FEC FORM 3X	AND DI	FOF RECEII SBURSEMEN n An Authorized Com	ITS	RECEIN FEC MAILI 2022 OCT 31	
1. NAME OF COMMITTEE (in fi	TYPE OR PRINT	▼ Example: I over the line	f typing, type les.	12FE4M5	
TURTLE ISLAND N			<u>]]] []] _ </u>		
	<u> </u>	└╌╽┈╽┈┟╶┟╶╽╶╽	I	<u>1 </u>	
ADDRESS (number and	street) 7009 BACK			1 1 1 1 1 1 1	
Check if differ than previous reported. (AC					<u></u>
2. FEC IDENTIFICA			s		
C 00240796		3. IS THIS REPORT	NEW (N) OR	(A)	D
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M	Report (Q1) Report (Q2) S Report (Q2) Report (Q3) Report (YE) Report (YE) Report (YE) Id-Year Ion-election) (MY) Report (MY) Report (MY)	Election D Conver	ition (12C)	Special (12S) 2022 Runoff (30R)	 a) Dec 20 (M12) (Non-Election Year Only) b) Dec 20 (M12) (Non-Election Year Only) c) Jan 31 (YE) c) Runoff (12R) in the State of VA c) Special (30S) in the State of L
5. Covering Period	amined this Report and to	the best of my knowledge		Camalanad Casada	blete.
Type or Print Name of	Treasurer LITTL	EFIELD			
Signature of Treasurer		13	D;	ate 10 ′	25 2022
	lse, erroneous, or incomplet	te information may subject th	e person signing thi		
Office Use Only				FE	C FORM 3X Rev. 12/2004

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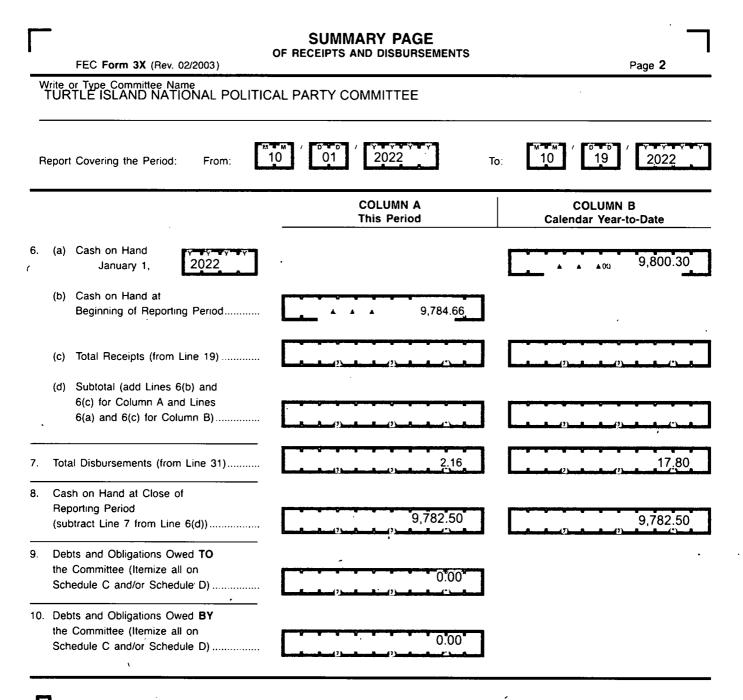
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

		FAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
			·
11	JRTLE ISLAND NATIONAL POLITICAL F	SARTY CONNINTTEE	
	MIN		T. 10 / 19 / 2022
Re	port Covering the Period: From: 10	01 2022	то: 10 19 2022
	I. Receipts	COLUMN A	COLUMN B
		Total This Period	Calendar Year-to-Date
	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees) 0.00	0.00
	(i) Itemized (use Schedule A)		
	۲ ا		
	(ii) Unitemized		
	(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)		
	Γ		
	(b) Political Party Committees		(B ¹)
	(c) Other Political Committees	1	
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	0.00	
	Totals to Line 33, page 5)▶		0.00
2.	Transfers From Affiliated/Other	* * * * * * * * * *	
	Party Committees		
3.	All Loans Received		
		·····	
	Loan Repayments Received	······································	
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees		
7.	Other Federal Receipts		and the second s
	(Dividends, Interest, etc.)		
8.	Transfers from Non-Federal and Levin Funds 🖿		
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(b) Levin Funds (from Schedule H5)	()	
	(c) Total Transfers (add 18(a) and 18(b))		
	· · · · ·		· · · · · · · · · · · · · · · · · · ·
	1		
~			
	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c)) ►	0.00	0.00
	-		
	Total Federal Receipts	·····	r
	(subtract Line 18(c) from Line 19) ►		
		المسألمين المساليسي فالمتعاصين المساليسي المسالي	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

COLUMN A **Total This Period**

Page 4 COLUMN B

Calendar Year-to-Date

II. Disbursements 21. Operating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) (a) Federal Share (i) (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees...... 24. Independent Expenditures (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 25. 26. Loan Repayments Made..... Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))..... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds <u>~____</u> Total Federal Election Activity (add .. (C) - . . Lines 30(a)(i), 30(a)(ii) and 30(b)).... > 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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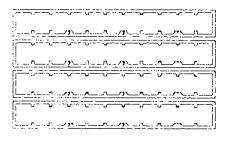
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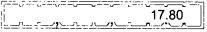
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<u> </u>		<u>~"):</u>	<u>.</u>		<u></u>				





2022-10-51-05-00424894

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures

COLUMN A Total This Period

Page 5
COLUMN B

FEC Form 3X (Rev. 02/2003)

- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3).....
- Net Operating Expenditures (subtract Line 37 from Line 36)

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Calendar	Year-to-Date					

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	17.80
	17.80

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF				
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)				
	Detailed Summary Page					
		13 14 15 16 17				
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
TURTLE ISLAND NATIONAL POLITICAL	PARTY COMMITTEE					
Full Name (Last, First, Middle Initial)						
A Mailing Address		Date of Receipt				
Maning Address						
City Sta	ite Zip Code					
•		Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.		المسالحات وساحما والمسالحين وساحم المسالحين				
	pation	-				
	esident					
Receipt For: Aggr.	egate Year-to-Date ▼					
Other (specify)	······································	1				
Endorsements	······································					
Full Name (Last, First, Middle Initial)						
B		Date of Receipt				
Mailing Address						
City Sta	ite Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.						
Name of Employer Occu	pation	<u> </u>				
	•					
Receipt For: Aggr	egate Year-to-Date ▼					
Primary General Other (specify) ▼		1				
		J				
Full Name (Last, First, Middle Initial)	·····					
C		Date of Receipt				
Mailing Address						
City Sta	ite Zip Code					
		Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.						
Name of Employer Occu	pation					
Receipt For: Aggr	egate Year-to-Date ▼					
Primary General		ר				
Other (specify) ▼		J				
r <u>l.</u>						
SUBTOTAL of Receipts This Page (optional)	······ I					
······································						
TOTAL This Period (last page this line number only)	······					

