WINDHINGS - WE - WE - GRADN

FEC FORM 3X

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2020 JUL 16 PH 3: 05

Rev. 05/2016

1.	COMM	OF ITTEE (in full)	TYPE OR	PRINT V		ample. If ty or the lines.		12FE4M	5		
L.	BEST	DÀYS LIE AHEAI	р сомм	ITTEE	ll . ll	_1 1	1 1 1 1 1	1 1 1 1		11.	
							<u></u>	<u> </u>			
AD	DRESS	(number and street)	7121	V Craig _₁ R	d 113-6				<u></u>		لسبب
>	Ch tha	neck if different an previously ported. (ACC)	Las V	egas				NV	89129	 	
2.	FEC II	DENTIFICATION NU	JMBER ▼		CITY A		· · · · · · · · · · · · · · · · · · ·	STATE A	ZI	IP CO	DE 🛦
	C	00749168			3. IS THIS REPORT	N	NEW (N) OR	^AA (A)	MENDED)		
4.	TYPE (Choose	OF REPORT e One)	(b) Moi Rep	•	Feb 20 (M2)	Media sur mana di	May 20 (M5)	Aug	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Qı	uarterly Reports:		, o	Mar 20 (M3)	1	Jun 20 (M6)	Sep	20 (M9)		Dec 20 (M12) (Non-Election : Year Only)
		April 15 Quarterly Report (Q)1)		Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
	x	July 15	(C)	12-Day PRE-Election	on	Primary (1	2P)	General	(12G)		Runoff (12R)
		Quarterly Report (Quarterly Re		Report for the:		Convention (12C)		Special (12S)			
		Quarterly Report (Q January 31 Year-End Report (Y			Election on	м м	/ D D /	Y Y Y Y		n the State of	, F
		July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day		General (3	30G)	Runoff (30R)		Special (30S)
		Termination Report (TER)		Report for t	ine: Election on	M M	/ D D /	Y - Y - Y - Y		n the State of	f
5.	Coverir	ng Period 04	м / D О1		20	through	м м 07	01	ž020 [°]	Υ.	
		I have examined th	lim	and to the be	est of my kno	wledge and	d belief it is tru	e, correct an	complete.		
Тур	e or Pri	nt Name of Treasure	r		,						
Sig	nature o	f Treasurer	In	1	<i>_</i>		D	ate 07	06	/	2020 * *
NO	TE: Subr	nission of false, errone	eous, or inc	omplete infor	mation may su	ubject the p	erson signing th	nis Report to t	ne penalties	of 52	U.S.C. § 30109
	0	ffice							FEC	FOR	м зх

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:

ົ່ງ4ື້ ດ

2020

To:

7[™] ′ ຽ1 ັ

ည်ကဒိုက^Y

			COLUMN This Perio		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		·	

For further information contact:

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

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

FEC Form 3X (Rev. 05/2016)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

BEST DAYS LIE AHEAD COMMITTEE

Report Covering the Period: From: 04 M / 01 D / 2020 To: 07 M / 01 D / 2020 To:

