FE6AN026

FEC FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

ZOOL OCT 14 P 12: 114
Office Use Only

1.	NAME OF COMMITTEE (in	full)	TYPE OR	PRINT ¥		mple: If typ the lines.	oing, type	12FE	4M5	964600 1004600	
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2.	FEC IDENTIFIC	ATION N	UMBER ▼		CITY ▲			STATE A	<u>.                                    </u>	ZIP COI	DE <u></u>
		1 0 5			3. IS THIS REPORT	X	NEW (N) OR		AMENDED (A)		
4.	TYPE OF RE (Chaose One)	PORT	Re	nthly port	Feb 20 (M2) Mar 20 (M3)	Harred Harred	May 20 (M5)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Re	ports:			Apr 20 (M4)	Li	Jul 20 (M7)		Oct 20 (M10)		Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 15 Quarter	y Report (0	21) <u>(c)</u>	12-Day	Apr 20 (W4)	Primary (12	<b>-</b>	<u></u>	neral (12G)		Runoff (12R)
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	Termina (TER)	tion Report	-	-	Election an		/ <b>[</b> ] /	anaganaga Angari da	<del></del>	in the State o	f
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ì	Office Use Only									FOR Rev. 12/2	M 3X <sup>004</sup>

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#### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name 88 **PAC** Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..... 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

FE6AN028

FEC Form 3X (Rev. 06/2004)

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name PAC 2006 Report Covering the Period: To: 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) Unitemižed...... (iii) TOTAL (add (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 12. Transfers From Affiliated/Other Party Committees..... 13. Ali Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... Hefunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... -Karatan Baratan Baratan Baratan Baratan 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))... handred her Terriburi han Therefore in The Complete in Complete in <u> Arrest Franchisco (Franchisco (Franchisco (Franchis</u> 19. Total Receipts (add Lines 11(d), <del>สดาวาคมสำคราม เดิวการเหลือนายเสดินกระหวิดาน เปิดนายเปิดนายเรื่องของเสือนายเสดินนะเคลื</del> 12, 13, 14, 15, 16, 17, and 18(c))........▶ Total Federal Réceipts (subtract Line 18(c) from Line 19) ....... ▶

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FEC Form 3X (Rev. 02/2003)

Page 4

of Disbursements

	II. Disbursements	COLUMN A	COLUMN B
21		Total This Period	Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)	<del>In and a second and a second in a second </del>	<del>E</del>
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	hander dan Braken Standard and Standard and Standard	Sandy and the sa
	Expenditures	1	11443
	(c) Total Operating Expenditures	Bergelanderserferrerferrerferrerferrerferrerferrerferrerferrerferrerferrerferrerferrerferrerferrerferrerferrer	A CONTRACTOR OF THE PROPERTY O
	(add 21(a)(i), (a)(ii), and (b))▶	5.1.5	1 1 4 3
22.	Transfers to Affiliated/Other Party	Appropriate the control of the contr	Section States Section 2012 and section and section and Section Section 2012 and section 20
	Committees		
23.	Contributions to Federal Candidates/Committees	Section Control to the Control of th	
	and Other Political Committees		
24.	Independent Expenditures	S. S	<del>gan ngar ang am agamagasaning anting isang anting anting anting anting anting anting anting anting anting anti-</del>
25.	(use Schedule E) Coordinated Party Expenditures	Construction of Construction o	Carrie Burnett meritarist Constant Constant
	(2 U.S.C. §441a(d))	in the second se	हें क <del>्षेत्रक विकास की कर्मीयक की कर्मीय क्षेत्रक की कार्या की कार्या की कार्या की कार्या की कार्या की कार्या की का</del>
	(use Schedule F)	The control of the co	And the state of t
26.	Loop Bonovenerte Mada		
20.	Loan Repayments Made		<u> </u>
27.	Loans Made		7
28.	Refunds of Contributions To:	the second secon	
	(a) Individuals/Persons Other Than Political Committees		
		Annual contraction of the second contraction	Commission of particular configuration of the confi
	(b) Political Party Committees		
	(c) Other Political Committees	A training and the second seco	The contraction of the perfect of the contraction o
	(such as PACs)		
	(d) Total Contibution Behands		
	(d) Total Contribution Refunds {add Lines 28(a), (b), and (c)}▶		0
	(add Lines 20(a), (b), and (c))	A A A A A A A A A A A A A A A A A A A	
29.	Other Disbursements		13000
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
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	(i) Federal Share		
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	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely	· Francisco Control of the Control o	Santandam Santana Santa Control Santana Santana Santana Santana Santana Santana Santana Santana Santana Santan
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	(c) Total Federal Election Activity (add	Darwing the second seco	0
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Committee Commit	The state of the s
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
		Committee of the contract of t	in the Control of the
32.	Total Federal Disbursements		
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	from Line 31)	5 \ >	25443
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(subtract Line 37 from Line 36) ......

