

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2020 JUL 16 PM 3:05
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**
BEST DAYS LIE AHEAD COMMITTEE

ADDRESS (number and street) **7121 W Craig Rd 113-6**
 Check if different than previously reported. (ACC)
Las Vegas Nv 89129

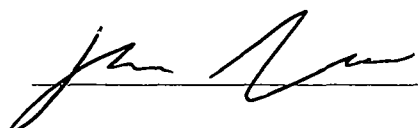
2. **FEC IDENTIFICATION NUMBER ▼** **C 00749168** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
 3. IS THIS REPORT **N** NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:	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)
<input checked="" type="checkbox"/> (b) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)		
	Convention (12C)	Special (12S)			
	Election on				in the State of
<input type="checkbox"/> (c) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)		
	Election on				in the State of

5. Covering Period **04 01 2020** through **07 01 2020**

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 **Jim Neal**

Signature of Treasurer  Date **07 06 2020**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name
BEST DAYS LIE AHEAD COMMITTEE

Report Covering the Period: From: ^M04 / ^D01 / ^Y2020 To: ^M07 / ^D01 / ^Y2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		\$0.00
(b) Cash on Hand at Beginning of Reporting Period.....	\$0.00	
(c) Total Receipts (from Line 19).....	\$535.00	\$535.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$535.00	\$535.00
7. Total Disbursements (from Line 31).....	\$535.00	\$535.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$00.00	\$00.00
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
1050 First Street, N.E.
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

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Page 3

Write or Type Committee Name

BEST DAYS LIE AHEAD COMMITTEE

Report Covering the Period: From: 04^M / 01^D / 2020^{Y Y} To: 07^M / 01^D / 2020^{Y Y}

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).....	\$0.00	\$0.00
(ii) Unitemized.....	\$535.00	\$535.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$535.00	\$535.00
(b) Political Party Committees.....	\$0.00	\$0.00
(c) Other Political Committees (such as PACs).....	\$0.00	\$0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	\$535.00	\$535.00
12. Transfers From Affiliated/Other Party Committees.....	\$0.00	\$0.00
13. All Loans Received.....	\$0.00	\$0.00
14. Loan Repayments Received.....	\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	\$0.00	\$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$0.00	\$0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$0.00	\$0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	\$0.00	\$0.00
(b) Levin Funds (from Schedule H5).....	\$0.00	\$0.00
(c) Total Transfers (add 18(a) and 18(b))..	\$0.00	\$0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	\$535.00	\$535.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	\$535.00	\$535.00

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DETAILED SUMMARY PAGE

of Disbursements

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	\$0.00	\$0.00
(ii) Non-Federal Share.....	\$0.00	\$0.00
(b) Other Federal Operating Expenditures	\$21.15	\$21.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	\$0.00	\$0.00
22. Transfers to Affiliated/Other Party Committees.....	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$0.00	\$0.00
24. Independent Expenditures (use Schedule E)	\$513.85	\$513.85
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	\$0.00	\$0.00
26. Loan Repayments Made.....	\$0.00	\$0.00
27. Loans Made.....	\$0.00	\$0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs).....	\$0.00	\$0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	\$0.00	\$0.00
29. Other Disbursements (Including Non-Federal Donations).....	\$0.00	\$0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		\$0.00
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	\$0.00	\$0.00
(ii) "Levin" Share.....	\$0.00	\$0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	\$0.00	\$0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	\$0.00	\$0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	\$535.00	\$535.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$535.00	\$535.00

INFORMATION NOT TO BE GIVEN

DETAILED SUMMARY PAGE

of Disbursements

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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)	\$535.00	\$535.00
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$535.00	\$535.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	\$21.15	\$21.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	\$0.00	\$0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	\$21.15	\$21.15

UNRECORDED COPY - NO OTHER

**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	
	<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	<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)
BEST DAYS LIE AHEAD COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ACT BLUE			Date of Receipt	
Mailing Address P.O. Box 441146			M M / D D / Y Y Y Y 06 30 2020	
City Somerville	State MA	Zip Code 02144	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			535.00	
Name of Employer (for Individual)		Occupation (for Individual)	<input checked="" type="checkbox"/> Memo Item	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	TOTAL EARMARKED THROUGH CONDUIT, PAC LIMITS NOT AFFECTED	

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

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

SUBTOTAL of Receipts This Page (optional).....▶	535.00
TOTAL This Period (last page this line number only).....▶	535.00

**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"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <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)
BEST DAYS LIE AHEAD COMMITTEE

A. Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
City		State		Zip Code		FEC Identification Number	
Purpose of Disbursement				C			
Candidate Name				Amount of Each Disbursement this Period			
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) ▼				Memo Item	
State:		District:					

B. Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
City		State		Zip Code		FEC Identification Number	
Purpose of Disbursement				C			
Candidate Name				Amount of Each Disbursement this Period			
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)				Memo Item	
State:		District:					

C. Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
City		State		Zip Code		FEC Identification Number	
Purpose of Disbursement				C			
Candidate Name				Amount of Each Disbursement this Period			
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) ▼				Memo Item	
State:		District:					

SUBTOTAL of Disbursements This Page (optional).....▶				, , .			
TOTAL This Period (last page this line number only).....▶				, , \$0.00 .			