ì. R	I. Receipts		COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
11. Contributions (oth	er than loans) From:							
(a) Individuals/Po	ersons Other							
Than Politica	l Committees			•••			00.00	
(i) Itemized	(use Schedule A)	,	,	\$0.00	,	,	\$0.00	
(ii) Unitemize	ed	, .	, ,	\$535.00			\$535.00	
(iii) TOTAL (a	add	,	. ,		,	,		
	(a)(i) and (ii)▶	,	,	\$535.00	3	,	\$535.00	
(b) Political Part	y Committees		•	\$0.00			\$0.00	
	al Committees	,	,	•	3	,	•	
` '	Cs)			\$0.00			\$0.00	
(d) Total Contrib	•	,	,	•	2	,	-	
	and (c)) (Carry							
	e 33, page 5)			\$535.00			\$535.00	
12. Transfers From A		9	3	•	,	. 7	· ·	
)			\$0.00			\$0.00	
raity Committees		"	,	,	3	,	•	
13. All Loans Receive	ed	,	,	\$0.00			\$0.00	
		,	·				40.00	
 Loan Repayments 	s Received	,	,	\$0.00	,	,	\$0.00	
Offsets To Operat	ting Expenditures	•	,			,		
(Refunds, Rebate	s, etc.)							
(Carry Totals to L	ine 37, page 5)	,		\$0.00	_	_	\$0.00	
16. Refunds of Contri	ibutions Made	,	,	•	,	,		
to Federal Candid	dates and Other							
Political Committe	ees			\$0.00			\$0.00	
17. Other Federal Re		7	, ,	•	,	,	•	
	st, etc.)			\$0.00			\$0.00	
· ·	on-Federal and Levin Funds	,	,	,40.00		5	10.01	
(a) Non-Federal A								
· •	ule H3)			\$0.00			\$0.00	
(monit concac	20 110/	,	. 3	,40.00	,	,	· · · · ·	
				\$0.00			\$0.00	
(b) Levin Funds (from Schedule H5)	,	,	•0.00	,	,	Ψ0.00	
(a) T-4-1 T	- (-11 40(-)1 40(-))						20.00	
(c) Total Transfers	s (add 18(a) and 18(b))	1	,	<u>\$</u> 0.00	,	,	\$0.00	
19. Total Receipts (ad	dd Lings 11(d)							
				¢ E3E 00		•	\$535.00	
12, 13, 14, 13, 10	6, 17, and 18(c))▶	,	7	\$535.00	,	,	\$535.00	
OO Total Fadaral De-	vointe							
20. Total Federal Red	· ·			\$535 NO			\$ 535.00	
(subtract Line 18)	(c) from Line 19)▶	,	,	\$535.00	,	7	\$535.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements		LUMN A 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
		·	\$0.00	•		\$0.00
	(ii) Non-Federal Share(b) Other Federal Operating	2	, • • • • • • • • • • • • • • • • • • •	,	,	\$0.00
	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	,	, -	,	,	- -
വ	Contributions to	,	, \$0.00	,	,	\$0.00
23.	Contributions to Federal Candidates/Committees	•	\$0.00	,	,	\$0.00
24	and Other Political CommitteesIndependent Expenditures	,	, 40.00	,	,	Ψ0.00
	(use Schedule E)	-	\$513.85			\$513.85
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))	,	, , , , , , , , , , , , , , , , , , , ,	,	,	V 0,0.00
	(use Schedule F)		\$0.00			\$0.00
		,	,	,	,	•
26.	Loan Repayments Made	,	, \$0.00	,	,	\$0.00
^-		,		,	•	
27. 28.	Loans Made Refunds of Contributions To:	,	\$0.00	,	,	\$0.00
	(a) Individuals/Persons Other Than Political Committees					\$0.00
	man Folitical Committees	,	\$0.00	,	,	\$0.00
	(b) Political Party Committees		\$0.00			\$0.00
	(c) Other Political Committees	,	, τ	,	,	φ0.00
	(such as PACs)		\$0.00			\$0.00
	(d) Total Contribution Refunds	,	, ., ., ., ., ., ., ., ., ., ., ., ., .,	1	,	, 0.00
	(add Lines 28(a), (b), and (c))		\$0.00			\$0.00
	ŕ	7	, 40.00	,	7	,
29.	Other Disbursements (Including					
	Non-Federal Donations)	,	, \$0.00	,	,	\$ 0.00
30	Federal Election Activity (52 U.S.C. § 30101(20))	•	,	•	,	
30.	(a) Allocated Federal Election Activity					\$0.00
	(from Schedule H6)			•		
	(i) Federal Share		\$0.00			\$ 0.00
	•	,	, \$0.00	,	,	Ψ0.00
	(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	7	, -	,		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	,	, \$0.00	,	3	\$ 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
	,	1	, 4555.00	,	,	Ψυψυ.00

DETAILED SUMMARY PAGE

of Disbursements

_	FEC Form 3X (Rev. 05/2016)	of Disbursements			Page 5 COLUMN B Calendar Year-to-Date		
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period					
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		1	\$535.00	,	3	\$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)	3	, ,	\$0.00	,	,	\$0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	, , , ,	. ,	\$21.15	2	٠.,٠	\$21.15 °