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 4000 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

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

SCHEDULE C	(FEC	Form	3X)
LOANS			

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	•		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X	
E OF COMMITT	EE (In Full)			<u> </u>	
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

TOTALS This Period (last page in this line only)......

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

Supplementary for Information found on Page \_\_\_\_ of Schedule C

egeral Election Co	mmission, Washington, D.C. 20463		
NAME OF COMM	ITTEE (In Full)		FEC IDENTIFICATION NUMBER
ENDING INSTIT	ĴTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name			## Market (741 11) %
Mailing Address  City	State Zip Code	Date Incurred or Established  Date Due	
A. Has loan t	een restructured? No Yes	If yes, date originally incurred	
B. If line of c	edit,	Total	
Amount of	this Draw:	Outstanding Balance:	
C. Are other	arties secondarily liable for the debt inc	urred? must be reported on Schedule C.)	
property, g	the following pledged as collateral for the cods, negotiable instruments, certificates counts receivable, cash on deposit, or off.  Yes If yes, specify:	of deposit, chattel papers,	What is the value of this collateral?  Does the lender have a perfected security interest in it? No Yes
E Arc any for	: ture contributions or future receipts of inf	terest income pladed as	
1	or the loan? No Yes If yes	•	What is the estimated value?
	ry account must be established pursuant 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Da Pa	te account established:	Address:	
l L		City, State, Zip:	
	f the types of collateral described above nount, state the basis upon which this id		amount pledged does not equal or exceed sich it assures repayment.
G. COMMITT	EE TREASURER		DATE
Typed Nar Signature	ui <del>e</del>		
H. Attach a	signed copy of the loan agreement.		<b>.</b>
I. TO BE S I. To the are a	GNED BY THE LENDING INSTITUTION e best of this institution's knowledge, the occurate as stated above.	terms of the loan and other inform	nation regarding the extension of the loan
simile III. This	ar extensions of credit to other borrowers institution is aware of the requirement th	s of comparable credit worthiness. at a loan must be made on a basi	
	olled with the requirements set forth at 1	1 CFM 100.82 and 100.142 in mak	ing this loan.  DATE
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Signature		Title	
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### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE	<u>OF</u>	
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A. Full Name	  (Last, First, Middle Initial) of Debt :	tor or Creditor		Nature of D	ebt (Purpose):	
Mailing Addres	<u> </u> 					
City S	! Ștate	Zip Code				
	Balance Beginning This Period		<b>.</b>			
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B. Full Name	(Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	lebt (Purpose):	
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) SUBTOTALS	This Period This Page (optional).		<b>&gt;</b>			
2) TOTALS This	s Period (last page this line numb	er only)				
3) TOTAL OUT:	STANDING LOANS from Scheduk	e C (last page only)	▶	herritenne gerritenne	nenden den eine en den eine den eine eine	
4) ADD 2) and	3) and carry forward to appropriat	s line of Summary Page (last page o	only) 🕨			

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ITEMIZED INDEPENDENT E	•	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Check if 24-hour notice	48-hour notice	
Full Name (Last, First, Middle In	<u></u>	Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/	Senate District:
Name of Federal Candidate Sur	ported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Pe	r Election	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle II	nitial) of Payee	Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Su	oported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Pe	e Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Inde	pendent Expenditures	
( <b>b) SUBTOTAL</b> of Uniternized In	dependent Expenditures	
(c) TOTAL Independent Expend	tures	
Under penalty of perjury I certify with, or at the request or suggest party committee) any political pa	that the independent expenditures reported herein we tion of, any candidate or authorized committee or ager ty committee or its agent.	ere not made in cooperation, consultation, or concert nt of either, or (if the reporting entity is not a political
Signature	. <u></u>	ate

#### 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 PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES ! NO Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount: Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle InItial) of Each Payee Category/ Type Mailing Address\* Date State Zip Code City Name of Federal Candidate Supported Office Sought: House State: Amount: Senate District: Presidential. Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(l)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee parally and parall Category/ Type Mailing Address: Date State Zip Code City Name of Federal Candidate Supported Office Sought: House State: Amount: Senate District: Presidential Aggregate Genéral Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional).....