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE				GE	OF	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25	26	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)	arrie and address of any politica		Solicit Contr	DUIIONS			nee.	
TURTLE ISLAND NATIONAL POLITIC	AL PARTY COMMITTEE						_	
Full Name (Last, First, Middle Initial) A. United States Postal Service			Date of D	lisburse	ement			
United States Postal Service			M	, , ,				
Mailing Address 5242 Port Royal Rd			10	12		2022		
City Springfield	State Zip Code VA 22151							
Purpose of Disbursement Mailing of Forms		001	Amount o	f Each	Disburse	ment this	Period	
Candidate Name		Category/				- V - V -	.16	
Office Sought: House Disburs	ement For:	Туре					····	
Senate President	Primary X General Other (specify) ▼							
State: District:				`				
Full Name (Last, First, Middle Initial) B.			Date of D	lichurse	mont			
				/ 6			- V- V	
Mailing Address						-00		
City	State Zip Code							
Purpose of Disbursement			Amount o	f Each	Disbursei	ment this	Period	
Candidate Name		Category/			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		, ,	
Office Sought: House Disburs	ement For:	Туре		د سد ۵			ليستعب	
Senate	Primary General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
C.			Date of D	isburse	ement			
Mailing Address				Ľ				
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount o	f Each	Disburse	ment this	Period	
	ement For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	المستخمسة		· · · · · · · · · · · · · · · · · · ·		<u></u>	
Senate Rresident	Primary General							
State: District:	Other (specify)							
SUBTOTAL of Disbursements This Page (optional	····					2	. 16	
		••••••••••••••••••••••••••••••••••••••		()			·· <u>·</u> ·····	
TOTAL This Period (last page this line number on	ly)	►	L.		•	2	2.16	

SCHEDULE C (FEC Form 3X) LOANS

OANS		Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3	
IAME OF COMMITTEE (In Full) TURTLE ISLAND NATIONA			
LOAN SOURCE Full Name			
	Last, 1 113t, 1410		Primary
			General
Mailing Address			Other (specily)
City		State ZIP	Code
Original Amount of Loan	~~~~ `	Cumulative Paymen	t To Date Balance Outstanding at Close of This P
	المعالمة المسالم		
TERMS Date Incurred		Date [
			(apr) Yes
List All Endorsers or Guaran		b Loan Source	
1. Full Name (Last, First, Mi	ddie (nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
			Amount procession and a second
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This F			
TOTALS This Period (last page			
Carry outstanding balance only	to LINE 3, Sch	edule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summ

1

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM Federal Election Commission, Washington, D.C. 20463	Supplementary for Information found on Page of Schedule C
NAME OF COMMITTEE (In Full)	
TURTLE ISLAND NATIONAL POLITICAL PAR	C 00240796
LENDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)
Full Name	
Mailing Address	Date Incurred or Established
City State Zip Code	Date Due
A. Has loan been restructured?	If yes, date originally incurred
B. If line of credit,	Total
Amount of this Draw:	Outstanding Balance:
C. Are other parties secondarily liable for the debt i	incurred? ors must be reported on Schedule C.)
 D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or No Yes If yes, specify: 	tes of deposit, chattel papers,
E. Are any future contributions or future receipts of collateral for the loan? No Yes If	yes, specify:
A depository account must be established pursu to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:
Date account established:	Address:
WEWL / LOBOL / LARAAAA	City, State, Zip:
F. If neither of the types of collateral described above the loan amount, state the basis upon which this	ve was pledged for this loan, or if the amount pledged does not equal or exceed s loan was made and the basis on which it assures repayment.
G. COMMITTEE TREASURER	DATE
Typed Name Signature	
H. Attach a signed copy of the loan agreement.	
 TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, are accurate as stated above. The loan was made on terms and condition similar extensions of credit to other borrow 	the terms of the loan and other information regarding the extension of the loan ons (including interest rate) no more favorable at the time than those imposed for vers of comparable credit worthiness.
complied with the requirements set forth at	t that a loan must be made on a basis which assures repayment, and has t 11 CFR 100.82 and 100.142 in making this loan.
	DATE
Typed Name Signature	

