITTEE (IN FUII) HIP HOP UNITED		•
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Malling Address		Allocated Activity or Event Year-To-Date
City State Zip Code	<u></u>	, ,
Purpose of Disbursement	Category/ Type	мм/во/ччч Date
FEDERAL SHARE + LEVIN SH.	ARE .	= TOTAL AMOUNT
Contract the second of the sec	-	, ,
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		y y · •·
Purpose of Disbursement	Category/ Type	Date
FEDERAL SHARE + LEVIN SH.		TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	···	Allocated Activity or Event Year-To-Date
City State Zip Code		. , , . ,
Purpose of Disbursement	Category/ Type	M M / D D / Y Y Y P
FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
Live to light one on the matter to a professional value of a consequence of the second	. •	·
UBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SH	ARE	= TOTAL AMOUNT
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) an FEDERAL SHARE		
LEVIN SH		, , , , , , , , , , , , , , , , , , ,
OTAL This Period for the Levin Share	b -	

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

NAM	E OF COMMITTEE (In Full) HIP H	10P UNITED	
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		, , <i>O</i>
	(b) Unitemized		, , ,
	(c) Total		
2.	OTHER RECEIPTS	,	i., i, .O
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	, ,	. , ,
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		, , , , , O
	(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 8, use cash as of January 1st)	, , , , , , , , , , , , , , , , , , , ,	,, ,
8.	RECEIPTS(from Line 3)	, , ,	, , . 🛇
9.	SUBTOTAL(Add Lines 7 and 8)		, ,
10.	DISBURSEMENTS(From Line 6)	· · · · · · · · · · · · · · · · · · ·	, ,
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		, , , , ,

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

1a	\neg

PAGE 12 OF

ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category Aggregation Pag		1a 2
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			
NAME OF COMMITTEE (IN FUII) HIP HOPUNITED			
Full Name (Last, First, Middle Initial) / Full Organization Nam A.	e	Date of Receipt	Y - Y - Y - Y
Mailing Address		Assert of Foot Position	
City	State Zip C	Amount of Each Receipt to	nis Penod
Name of Employer or Principal Place of Business		, , , Aggregate Year-to-Date	* • • •
Occupation		, ,	
Full Name (Last, First, Middle Initial) / Full Organization Nam B.	ne	Date of Receipt	Y Ý Y Y
Mailing Address		Amount of Each Receipt	this Poriod
City	State Zip C		inis Feriou
Name of Employer or Principal Place of Business		Aggregate Year-to-Date	•
Occupation		, ,	
Full Name (Last, First, Middle Initial) / Full Organization Nam C.	ne	Date of Receipt אר א י ט ט ט י	Y Y · Y - Y
Mailing Address		Amount of Each Receipt	this Period
City	State Zip C		ino i ched
Name of Employer or Principal Place of Business		Aggregate Year-to-Date	• •
Occupation		• • • • • • • • • • • • • • • • • • • •	
Full Name (Last, First, Middle Initial) / Full Organization Nam D.	ne	Date of Receipt	
Mailing Address			· ·
City	State Zip C	Amount of Each Receipt	this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date	•
Occupation		, , ,	
SUBTOTAL of Receipts This Page (optional)			. 0
TOTAL This Period (last page this line number only)			. 🔿

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

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

FOR LINE NUMBER	4: PA	GE	1.3	OF	IK
(check only one)	_		ı		٦_
·	4a	-	4c	L	_] 5
<u> </u>	4b	L_	4d		

Any Information copied from such Reports and Statements may nor for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) HIPHOPUNITED		
Full Name (Last, First, Middle Initial) / Full Organization Name 4.		Date of Disbursement
Mailing Address		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
r dipose of biobalcomonic		· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		e gerie
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement .		in the setting specific to the
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		grand gr
Full Name (Last, First, Middle Initial) / Full Organization Name E.	}	Date of Disbursement
Mailing Address] NAM / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		3 1 1 1 3 1 3 1 1 1 1 3 1 1 1 1 1 1 1 1
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		, , , ,

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

Supplementary for information found on Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
HIPHOP UNITED		00569574
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
	* 1 . 1	
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	Y Y Y Y O O N M M E
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	1
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? nust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other. No Yes If yes, specify:	of deposit, chattel papers, er similar traditional collateral?	What is the value of this collateral? , , Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of inte 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:	Address:	
The function of the party of th	City, State, Zip:	
F. If neither of the types of collateral described above w the loan amount, state the basis upon which this loa		
G. COMMITTEE TREASURER		DATE
Typed Name Signature		M M / D D / Y Y Y Y
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions (is similar extensions of credit to other borrowers. This institution is aware of the requirement that	including interest rate) no more fa of comparable credit worthiness. t a loan must be made on a basi	avorable at the time than those imposed for s which assures repayment, and has
complied with the requirements set forth at 11 AUTHORIZED REPRESENTATIVE	CFR 100.82 and 100.142 in mak	ing this loan. DATE
Typed Name		M-M / D D / Y Y Y Y
Signature	Fitle Fitter	

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)

OF COMMITTEE (In Full)		
HIPHOPUNITED		
USE ONLY ONE SECTION, A or B		
. 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)		
. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or		
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		
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		

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(8/2013)

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. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify):

DATE PREPARED