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

#### 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)

NAM	IE OF COMMITTEE (In Full)
	· · · · · · · · · · · · · · · · · · ·
	USE ONLY ONE SECTION, A or B
A	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)
1	Non-Presidential and Non-Senate Election Year (15% Federal)
E	3. Separate Segregated Funds and Nonconnected Committees
	Flat Minimum Federal Percentage
	If the committee will allocate using the flat minimum percentage of 50% federal funds, check
	If the committee is spending more than 50% federal funds, indicate ratio below
	Federal%
	Nonfederal%
:	This ratio applies to (check all that apply):
	Administrative Generic Voter Drive Public Communications Referencing Party Only

CHEDULE H2 (FEC Form 3X) LLOCATION RATIOS		PAGE OF
AME OF COMMITTEE (In Full)		
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT	TE SUPPORT	
ethods of allocation:		
I. FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.	nod" where the federal pro	pportion of
II. Shared <b>DIRECT CANDIDATE SUPPORT</b> activities are allocated accommented the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commenderal and nonfederal candidates, regardless of whether there is a real allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL 9
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	%	
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ACTIVITY OR EVENT IDENTIFIER		
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Direct Candidate Support

Same as Previously Reported

Fundraising

Revised

CHECK IF THE RATIO IS:

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FE6AN026

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

PAGE	OF	

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

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NAME OF COMMITTE	EE (In Full)			
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Activity or Event l	dentifier:			
			Category/ Type	Date
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City	· · ·	State Zip Code	<del></del>	Public Comm (ref to party only) by PAC
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City		State Zip Code		Public Comm (ref to party only) by PAC
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#### 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 FORM 3X

FEC Schedule H5 (Form 3X) Rev. 02/2003

NAME OF COMM	TTEE (In Full)			·_ ·· · · · ·
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## 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 OF FOR LINE 30a OF FORM 3X

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NAME OF COMMITTEE (In Full)	•
A. Full Name (Läst, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
<b>]</b>	1
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type
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B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
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	Voter ID Generic Campaign
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	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address;	Allocated Activity or Event Year-To-Date
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Purpose of Disbursement	Category/ Date
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FE8AN026	FEC Schedule H6 (Form 3X) Rev. 02/2003

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

NAM	E OF COMMITTEE (In Full)		
NAM	E OF ACCOUNT		
	:	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS  (a) Itemized	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	
	(Use Schedule L-A) : (b) Unitemized	 	A construction of the contraction of the contractio
	(c) Total.,	Company of the Compan	The section of the se
2.	OTHER RECEIPTS	Establication of the state of	
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
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	(e) Total		
5.	OTHER DISBURSEMENTS		
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7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	The state of the s	
8.	RECEIPTS ;		
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	(Add Lines 7 and 8)		
10.	DISBURSEMENTS(From, Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	R	
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CHEDULE L—A (FEC Form 3X)  EMIZED RECEIPTS OF LEVIN FUNDS  Use separate schedule for each category of the Aggregation Page		PAGE OF  FOR LINE NUMBER: 1a 2
ny Information copied from such Reports and Statements may no for commercial purposes, other than using the name and address.		· · ·
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	<u> </u>	
Mailing Address	-	
City	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		And the substitute of the subs
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Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
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City	ate Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		Address tageto-pare

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

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

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#### SCHEDULE LiB (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the

FOR LINE NUMB	ER:	PAG	E		ΟF	
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OF LEVIN FU	INDS	Aggregation Page	4a 4c 5		
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The I	Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D FEC added this page to the end of this filing to indicate he	
Ha	nd Delivered	Date of Receipt
us	PS First Class Mail	Postmarked
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(3/2005)	ER	DATE PREPARED