FEC Schedule C-1 (Form 3X) Rev. 02/2003

SC	SCHEDULE D (FEC Form 3X)			PAGE OF			
	BTS AND OBLIGATIONS	(Use separate schedule(s)	FOR LINE NUMBER:				
			for each	(check only one)			
	luding Loans		numbered line)	10			
NA	ME OF COMMITTEE (In Full) TURTLE ISLAND NATIONAL POLITICA	AL PARTY COMMITTEE					
Ъ	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):			
1							
	Mailing Address	<u></u>					
	Maining Address						
	City State	Zip Code		•			
		•					
	Outstanding Balance Beginning This Period		•				
	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):			
	Mailing Address						
	City State	Zip Code					
	City State						
	Outstanding Balance Beginning This Period	·····	<u>I</u>				
		,					
	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
				······································			
	C. Full Along (Lost First Middle Josia) of Debta	ar Creditor					
	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):				
			ļ				
	Mailing Address						
	City	State Zip Code					
	Outstanding Balance Beginning This Period						
	Amount Insured This Deviced	Roumant This Deviad	Quitatandi	na Ralance et Class of This Revied			
	Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period			
			يسمسا السمس				
		·····					
1)	SUBTOTALS This Period This Page (optional)						
2)	TOTALS This Period (last page this line number	only)	<u> </u>				
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page only)					
<u> </u>							
4)	ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page or	nly) ►				

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
TURTLE ISLAND NATIONAL POLITICAL PARTY COMMITTEE	C 00240796
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	e Sought: 🔄 House District: President 🔄 Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Offic	e Sought: 🗍 House District: President 🗍 Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Date	╸ ┉┨╷ ┎ ╺╸╺╸┙╴
Signature	المسلحة

FEC Schedule E (Form 3X) Rev. 09/2013

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 (2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE OF FOR LINE 25 OF FORM 3X

(to be used only	by Political Committees in the Gen			
NAME OF COMMITTEE (IN FUII) TURTLE ISLAND NATIONAL POLITICAL PARTY COMMITTEE				
Has your committee been designated to make coordinated expenditures by a political party committee?	Full Name of Subordinate Committee			
If YES, name the designating committee:	Mailing Address			
	City	State ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		
Mailing Address	, _ ,	Date Calegory, Type		
City State	Zip Code			
Name of Federal Candidate Supported Office Sough	Senate District:			
Europediture for this Conditate	алар (1997) (1997) 1997 — Пранцар (1997) 1997 — Пранцар (1997)			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure Category/ Type		
Mailing Address	_	Date		
City State	Zip Code			
Name of Federal Candidate Supported Office Sough	ht House State: Senate District:			
Expanditure for this Condidate	 A Design of Hamiltonian States A Design of Hamiltonian States A Design of Hamiltonian 	n an air a dhachtar a <u>a saise (97-, in a A-197-</u>) sana		
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		
Mailing Address		Date Type		
City State	Zip Code			
Name of Federal Candidate Supported Office Sough	It House State: Senate District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ►	ntralesien (m. 1999) note ⊅e officiente			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)	•			

FEC Schedule F (Form 3X) Rev. 02/2009

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)

TURTLE ISLAND NATIONAL POLITICAL PARTY 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

Flat Minimum Federa	al Percentage	
If the committee will a	allocate using the flat minimun	n percentage of 50% federal funds, check
or		
If the committee is sp	ending more than 50% federa	al funds, 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) A

ALLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full) TURTLE ISLAND NATIONAL POLITICAL PARTY COMMITTEE	
 RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: FUNDRAISING activities are allocated using the "funds received method" where the federal properties must equal the federal proportion of monies raised. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected where the federal proportion of disbursements is based on the benefit derived by federal can tivity. For PACs Only: Direct candidate support includes public communications or voter drive federal and nonfederal candidates, regardless of whether there is a reference to a political private are allocated using a time/space method. 	d to be derived, ndidates from the ac- es that refer to both
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS. Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %

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

		FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		
TURTLE ISLAND NATIONAL POLITICA	PARTY COMMITTEE	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
•		
ii) Generic Voter Drive	······	······································
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event I	dentifier)	
	····	7 .
a)	- L	
		7
b)		_
	· · · · · · · · · · · · · · · · · · ·	
c) Total Amount Transferred For Direct Fun	draising	
v) Direct Candidate Support (List Activity or	Event Identifier)	•
		-
a)		
b)		
	•	
c) Total Amount Transferred For Direct Can	didate Support	and the second s
vi) Public Communications Referring Only t	o Party (Made by PAC)	
TOTALS	FOR BREAKDOWN OF TRANSFER RECEIV	ED
		