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
BEST DAYS LIE AHEAD COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			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: , , .

SUBTOTALS This Period This Page (optional).....▶	, , .
TOTALS This Period (last page in this line only).....▶	, , . \$0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITTEE				FEC IDENTIFICATION NUMBER C 00749168					
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				
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: M M / D D / Y Y Y Y				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	

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)
BEST DAYS LIE AHEAD COMMITTEE

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).....▶	,	,	\$0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	,	,	\$0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	,	,	\$0.00

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

NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C 00749168
---	--

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee GOOGLE ADS		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <small>MM / DD / YYYY</small> 06 / 30 / 2020	
Mailing Address 1600 Amphitheatre Parkway				Amount	
City MOUNTAIN VIEW	State CA	Zip Code 94043		\$513.85	
Purpose of Expenditure Campaign Advertising			Category/Type		
Name of Federal Candidate: Joe Biden			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			\$513.85		Disbursement For: <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <small>MM / DD / YYYY</small>	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation <small>MM / DD / YYYY</small>	
Purpose of Expenditure			Category/Type		
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					Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶	, ,	\$513.85
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	, ,	\$0.00
(a) TOTAL Independent Expenditures	▶	, ,	\$513.85

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.

James Bell
Signature

Date **07** ^M / **06** ^D / **2020** ^{Y Y}

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

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

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

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

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

SUBTOTAL of Expenditures This Page (optional).....▶	, , .	
TOTAL This Period (last page this line number only).....▶	, , .	\$0.00

20160501 10:00 AM 10/10/2016 10:00 AM

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)
BEST DAYS LIE AHEAD COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)
BEST DAYS LIE AHEAD COMMITTEE

**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	. %	. %

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

NAME OF COMMITTEE (In Full)
BEST DAYS LIE AHEAD COMMITTEE

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

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).....	, , .

UNRECORDED AND FILED

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
BEST DAYS LIE AHEAD COMMITTEE

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			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	, , .	
Activity or Event Identifier:			Date M M / D D / Y Y Y Y	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
, , .		, , .		, , .

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			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	, , .	
Activity or Event Identifier:			Date M M / D D / Y Y Y Y	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
, , .		, , .		, , .

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			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	, , .	
Activity or Event Identifier:			Date 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
, , .		, , .		, , .

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
, , .		, , .		, , .

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)
BEST DAYS LIE AHEAD COMMITTEE

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

BREAKDOWN OF THIS TRANSFER

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

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

**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)
BEST DAYS LIE AHEAD COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	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	Category/ Type	Date	
Purpose of Disbursement				M M / D D / Y Y Y Y	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	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	Category/ Type	Date	
Purpose of Disbursement				M M / D D / Y Y Y Y	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	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	Category/ Type	Date	
Purpose of Disbursement				M M / D D / Y Y Y Y	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

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

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

NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITTEE
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)		

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

Use separate schedule(s) for each category of the Aggregation Page	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;">PAGE</td> <td style="text-align: left; padding-left: 10px;">OF</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">FOR LINE NUMBER: (check only one)</td> </tr> <tr> <td style="text-align: center; padding: 0 10px;"><input type="checkbox"/> 1a</td> <td style="text-align: center; padding: 0 10px;"><input type="checkbox"/> 2</td> </tr> </table>	PAGE	OF	FOR LINE NUMBER: (check only one)		<input type="checkbox"/> 1a	<input type="checkbox"/> 2
PAGE	OF						
FOR LINE NUMBER: (check only one)							
<input type="checkbox"/> 1a	<input type="checkbox"/> 2						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

▶	NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITTEE
---	---

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .
City	State	Zip Code		

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .
City	State	Zip Code		

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .
City	State	Zip Code		

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 45%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table> Name of Employer (for Individual) Occupation (for Individual)	City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .
City	State	Zip Code		

SUBTOTAL of Receipts This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , . \$0.00

**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: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)
BEST DAYS LIE AHEAD COMMITTEE

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

Date of Disbursement
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 Memo Item

Date of Disbursement
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 Memo Item

Date of Disbursement
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 Memo Item

Date of Disbursement
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 Memo Item

Date of Disbursement
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).....▶

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PAYMENT BY ACCOUNT (if applicable) USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.	
ORIGIN (POSTAL SERVICE USE ONLY)	
PO ZIP Code 89108	Scheduled Delivery Date (MM/DD/YY) 7/14/20
Date Accepted (MM/DD/YY) 7/13/20	Scheduled Delivery Time <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM
Time Accepted 11:45 AM	10:30 AM Delivery Fee \$
Special Handling/Fragile	Sunday/Holiday Premium Fee \$
Weight 3 lbs. 3 ozs.	Acceptance Employee Initials CIA
Postage \$26.35	Insurance Fee \$
Return Receipt Fee \$	Live Animal Transportation Fee \$
Total Postage & Fees \$26.35	
DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/13/20
<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	7/20/20 DATE PREPARED

(3/2015)

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