14.
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D
THE PROPERTY.
SHIRE

CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)				
EMIZED RECEIPTS	for each category of the					
	Detailed Summary Page					
	Otata and a second by a self-					
	Statements may not be sold or used by any pene name and address of any political committee					
	te fiame and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	DOMMITTEE					
BEST DAYS LIE AHEAI	D COMMITTEE					
Full Name of Individual (Last, First, Middle I	nitio) or Full Organization Name					
ACT BLUE	rillary of Full Organization Name	Date of Receipt				
Mailing Address		- 				
P.O. Box 441146	·	M. M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	-				
Somerville	MA 02144	Amount of Each Reseint this Period				
		Amount of Each Receipt this Period				
FEC ID number of contributing	С	\$535.00				
federal political committee.	•	·				
Name of Employer (for Individual)	Occupation (for Individual)	X Memo Item				
· · · · · · · · · · · · · · · · · · ·	, , ,					
Receipt For:	Aggregate Year-to-Date ▼	TOTAL EARMARKED THROUGH COND				
Primary General	Aggregate rear-to-Date ▼	PAC LIMITS NOT AFFECTED				
Other (specify) ▼	535.00	. 7.0 2 3 110 1 7 1 20 125				
	, , .	•				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name					
Tail Harris of Marriada (Edot, First, Wildars II	many of Fair Organization Harris	Date of Receipt				
Mailing Address		-				
Manny / Address		мм / о о / ч ч ч				
City	State Zip Code	-				
- ,	5.0.00 Z.p. 5000	Amount of Each Descipt this Boring				
		Amount of Each Receipt this Period				
FEC ID number of contributing	C					
federal political committee.	•	, , , ,				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
, , ,						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	Aggregate real-to-bate v					
Other (specify) ▼	•					
	, , ,					
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name					
(-10),		Date of Receipt				
Mailing Address		M'M / D D / Y Y Y				
City	State Zip Code					
•		Amount of Each Receipt this Period				
EEC ID number of contribution		- Amount of Each Floodipt this Fellow				
FEC ID number of contributing federal political committee.	С					
occiai ponticai committee.		, , , , , , , , , , , , , , , , , , ,				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
•						
Receipt For:	Aggregate Year-to-Date ▼	· ·				
Primary General	1.33.034.0 .04. 10 .04.0 .					
Cthor (annoity)						
Other (specify)	, , ,					
Other (specify)						
Other (specify)						

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

	SHEDOLE B (FEC FORM 3X)	Use sep	arate schedule(s)		FOR LINE NUMBER: PAGE OF (check only one)				
ITEMIZED DISBURSEMENTS		for each	category of the Summary Page	21b	· ·				
_				28a					
	ny information copied from such Reports and State for commercial purposes, other than using the nai								
abla	NAME OF COMMITTEE (In Full)								
$ \rangle$	BEST DAYS LIE AHEAD COMMIT	TEE							
_	Full Name (Last, First, Middle Initial)				Date of Sieburgerant				
Α.					Date of Disbursement				
	Mailing Address	·							
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement		<u> </u>	· ·	C				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Office Sought: House Disburse		<u> </u>	Type					
	Office Sought: House Disburse Senate	ment For: Primary	General		, , ,				
	President	Other (spe	ecify) ▼		Memo Item				
_	State: District: Full Name (Last, First, Middle Initial)								
В.			Date of Disbursement						
	Mailing Address	M M / D D / Y Y Y							
	City								
			FEC Identification Number						
	Purpose of Disbursement		C						
	Candidate Name	Catego Type			Amount of Each Disbursement this Period				
	<u>├</u>	ment For:		.,,,,,	, ,				
	Senate President	Primary Other (spe	General						
	State: District:	Culci (Spe			Memo Item				
<u> </u>	Full Name (Last, First, Middle Initial)				Data of Dishuraness				
C.					Date of Disbursement				
	Mailing Address	·-	-						
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement		· · · · ·		С				
	Candidate Name	····	•	Category/	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:		Туре	•				
	Senate	Primary	General		, , -				
	President State: District:	Other (spe	ecify) ▼		Memo Item				
L	SUBTOTAL of Disbursements This Page (optional)	·····		>	•				
7	OTAL This Period (last page this line number only)		······	, , \$0.00.				