TOTAL This Period (Administrative)		0
	· · · · · · · · · · · · · · · · · · ·	,
TOTAL This Period (Generic Voter Drive)		2) <u></u> (*)
•		**************************************
TOTAL This Period (Exempt Activities)		the state of the s
	I	<u>, , , , , , , , , , , , , , , , , , , </u>
TOTAL This Period (Direct Fundraising)		Omlandar Omlandar Comband
	[
TOTAL This Period (Direct Candidate Support)	······	
	· · · ·	
TOTAL This Period (Public Communications Referre	ng Uniy to Party)	مراجع میں مرتبع کر میں میں مرتبع کر میں میں مرتبع کر میں
TOTAL This Ported (Total Amount Transform 1)		
TOTAL This Period (Total Amount Transferred)		
FE6AN026		FEC Schedule H3 (Form 3X) Rev. 12/2004

FEC Schedule H3 (Form 3X) Rev. 12/2004

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OF

PAGE

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED

FEDERAL/NONFEDERAL ACTIVITY

NA TI	ME OF COMMITTEE (In Full) URTLE ISLAND NATIONAL POLITI			E	
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Evendraising Exempt
	Mailing Address			-	Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	())], [(?)	••••••••••••••••••••••••••••••••••••••	
В,	Full Name (Last, First, Middle Initial)			·····	Allocated Activity or Event:
	Mailing Address				Administrative Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				 Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	
			•	Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
<u>c</u> .	Full Name (Last, First, Middle Initial)		Q		Allocated Activity or Event:
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			·	Allocated Activity or Event Year-To-Date
	Fulpose of Disbursement.				
	Activity or Event Identifier:				
	·			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		דידן (
		مستحسنة ا ر		<u></u>	
SI	JBTOTAL of Allocated Federal and NonFeder	•	•	0	
	FEDERAL SHARE	┓╵┍┈┉╸	NONFEDERAL	SHARE	= TOTAL AMOUNT
			4		
T	OTAL This Period (last page for each line onl FEDERAL SHARE	y)(Federal sh	are to 21(a)(i) and NONFEDERAL		nare to 21(a)(ii)) TOTAL AMOUNT
		ריין ר			
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FEC Schedule H4 (Form 3X) Rev 12/2004

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PAGE

OF

FOR LINE 21a OF FORM 3X

SCHEDULE H5 (FEC Form 3X	.)			
TRANSFERS OF LEVIN FUNDS ALLOCATED FEDERAL ELECT				
(To be used by State, District and Lo		s Only)		PAGE OF
			·	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full) TURTLE ISLAND NATIONAL POLIT		TTEE		
NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMO	UNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	1			
i) Voter Registration		VOTER REGISTR	ATION	
 Total Amount Transferred for V 	/oter Registration			
ii) Voter ID		V	OTER ID	
Total Amount Transferred for V	Voter ID			
、 、	1	······ 0	GOTV	
iii) GOTV . Total Amount Transferred for C	SOTV		<u> </u>	
				PAIGN ACTIVITY
iv) Generic Campaign Activity		Г	GENERIC CAN	
Total Amount Transferred for C	Seneric Campaign Activity			
NAME OF ACCOUNT	DATE OF RECEIPT	·		
		· • • • • • • • • • • •		
BREAKDOWN OF THIS TRANSFER				
i) Voter Registration		VOTER REGISTR	ATION	
Total Amount Transferred for V	Voter Registration			
· · ·		V	OTER ID	
ii) Voter ID Total Amount Transferred for V	Voter ID		· · · · · · · · · · · · · · · · · · ·	
iii) GOTV		┍┈┯┈╦┈	GOTV	
Total Amount Transferred for C	30TV	······		
iv) Generic Campaign Activity		-	GENERIC CAM	PAIGN ACTIVITY
Total Amount Transferred for (Seneric Campaign Activity			-()()
				1
TOTALS FOR	R BREAKDOWN OF TRANS	FER RECEIVED (L	ast Page Only)	
,		سېې د يې د د نو سو د نو ت	~~~~~~~~	
TOTAL This Period (Voter Registratio)n)			
		·····		
TOTAL This Period (Voter ID)	,			
		L		
TOTAL This Period (GOTV)		······L	(1)(2)	
TOTAL This Decid (Concerned Concerned)	an Antivity)	Г	~ * * * *	┈┈╌╌╌╌╴┓
TOTAL This Period (Generic Campai	gn ACtivity)	L		
TOTAL This Period (Total Amount of	Transfers Received)			
		•••••••••••••••••••••••••••••••••••••••		

