

### FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RECEIVED EDERAL ELECTION COMMISSION SECRETARIAT

2003 JAN 23 P 4: 39

## AGENDA ITEM

For Meeting of: 1-30-03

January 23, 2003

TO:

The Commission

THROUGH: James A. Pehrkon, Staff Director

Lawrence Norton, General Couns

FROM:

The Forms Committee

SUBJECT:

Draft Agenda Document on New and Revised FEC Forms (BCRA

Implementation)

The Forms Committee submits for Commission approval the attached draft reporting forms, designed to implement disclosure provisions of the Bipartisan Campaign Reform Act of 2002 (BCRA). The Committee has placed the form instructions in a separate document, so that the two may be considered in tandem. Both the forms and instructions are arranged in numerical order.

Pending Commission approval, the Forms Committee expects to have the new forms printed and ready for distribution in time for the March 20 monthly reports and April 15 quarterly reports. Similarly, the software formats for FECFile should be available to filers in early March.

Specific revisions to the forms and instructions, by rulemaking, include:

#### Soft Money

- Modifications to the Detailed Summary Pages of FEC Form 3X
- Revisions to supporting Schedules H1-H4 (the "Allocation Schedules")
- New Draft Schedule H5 (Transfers of Levin Funds Received for Allocated Federal Election Activity)

<sup>&</sup>lt;sup>1</sup> The Forms Committee consists of Irene Allen (Data); Debbie Chacona (Reports Analysis); Barry Conway (Reports Analysis); Mai Dinh (Office of General Counsel); James Jones (Printing Officer); Kevin Salley (Information); Lisa Stolaruk (Reports Analysis); Pat Sheppard (Audit); Wanda Thomas (Audit); John Vergelli (Office of General Counsel); Dorothy Yeager (Information) and Patricia Young (Public Disclosure). Tony Buckley (OGC); Jeff Chumley (Data); Bob Knop (OGC); Jonny Levin (OGC); Duane Pugh (OGC); Greg Scott (Information) and Rosie Smith (OGC) also participated in planning meetings and discussions regarding the forms.

- New Draft Schedule H6 (Disbursements of Federal and Levin Funds for Allocated Federal Election Activity)
- New Draft Schedules L (Aggregation Page: Levin Funds), L-A (Itemized Receipts of Levin Funds) and L-B (Itemized Disbursements of Levin Funds)
- Conforming and Technical Amendments

#### **Electioneering Communications**

 New Draft FEC Form 9, 24-Hour Notice of Disbursements/Obligations For Electioneering Communications, including Schedules 9-A and 9-B

#### Independent Expenditures

- Draft Revisions to Schedule E of FEC Form 3X, Itemized Independent Expenditures
- Draft Revisions to FEC Form 5, Report of Independent Expenditures Made and Contributions Received, including new supporting Schedules 5-A and 5-E

#### Millionaires' Amendment

- Revisions to FEC Form 1, Statement of Organization
- Revisions to FEC Form 2, Statement of Candidacy
- · Technical revisions to FEC Form 3 and its supporting Schedules A and B
- New Draft FEC Form 3Z-1, Consolidated Report of Gross Receipts for Authorized Committees
- New Draft FEC Form 10, 24-Hour Notice of Expenditure from Candidate's Personal Funds
- New Draft FEC Form 11, 24-Hour Notice of Opposition Personal Funds Amount
- New Draft FEC Form 12, 24-Hour Notice of Suspension of Increased Limits
- Conforming amendments to Schedule F of FEC Form 3X, Itemized Coordinated Party Expenditures Made by Political Party Committees or Designated Agent(s) On Behalf of Candidates for Federal Office

#### Recommendation

The Forms Committee recommends that the Commission approve the draft FEC reporting forms contained in this document and their corresponding instructions.

## FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

				Autor Car Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	· · · · · · · · · · · · · · · · · · ·
			11111	
			1 1 1 1 1	
ADDRESS (number and street) ▼		<u> </u>	11111	
(Check if address				
is changed)			L	
COMMITTEE'S E-MAIL ADDRES		CITY A	STATE A	ZIP CODE ▲
	111111		<u> </u>	
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
<u> </u>				
<del>                                     </del>		<b>%</b>		<u> </u>
COMMITTEE'S FAX NUMBER				
<u> </u>	المنافق			
2. DATE				
3. FEC IDENTIFICATION NU	MBER ▶ C	and a service modely from a management of the first of th		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this	Statement and to the best	of my knowledge and belief i	it is true, correct and	f complete.
Type or Print Name of Treasurer		<del></del>		
Signature of Treasurer			Date	To sol ( ) y Ty y Y y
NOTE: Submission of false, erroneo Al		nay subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-894-1100		FEC FORM 1 (Revised 12/02)

There are no changes recommended to the current version of pages 2-4 of FEC Form 1 (Statement of Organization).

## FEC FORM 2 STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	<del></del>				<del></del>
	(b) Address (number and street)	☐ Check if add	dress changed		2. Identification Number	
	(c) City, State, and ZIP Code				3. is This New Arnend Statement (N) OR (A)	led
4.	Party Affiliation	5. Office Sought		6. State & Distr	rict of Candidate	
_	DI	ESIGNATION OF P	RINCIPAL (	CAMPAIGN	N COMMITTEE	
7.	I hereby designate the following na	rmed political committee a	s my Principal C	ampaign Comm	nittee for the election(s).  (year of election)	
	NOTE: This designation should be	filed with the appropriate	office listed in the	instructions.		
	(a) Name of Committee (in full)				A.	
	(b) Address (number and street)		,			
	(c) City, State, and ZIP Code					
	DI	ESIGNATION OF C	THER AUT	HORIZED	COMMITTEES	
			oint Fundading			
	I hereby authorize the following na candidacy.	med committee, which is N	IOT my principal	<b>Simpaig</b> n com	nmittee, to receive and expend funds on behalf of m	rý '
	NOTE: This designation should be	filed with the principal can	paign committee	<b>.</b>		
	(a) Name of Committee (in full)				· · · · · · · · · · · · · · · · · · ·	
	(b) Address (number and street)					
	(c) City, State, and ZIP Code		<u> </u>			<del></del>
_					NDS (House or Senate Only)	
9.	I intend to expend personal funds e	9A	All from the bottom ordered the figure and the second	response on a second	for the primary election, and	
			istorio de la Francisco. Esta de degració gracia de desar		for the general election.	
	If you do not intend to expend pers		threshold amoun		ction, you must enter "0.00" for each.	
		amined this Statement and	i to the best of m	y knowledge al	and belief it is true, correct and complete.	
Sig	mature of Candidate				Date	
NO	TE: Submission of false, erroneous	s, or incomplete information	n may subject the	e person signin	ng this Statement to penalties of 2 U.S.C. §437g.	
FE3A	M039		$\perp$ <sub>3</sub> 1		FEC FORM 2 (REV	. 01/031

### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1,	NAME OF COMMITTEE (in full)	USE FEC MAILING LAS OR TYPE OR PRINT ▼		ample:If typing, typ er the lines.	e 12FE4M5	en en som en
		• •				
	<del></del>	111111				
		<u> </u>	1111			
AD!	DRESS (number and street)					
٠.	Check if different					
	than previously reported. (ACC)					
2.	FEC IDENTIFICATION N	JMBER ▼	CiTY ▲		STATE ▲	ZIP CODE ▲ STATE ▼ DISTRICT
	Commence and a second particular report	· · · · · · · · · · · · · · · · · · ·	S-THIS	NEW (N) O	R (A)	
4.	TYPE OF REPORT (Ch		10 0	Floridae Book of	- 41	
	(a) Quarterly Reports:	(b)	أحدومة	-Election Report fo	· prop	कु <b>र</b> ाव
	April 15 Quarterly I	Report (Q1)		Primary (12P)	General (	12G) Runoff (12R)
	July 15 Quarterly R	Sport (Q2)	46	Convention (12C)	Special (1	2S)
	October 15 Quarter		Election on		many years and any construction	in the State of
	January 31 Year-Er	id Report (YE) (c)	30-Day POS	T-Election Report	for the:	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	General (30G)	Runoff (30	OR) Special (30S)
	Termination Report		Election on	Marine Marine	graphics of the control of the contr	in the State of
5.	Once de la Desta de	Mi / O'MO ( / Y * Y	•	through		ALBUMAN A
l ce	rtify that I have examined th	is Report and to the bes	st of my kn	owledge and belief	it is true, correct and	complete.
Тур	e or Print Name of Treasure					
Sigr	nature of Treasurer		-en			(1) 11 (07 1 (07 1 (17 1(17 11111)(17 1(17 1
NOT	E: Submission of false, errore	eous, or incomplete inform	ation may s	ubject the person si	gning this Report to the	penalties of 2 U.S.C. §437g.
FESA	Office Use Only		5			FEC FORM 3 (Revised 1/03)

There are no changes recommended to the current version of the Summary Page (Page 2) of FEC Form 3 or the Detailed Summary Page (Pages 3-4) of FEC Form 3.

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF (check only one)

11a 11b 11c 11d 11d 12 13a 13b 14

		12   13a   13b   14
information copied from such Reports are commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commit	y person for the purpose of soliciting contributions Ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
ull Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Date of Bossies
failing Address	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
lty	State Zip Code	<u> </u>
EC ID number of contributing oderal political committee.		Amount of Each Receipt this Period
ame of Employer	Occupation	• • • • • • • • • • • • • • • • • • •
eceipt For:  Primary General  Other (specify) ▼	Election Cycle-to-Date ▼	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
all Name (Last, First, Middle Initial)	1 1 1 1 1 1 1 1	Date of Receipt
alling Address		
ity	State Zip Code	
EC ID number of contributing deral political committee.		Amount of Each Receipt this Period
ame of Employer	Occupation	Community 9
eceipt For: Primary General Other (specify) ♥	Election Cycle-to-Date ▼	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
ill Name (Last, First, Middle Initial)		Data d Davida
ailing Address	***************************************	Date of Receipt
ty	State Zip Code	
EC ID number of contributing deral political committee.	C	Amount of Each Receipt this Period
ame of Employer	Occupation	9
eceipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
TOTAL of Possints This Poss (and		
PIOPAL OF NECERDIS THIS Page (optional	)	<u> ▶</u> , , .