CHEDULE C (FEC F OANS	orm 3X)			Use separate schedule(s	·		OF
AME OF COMMITTEE !: 5 "				Detailed Summary Page	F(OR LINE 1	3 OF FORM 3X
AME OF COMMITTEE (In Full BEST DAYS LIE AI		MITTEE					
LOAN SOURCE Full Name				☐ Memo Item	Election:	-	
Mailing Address	<u> </u>				l — —	r (specify)	▼
City		State	ZIP Cod	de			
Original Amount of Loan		Cumulative Pa	ayment To		nce Outsta	anding at (Close of This Peri
TERMS Date Incurred			Date Due	Interest Rate		_	Secured:
, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·			- %	(apr)	Yes N
List All Endorsers or Guara 1. Full Name (Last, First, Mi		to Loan Source		Name of Employer	•		
Mailing Address				Occupation			· · · · · · · · · · · · · · · · · · ·
City	State	ZIP Code		Amount Guaranteed Outstanding:	,	,	
2. Full Name (Last, First, Mi	ddle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	,	,	
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	,	3	
4. Full Name (Last, First, Mi	ddle Initial)			Name of Employer			-
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	,	,	•
UBTOTALS This Period This	Page (optional)				_	•	
OTALS This Period (last page	in this line on	ly)		· · · · · · · · · · · · · · · · · · ·	. ,	,	\$0.00
Carry outstanding balance only	to LINE 3 Sc	hedule D for th	is line If I	o Schedule D. carry forw	ard to an	propriate	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			Page o	f Schedule C	
NAME OF COMMITTEE (In Full)		FEC I	IDENTIFICATION	ON NUMBER	
BEST DAYS LIE AHEAD COMMITTEE		C	00749168		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate	e (APR)	
Full Name	, ,			%	
Mailing Address	 				
Walling Address	Date Incurred or Established	M M /	' ОО / У	Y Y Y	
City State Zip Code	Date Due	— м м /	γ / α α	Y	
A. Has loan been restructured? No Yes	If yes, date originally incurred		' 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 incu	rred? 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 stocks.	e loan: real estate, personal of deposit, chattel papers,	f deposit, chattel papers, r similar traditional collateral?			
E. Are any future contributions or future receipts of inte- collateral for the loan? No Yes If yes,			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:				
	City, State, Zip:				
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this load				ual or exceed	
G. COMMITTEE TREASURER Typed Name Signature		DATE 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 of the institution is aware of the requirement that complied with the requirements set forth at 11.	including interest rate) no more favor of comparable credit worthiness. It a loan must be made on a basis	vorable at the which assure	time than those	e imposed for	
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name Signature		N 14 /	Υ 1 α α	Y Y Y	
۱۰ - س		,			

SCHEDULE D	(FEC	Form	3X)
DEBTS AND O	BLIGA	TIONS	3
Englishing Lange			

Ex

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

xcluding Loans			for each numbered line	(check only one)	9
NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD C	OMMITTEE				
A. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor	 	Nature o	Debt (Purpose):	
·					
Mailing Address			-		
City	State	Zip Code			
Outstanding Balance Beginning This Perior	d	<u> </u>			
, , , Amount Incurred This Period	Pa	yment This Period	Outstar	nding Balance at Close o	of This Peri
, ,	,	, .	`	, ,	•
B. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of	Debt (Purpose):	-
Madison Address	<u>.</u>	·			
Mailing Address					
City	State	Zip Code			
Amount Incurred This Period	•	yment This Period	Outstar	nding Balance at Close o	of This Peri
C. Full Name (Last, First, Middle Initial) of E	ebtor or Creditor		Nature of	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	t				
Amount Incurred This Period	Pa	yment This Period	Outstar	nding Balance at Close o	f This Peri
, , .		. ,		, ,	•
) SUBTOTALS This Period This Page (option	al)		>	, ,	• ,
TOTALS This Period (last page this line nur	nber only)		▶	1 9	\$0.00
) TOTAL OUTSTANDING LOANS from Sched	lule C (last page o	only)	▶	, ,	\$0.00
ADD 2) and 3) and carry forward to approp	riate line of Summ	arv Page (last page o	niv) ▶		\$0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	i.			PAGE OF FORM	3 Y
NAME OF COMMITTEE (In Full)		<u> </u>		FEC IDENTIFICATION NUMBER	
BEST DAYS LIE AHEAD COMMITTEE			•		•
DEGI DATO ELE ATIEAD COMMITTEE	<u> </u>			C 00749168	
Check if 24-hour report 48-hour report	New repor	t Amends repo	ort filed on	ы м м / рр/ у у у у у 1	′
Full Name of Payee	· · · · · · · · · · · · · · · · · · ·	☐ Memo	Item D	Date of Public Distribution/Dissemination	
GOOGLE ADS				06 30 2020 Y	Y
Mailing Address 1600 Amphitheatre Parkway			A	Amount	
City	State	Zip Code		, \$513.85	
MOUNTAIN VIEW	CA	94043		Date of Disbursement or Obligation	
Purpose of Expenditure		Category/		M M / D D / Y Y Y	Υ .
Campaign Advertising		Type		•	
Name of Federal Candidate:		X Support	Office S	Sought: House District:	
Joe Biden		Oppose		resident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	, ,	\$513.85	i _	ement For: Primary Gener	ral
Full Name of Payee		Memo		Date of Public Distribution/Dissemination	_
				м м / D D / Y Y Y	Y
Mailing Address				•	
	·		A	Amount	
City	State	Zip Code	·		
·]			, ,	
Purpose of Expenditure	1	Catalana	□	Date of Disbursement or Obligation	٠, ١
		Category/ Type		, 147 84 7 5 5 7 7 1	•
Name of Federal Candidate:		Support	Office S	Sought: House District:	
•		Oppose		resident Senate State:	_
Colondor Voca To Data			_=_	ement For: Primary Gener	ral
Calendar Year-To-Date Per Election for Office Sought			Disourse	Other (specify)	~``
<u></u>					=
(a) SUBTOTAL of Itemized Independent Expenditures				\$513.88	<u>.</u>
(a) 300101AL OF REMIZED INDEPENDENT EXPENDITURES		•••••	•	, , , , , ,	´
(a) SUBTOTAL of Unitemized Independent Expenditure	res			\$0.00	ا د
				, ,	
(a) TOTAL Independent Expenditures	•••••		•	\$513.88	5
				, , ,	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized of	•		· · · · · · · · · · · · · · · · · · ·	
James Bell		Date	, 87 ™	′ 06°′ [°] 20Ž0 [°] ′	
Signature	· ·				