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

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	RAL ELECTION A			
be used by State, District	and Local Party Co	ommittees Only)	FOR	LINE 30a OF FOR
AE OF COMMITTEE (In Full)		0014417755		
IRTLE ISLAND NATIONAL		COMMITTEE	•	
A. Full Name (Last, First, Middle In	nitial) / Full Organization N	lame	Type of Allocated Activity	or Event: GO1
٢			Voter ID	Generic Can
			Allocated Activity or	Event Vear-To-Date
Mailing Address			Allocated Activity of	
City	State Zip Co	ode	L	() <u> </u>
Purpose of Disbursement			_┛│ ┍ ┉╼┉┓╷┍╍╼	0 / Y Y Y
<u></u>		Categor Type		
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL	AMOUNT
		(?) <u></u>		
B. Full Name (Last, First, Middle In	itial) / Full Organization N	Name	Type of Allocated Activity	or Event:
			Voter Registration	GO1 Generic Car
Mailing Address			Allocated Activity or	Event Year-To-Date
City	State Zip Co	de France	I	()
Purpose of Disbursement				D / Y Y Y
rupuse of Disbursement		Categor	" Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL	AMOUNT
				· · · · ·
والمحيوليسية والمستامسية والمستاد ومروا وسيوا				
C. Full Name /Last First Middle In	vitial) / Full Organization A	lamo •	Type of Allocated Activity	or Event:
C. Full Name (Last, First, Middle Ir	nitial) / Full Organization N	Name •	Type of Allocated Activity	GOT
C. Full Name (Last, First, Middle Ir	itial) / Full Organization N	Name •		or Event: GOT Generic Can
C. Full Name (Last, First, Middle Ir Mailing Address	nitial) / Full Organization N	Name •	Voter Registration	GOT Generic Can
Mailing Address			Voter Registration Voter ID	GOT Generic Can
Mailing Address	nitial) / Full Organization M		Voter Registration Voter ID	GOT Generic Can
Mailing Address		ide Categor	Allocated Activity or I	GOT Generic Can
Mailing Address City Purpose of Disbursement		de Categor Type	Voter Registration Voter ID Allocated Activity or I	GOT Generic Can Event Year-To-Date
Mailing Address	State Zip Co	ide Categor	Voter Registration Voter ID Allocated Activity or I	GOT Generic Can
Mailing Address City Purpose of Disbursement	State Zip Co	de Categor Type	Voter Registration Voter ID Allocated Activity or I	GOT Generic Can Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State Zip Co	ide Categor Type LEVIN SHARE	Voter Registration Voter ID Allocated Activity or I Date M / D TOTAL	GOT Generic Can Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State Zip Co	de Categor Type	Voter Registration Voter ID Allocated Activity or I Date M / D TOTAL	GOT Generic Can Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State Zip Co	de Categor Type LEVIN SHARE	Voter Registration Voter ID Allocated Activity or I Date M M / D TOTAL	GOT Generic Can Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE STOTAL of Shared Federal and Le FEDERAL SHARE	State Zip Co	de Categor Type LEVIN SHARE	Voter Registration Voter ID Allocated Activity or I Date TOTAL = TOTAL re to 30(a)(ii))	GOT Generic Can Event Year-To-Date
Mailing Address City Purpose of Disbursement FEDERAL SHARE	State Zip Co	de Categor Type LEVIN SHARE	Voter Registration Voter ID Allocated Activity or I Date TOTAL = TOTAL re to 30(a)(ii))	GOT Generic Can Event Year-To-Date