7

FE3AN044

SCHEDULE B (FEC Form 3)		_	FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	Use separate actor each categor	thedule(s)	(check only one)		
	Detailed Summa	ry Page	17 18 19a		
Arms information and de-	<u> </u>		20a 20b 20c 21		
Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or a	used by any p	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	THE COLOR BOOK SOLD BOOK	ucai cumminite	be to solicit contributions from such committee.		
<u>/</u>					
Full Name (Last, First, Middle Initial)  A.		·-			
Α.			Date of Disbursement		
Mailing Address		<u> </u>	м м' / а а / у у у у		
<u> </u>					
City	State Zip Code		Amount of Each Disbursement this Period		
			Amount of Lach Dispulsement this Penod		
Purpose of Disbursement	-		, ,		
Candidate Name			, , , , , , , , , , , , , , , , , , , ,		
		Category/ Type	Refund or Disposal of Excess		
Office Sought: House Disbu	rsement For:	1,700	Contributions Required Under		
Senate	Primary General		11 C.F.R. 400.53		
President State: District:	Other (specify) ▼	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
State: District: Full Name (Last, First, Middle Initial)		74			
B.			Date of Disk		
			Date of Disbursement		
Mailing Address			W W V D V A A A A		
City	<u> </u>		the first setting of the setting of		
Ony	State Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement		<u> </u>	to the second se		
			and the state of the second of		
Candidate Name		Category/			
Office Sought: House Diebur		Туре	Refund or Disposal of Excess		
Senate	Disbursement For: Primary General		Contributions Required Under		
President	Primary General Other (specify) ▼		11 C.F.R. 400.53		
State: District:					
Full Name (Last, First, Middle Initial)		_			
•			Date of Disbursement		
Mailing Address		<del> </del>	м м / о / у у у у . у . у . у . у . у . у .		
			The second second second		
City Sta	te Zip Code		Amount of Each Disbursement this Period		
Purpose of Disbursement			- Pariodit of Education Disconsenier (ills Period		
Fulpose of Dispursement					
Candidate Name		<u>.</u> .			
		Category/ Type			
	ement For:	146.4	<ul> <li>Refund or Disposal of Excess</li> <li>Contributions Required Under</li> </ul>		
Senate	Primary General		11 C.F.R. 400.53		
President State: District:	Other (specify) ▼				
Disdict;	<u>.                                    </u>	<del></del>			
SUBTOTAL of Disbursements This Page (optional		_			
The rate of the state of the st	***************************************	·······	, , , ,		
TOTAL This Period (last page this line number on	у)		3 g .		

There are no changes recommended to the current versions of Schedule C (Loans) or Schedule D (Debts and Obligations) of FEC Form 3. A technical change will be made to Schedule C-1 to update citations to former 100.7 and 100.8; however, no additional changes are recommended to that Schedule. Additionally, no changes are recommended to the current version of Form 3Z (Consolidated Report).

### FEC FORM 3Z-1

## CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19) (Millionaires' Amendment)

Name of Candida	ate	<u></u>		 Candida	te ID Number
Name of Principa	al Campaign Comm	ittee	·	 Commit	tee ID Number
	. •			С	
Committee Addr	ess				
City	State		ZIP		
Report Covering	Period (check one)	17.	June 30, or		31 of the year
		P <sub>1</sub>	rimary	G	eneral
Gross receipts of a committees	uthorized	,		,	,
Aggregate amount from personal fund	of contributions s of the candidate		, .	,	• • •
Gross receipts min personal contribution	us the candidate's		, .	. 3	• ·····

### **FEC** FORM 3X

FE3AN037

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only NAME OF USE FEC MAILING LABEL Example: If typing, type COMMITTEE (in full) 12FE4M5 OR TYPE OR PRINT Y over the lines. ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NUMBER W CITY A ATE A ZIP CODE A 3. IS THIS NEW **AMENDED** REPORT (N) OR (A) TYPE OF REPORT Monthly Nov 20 (M11) Feb 20 (M2) 20 (M5) Aug 20 (M8) (Choose One) (Non-Electi Year Only) Report Due On: Dec 20 (M12) Mar 20 (M3) 20 (M6) Sep 20 (M9) (a) Quarterly Reports: (Non-Election Year Only) Apr 20 Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day fimary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report (Q2) Repo Convention (12C) Special (12S) October 15 Quarterly Report (Q3) January 31 in the Year-End Report (YE) lection on State of July 31 Mid-Year 30-Day Report (Non-election POST-Election Year Only) (MY) General (30G) Runoff (30R) Special (30S) eport for the: Termination Report (TER) in the Election on State of Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office FEC FORM 3X Use 11 (Rev. 11/2002) Only

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Revised 11/02) Page 2 Write or Type Committee Name Report Covering the Period: From: To: 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 ....... (c) 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) .......

Cash on Hand at Close of

Reporting Period

10. Debts and Obligations Owed BY

(subtract Line 7 from Line 6(d))......