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

FOR FED	ERA	L OFFICE			PAGE		OF
be used only	by Po	olitical Committe	ees in the Gene	eral Election) FOR I	INE 25	OF FORM 3X
					•		
COMMITTI	EE		•				
ake	Full N	lame of Subordia	nate Committee				•
committee?							
	Mailin	g Address					
		•		•			
	City				State	ZIP C	ode
Fach Pavee			Memo Item	Purpose of	Expenditure		•
Lacii i ayee				l dipose of	Experiantic		
•							Category/
				Date			Туре
State		Zip Code		M W	; D D	/ ¥ ¥	Y Y .
Office Sough	nt:	_		Amount			
	\vdash	Presidential Presidential	Strict		•		
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Each Payee			Memo Item	Purpose of	Expenditure		
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							Category/ Type
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State		Zip Code		мм	/ D 0	, A A	у у
Office Source	at: []	House	Dinin.				
Office Sough	"			Amount			
		Presidential					
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Each Payee			Memo Item	Purpose of	Expenditure		
							Category/ Type
				Date			
State		Zip Code		M M	, 0 0	/ Y Y	Y Y
Office Sough	nt.	House I	State:				
oco coug.				Amount			
		Presidential					
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nber only)							\$0.00
	COMMITTING Ike Committee? Each Payee State Office Sough Committee State Office Sough Committee Committ	be used only by Po COMMITTEE tke	COMMITTEE Ike / committee? Mailing Address	COMMITTEE Ke	COMMITTEE Full Name of Subordinate Committee	Date State Zip Code Memo Item Purpose of Expenditure	Date State Seante Presidential Office Sought: State Seante Presidential Office Sought: State Senate Senat

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
------	----

ALLOCATION RATIOS	. •	
NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITTEE		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	od" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public committed and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	t derived by federal cand unications or voter drives	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	0/	0 /_

ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	. %	. %
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported	·	
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY ON EVENT IDENTIFIED	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	. %	%.
CHECK IF THE RATIO IS:	,	·
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	%	. %
CHECK IF THE RATIO IS: New		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support		0/
CHECK IF THE RATIO IS:	. %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IO.	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Direct Candidate Support	·	·
Fundraising Direct Candidate Support	FEDERAL %	NONFEDERAL %
	·	·
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported		·
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. '%
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER		·
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	%FEDERAL %	% NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER	. %	. '%
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support	%FEDERAL %	% NONFEDERAL %