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

NAME OF COMMITTEE (In Full)

TURTLE ISLAND NATIONAL POLITICAL PARTY COMMITTEE

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

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

SCHEDULE L-A (FEC Form 3X)		PAGE OF
TEMIZED RECEIPTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the	
	Aggregation Page	(check only one) 1a 2
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and addres		
NAME OF COMMITTEE (In Full) TURTLE ISLAND NATIONAL POLITICAL PARTY (COMMITTEE	
Full Name (Last, First, Middle Initial) / Full Organization Name	•	Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State	e Zip Code	
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name	-	
Full Name (Last, First, Middle Initial) / Full Organization Name	<i>.</i>	Date of Receipt
Mailing Address		
	ł	Amount of Each Receipt this Period
City State	e Zip Code	
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation	<u>ر</u>	
Full Name (Last, First, Middle Initial) / Full Organization Name	1	Date of Receipt
Mailing Address		
		Amount of Each Receipt this Period
City State	e Zip Code	
Name of Employer or Principal Place of Business		
		Aggregate Year-to-Date
Occupation	1	
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
).		
Mailing Address		
· · · · · · · · · · · · · · · · · · ·		Amount of Each Receipt this Period
City State	e Zip Code	
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
SUBTOTAL of Receipts This Page (optional)	······ •	
TOTAL This Period (last page this line number only)		

S	HEDULE L-B (FEC Form 3X)	·····	
IT	EMIZED DISBURSEMENTS ELEVIN 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
	y information copied from such Reports and Statements may n for commercial purposes, other than using the name and addre		
	NAME OF COMMITTEE (In Full) TURTLE ISLAND NATIONAL POLITICAL PARTY	Y COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
в.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
C.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
Е.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
s	UBTOTAL of Disbursements This Page (optional)	▶	
Т	OTAL This Period (last page this line number only)	•	

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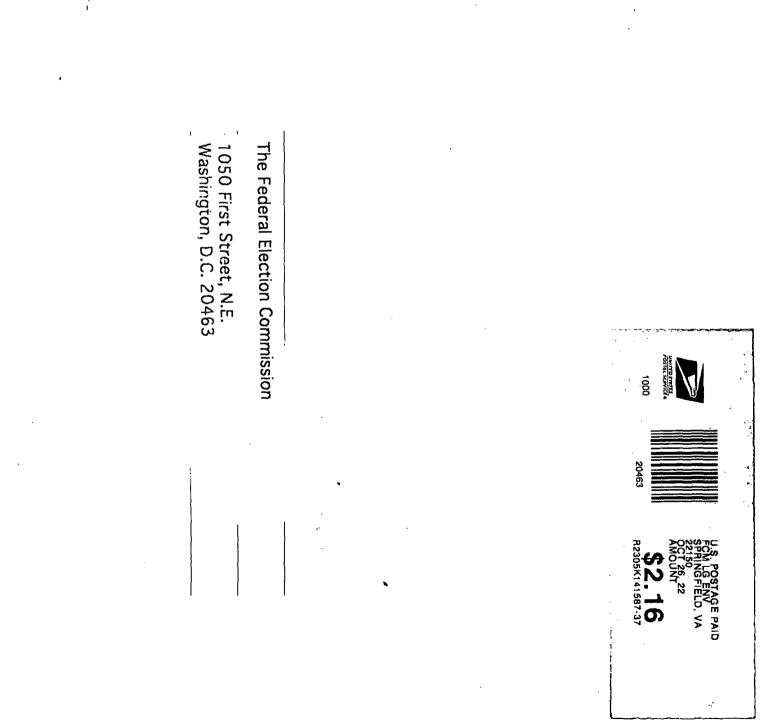
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FEC Schedule L-B (Form 3X) Rev. 02/2003

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7009 Backlick Court, Springfield, Virginia 22151



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	•
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	· .
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
NOO PREPARER	P/31/22 DATE PREPARED
(3/2015)	DATE PREPARED

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