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

PAGE	OF	

				LINE TOUC	PE FOUND 3X
NAME (OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITTE	ΞΕ			
INAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOU	NT TRANSFE	RRED
	•	M M ' / Q Q / Y Y Y			
		·	,	1	•
BRE	AKDOWN OF TRANSFER RECEIVED				
(i)	Total Administrative		,	,	•
	One to Make Dive				
"'	Generic Voter Drive		7	9	•
iii)	Exempt Activities		, ,	, .	
iv)	Direct Fundraising (List Activity or Event Iden	ntifier)			
	a)				
1	b)	•			
		,			
	c) Total Amount Transferred For Direct Fundra	ising	į	,	-
v)	Direct Candidate Support (List Activity or Ev	ent identifier)			
	a)				
	a)	,			
	b)	, ,			
	a) Total Amount Transformed For Direct Condid	ata Cunnart			
	c) Total Amount Transferred For Direct Candid	ale Support	1	,	
vi)	Public Communications Referring Only to F	Party (Made by PAC)	,	9	•
	TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVED			
TOTAL	This Period (Administrative)	:			ı
IOIAL	This rend (Authinistrative)	, , , , , , , , , , , , , , , , , , ,	•		
TOTAL	This Period (Generic Voter Drive)	······································	,		i
TOTAL	This Davind (France Assisting)				
IOIAL	This Period (Exempt Activities)	······································	,		
TOTAL	This Period (Direct Fundraising)		,	•	i
:.					
IOTAL	This Period (Direct Candidate Support)	······································	, ,	•	
TOTAL	This Period (Public Communications Referring	Only to Party)	, ,	•	
TOTA!	This Decied (Total Association of Total Co.				i
IVIAL	This Period (Total Amount Transferred)	•••••	,	,	•

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE	E 21a OF FORM 3X

N/	AME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMM	ITTEE				
Α.	Full Name (Last, First, Middle Initial)				Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address					Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zi	ip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:					Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			_		1 1,
	, sample and the same and the s				Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONE	EDERAL	SHARE	= TOTAL AMOUNT
_	5 5 5		,	,	· ·	Allocated Activity or Event:
В.	Full Name (Last, First, Middle Initial)				☐ Memo Item	Administrative Fundraising Exempt
	Mailing Address					Voter Drive Direct Candidate Support
	City	State	Zi	p Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	-	Allocated Activity or Event Year-To-Date			
	Activity or Event Identifier:				Category/ Type	, ,
						M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONF	EDERAL	SHARE	= TOTAL AMOUNT
	, , ,		7	,	•	, ,
Э.	Full Name (Last, First, Middle Initial)				☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address					Voter Drive Direct Candidate Support
	City	State	Zi	p Code	_	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<u> </u>		·		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	<u> </u>				, ,
	•				Category/ Type	_м м / в в / у у у у Date
	FEDERAL SHARE	+	NONF	EDERAL	SHARE	= TOTAL AMOUNT
	, , ,		,	,	•	, ,
SL	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	_	EDERAL	SHARE	= TOTAL AMOUNT
TC	, , DTAL This Period (last page for each line only)(FEDERAL SHARE	Federal shar				re 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 OF FOR LINE 18b OF FORM 3X

IE OF COM	IMITTEE (In Fuli)			
	DAYS LIÈ AHÉAD COMMIT	ΓΤΕΕ		
10045 05 11	200UNT	DATE OF BEGEINT		
NAME OF AC	COUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
		M M / D D / Y	Y, Y Y	
	,			, ,
BEAKDOW	N OF THIS TRANSFER			
•		V	OTER REGISTR	ATION
	Voter Registration	The same of		•
	Total Amount Transferred for Voter	r Hegistration	, ,	•
::\	Voter ID		V	OTER ID
-	Total Amount Transferred for Vote	· ID		
	Total Amount Transletted for Vote		,	•
	GOTV			GOTV
	Total Amount Transferred for GOT	·V		
	Tanada Tanada Io Go Go		••••	, , , , , , , , , , , , , , , , , , , ,
iv)	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Gene	eric Campaign Activity		
		1		, ,
IAME OF AC	COUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
	• •	M M / D D / Y	. , ,	· · · · · · · · · · · · · · · · · · ·
		, 5 0 , 1		
		<u> </u>		, , ,
BREAKDOW	N OF THIS TRANSFER			· -
	·		OTER REGISTR	ATION .
	Voter Registration			
	Total Amount Transferred for Voter	r Registration	9	•
::\	Voter ID		V	OTER ID .
•	Voter 10 Total Amount Transferred for Voter	r ID		
	:	· · · · · · · · · · · · · · · · · · ·	,	,
iii	GOTV			GOTV
· ·	Total Amount Transferred for GOT	V		
	Tandon Tandon Go GO			, ,
iv)	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Gene	eric Campaign Activity		
	Total Translation of Gold	Jampaign noting	••••••	1 .
•	TOTALS FOR BE	REAKDOWN OF TRANSFER	RECEIVED (La	ist Page Only)
TOTAL	This Period (Voter Registration)			
		3	9	•
TOTAL	This Period (Voter ID)	. •	•	
IUIAL		······································	,	4
TOTAL	This Period (GOTV)			
	•			,
TOTAL	This Pariod (Canaria Campaign A	ctivity		·
IOIAL	This Period (Generic Campaign A		***************************************	, ,
	•			

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)

I	PAGE	OF			
1	FOR LINE	30a OF	FORM 3X		

AME OF COMMITTEE (In Full)				
BEST DAYS LIE AHEA	D COMMITTE	E		
A. Full Name (Last, First, Middle	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 Y Date
FEDERAL SHARE	FEDERAL SHARE + LEVIN SHA			= TOTAL AMOUNT
, ,	•	,	, .	, : .
B. Full Name (Last, First, Middle	Initial) / Full Organ	☐ Memo Item	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 Date
FEDERAL SHARE	+	LEVIN S	SHARE	= TOTAL AMOUNT
3 3	•	,	,	, , ,
C. Full Name (Last, First, Middle	Initial) / Full Organ	☐ Memo Item	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 Y Date
FEDERAL SHARE	. +	LEVIN S	HARE	= TOTAL AMOUNT
, ,	. •	,	,	, , ,
JBTOTAL of Shared Federal and L	•	_		
FEDERAL SHARE	+	LEVIN S	HARE	= TOTAL AMOUNT
, DTAL This Period (last page for each FEDERAL SHARE			and Levin share to	, , 30(a)(ii)) TOTAL AMOUNT
) ; ;		LEVIN S	HARE	, ,
OTAL This Period for the Levin Sha	are	1	,	

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

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

NAME OF ACCOUNT

			OLUMN A - THIS PER	IOD			OLUMN B AR-TO-DATI	E
1.	RECEIPTS FROM PERSONS							
	(a) Itemized(Use Schedule L-A)	,	,	••		. 3	,	•
	(b) Unitemized	· •	. 1		·	,	,	
	(c) Total	. ,	,			,	,	•
2.	OTHER RECEIPTS	•	,	ē		,	••	•
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	. ,	· t .	•		,	,	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							
	(a) Voter Registration	, ,	,			7	. 1	•
	(b) Voter ID	,	,			,	,	•
	(c) GOTV	,	,			,	• •	
	(d) Generic Campaign	. ,	,			,	,	
	(e) Total	,	,			,	y	
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)	3	,			3	,	
8.	RECEIPTS(from Line 3)	,	,	•		,	,	
9.	SUBTOTAL(Add Lines 7 and 8)	,	1	•		1	,	
10.	DISBURSEMENTS(From Line 6)		i			9	,	
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					,	,	•

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

BEST DAYS LIE AHEAD COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Ag	gregation Page	(check only one) 1a 2
BEST DAYS LIE AHEAD COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	NAME OF COMMITTEE (In Full)			
Mailing Address City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Cocupation (for Individual) Cocupation (for	BEST DAYS LIE AHEAD COMMITTE	E		•
Mailing Address City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date Amount of Each Receipt this Period	Full Name of Individual (Last, First, Middle Initial) or I	ull Organization	Name	·
Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		м м / DD / YYYY		
Name of Employer (for Individual) Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	Mailing Address	A second		
Aggregate Year-to-Date Cocupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	City	State	Zip Code	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address	Name of Employer (for Individual)			•
Mailing Address City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Tull Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Cocupation (for Individual) Aggregate Year-to-Date Amount of Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date	Occupation (for Individual)			, ,
Amount of Each Receipt this Period State Zip Code	Full Name of Individual (Last, First, Middle Initial) or F	ull Organization	Name	·
City State Zip Code Name of Employer (for Individual) State Zip Code State	Mailing Address			
Aggregate Year-to-Date Aggregate Year-to-Date	City	State	Zip Code	Amount of Each Receipt this Period
Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	Name of Employer (for Individual)	,		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Date of Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt Date of Receipt Date of Receipt	Occupation (for Individual)	Aggregate Year-to-Date		
Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt Mailing Address City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Aggregate Year-to-Date	·	, ,		
City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date Occupation (for Individual) Aggregate Year-to-Date	Full Name of Individual (Last, First, Middle Initial) or f	· .		
State Zip Code Name of Employer (for Individual) Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Mailing Address City State Zip Code Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date Aggregate Year-to-Date	Mailing Address	Amount of Foot Regist this Period		
Aggregate Year-to-Date Occupation (for Individual) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	City	State	Zip Code	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item	Name of Employer (for Individual)	·		
Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual) JBTOTAL of Receipts This Page (optional).	Occupation (for Individual)			, , .
City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Amount of Each Receipt this Period Aggregate Year-to-Date DBTOTAL of Receipts This Page (optional)	Full Name of Individual (Last, First, Middle Initial) or F			
State Zip Code Name of Employer (for Individual) Aggregate Year-to-Date Occupation (for Individual) DBTOTAL of Receipts This Page (optional)	Mailing Address	·		
Aggregate Year-to-Date Occupation (for Individual) , , , JBTOTAL of Receipts This Page (optional)	City	State	Zip Code	Amount of Each Heceipt this Period
Occupation (for Individual) , , , JBTOTAL of Receipts This Page (optional)	Name of Employer (for Individual)			
	Occupation (for Individual)			•
	UBTOTAL of Receipts This Page (optional)	_		
				, , , \$0.00

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

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

FOR LINE NUMBER: PAGE OF (check only one)

4a 4c 5

4b 4d

OF	F LEVIN FUNDS		Aggregation	on Page	4b 4d		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or lress of any po	used by any perso litical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\rangle	NAME OF COMMITTEE (In Full) BEST DAYS LIE AHEAD COMMITT	EE					
١.	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement					
	Mailing Address	Mailing Address					
	City	State	Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement				• • •		
3.	Full Name (Last, First, Middle Initial) / Full Orga	Memo Item	Date of Disbursement				
	Mailing Address						
	City	State	Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement		, ,				
Э.	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement					
	Mailing Address						
	City	State	Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement				1		
) .	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement					
	Mailing Address						
	City	State	Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement	-			, , , .		
Ξ.	Full Name (Last, First, Middle Initial) / Full Orga	☐ Memo Item	Date of Disbursement				
	Mailing Address	M, M, Z D D / Y Y Y Y					
	City	State	Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement	·	↓ e• <u></u> -		, ,		
S	UBTOTAL of Disbursements This Page (optional)					
	OTAL This Period (last page this line number on				, · · , · · · · · · · · · · · · · · · ·		
• '	This i shou (last page this line humber on	, /			, ,		

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Federal Agency Acct. No. or Postal Service" Acct. No. PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acci. No.

Vegas No 89129

Los

☐ Military Postage 3 Scheduled Delivery Date (MM/DD/YY) RIGIN (POSTAL SERVICE USE ONLY) ☐2-Day 861 198 T-Day

COD Fee

10:30 AM [] 3:00 PM Scheduled Dalivery Time (8) Date Accepted (MM/DD/YY)

nail receptacie or other socure tocation without attempting to obtain the addresses 6 signature on definery. Delivery Options

scan the QR code. To schedule free Package Pickup,

SIGNATURE REQUIRED Note: The maller must check the "Signature

Sunday/Holiday Delivery Required (additional tee, where available*)

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery requires (accumentation of 10:20 AM Delivery Required (additional les, where available*)

Refer to USPS.com or local Post Office* for availability.

rederal Election commission

1050 First St, NE

Acceptance Employee Initials Flat Rate **₩**

DC 20463

Vashirator

USPS,COM/PICKUP

ZIP + 4º (U.S. ADDRESSES ONLY)

imployee Signature D C ☐ [] % ¾ Delivery Attempt (MM/DD/YY

PSN 7690-02-000-089

ABEL 11-8, JULY 2016

■ For pickup or USPS Tracking", visit USPS.com or call 800-222-1811. ■ \$100.00 Insurance included.

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Back Guarantee to U.S., select APO/FPO/DPO, and select International destinations. See DMM and IMM at pelusps.com for complete details.

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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked 7/13/20
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	1/20/20 DATE PREPARED

(3/2015)