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 of Receipts

Write	or	Туре	Committee	Name
-------	----	------	-----------	------

Report Covering the Period: From: To:						
l. F	leceipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
1. Contributions (oth	ner than loans) From:					
(a) Individuals/P	ersons Other					
Than Politica	if Committees	للاولان وميرما أأرزان أيضا ومانبغو ومرح كوميني أراأ أأأن أأرا وروبه الدائد أأنا أأأن				
(i) Itemized	(use Schedule A)					
••	, , , , , , , , , , , , , , , , , , , ,	and the second of the self-control of the second of the se				
(ii) Unitemize	ed					
(iii) TOTAL (a		in the section of the	The street of the substitute of the street o			
• • •						
Lines III	(a)(i) and (ii)	E graphing the record and the state of the same of the same of the state of the same of th	Committee of the same of the s			
/L\ D=861 D=+						
	y Committees	A consideration of another production as a large state of the state of	I make the state of the state o			
(c) Other Politica		Amended and the second by the second				
	Cs)	The same of the sa				
(d) Total Contrib						
11(a)(iii), (b),	and (c)) (Carry	Separate dangers and a manage of degrees and a manage former and a separate former while the separate has been defined as the separate of the	Same and the second of the sec			
	9 33, page 5) ▶					
. Transfers From A		Commence of the control of the contr	The state of the s			
		· · · · · · · · · · · · · · · · · · ·				
,		A partie of the in influence of the temporary of the company of th	the state of the s			
All Logge Receive	od		The same of the sa			
. WII FOOTIS LIBERIAS	<b>RQ</b>	Comer of the second second the second second second second second second second second second	the state of the second state of the second state of the second s			
		And the second s	Remarks and the second of the			
<ul> <li>Loan Repayments</li> </ul>	Received					
Offsets To Operat	ing Expenditures	September of the second control of the second secon	to provide the second section of the second section of the second section of the second section of the second			
(Refunds, Rebate:	s, etc.)	Contraction of the Contraction o	g it in the growing open product states is the product of the growing of the contract of the product of the contract of the co			
(Carry Totals to Li	ine 37, page 5)					
Refunds of Contri		randramia de la compania de la comp	For the section of the control of th			
to Federal Candid		and the second section is the second of the second section is the second section of the second section is the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the second section in the second section in the section is the second section in the section is the section in the section in the section is the section in the section is the section in th	<b>.</b>			
	es		Entering the explanation of the statement of the symptom point of the statement of the stat			
Other Federal Re		Comment of the control of the contro	and the second s			
	•	Complete Commence of the second of the secon	The same of the sa			
	st, etc.)	Control of the Contro				
	n-Federal and Levin Funds		The second secon			
(a) Non-Federal A		production of the second secon	the second section of the second			
(from Schedu	le H3)	t. Santanakan mendengah di Santanan Santanan di Santanan di Santanan di Santanan di Santanan dari Santanan dari S	and the second second			
		mangan mana mangang kananan sa	and the state of t			
(b) Levin Funds (f	rom Schedule H5)					
(-) (-		and the second section of the secti	kana sa matangan dan kanangan da			
(a) Total Transform	(edd 18(a) and 18(b)).	and the first transfer of the second of the	gen (1971) i siste <mark>- baselle en propriete p</mark> ara i la propriete propriete para la propriete de la companya del companya del companya de la co			
(c) Iotal Halisiqis	(800 10(8) AND 18(D)).	real and the second of the control	Solver State State Commence of the State Sta			
Total Receipts (ad		and the first section of the section	18 - Marie Garage Marie (1920) - Garage Garage (1920) - January (1920) - J			
12, 13, 14, 15, 16	i, 17, and 18(c)) ▶	en en en estado en estado en estado en estado en entre e				
			Secretaria de Caractería de Ca			
Total Federal Reco	eipts	(x,y) = (x,y) + (x,y	and the second of the second o			
(subtract Line 18(d	c) from Line 19) 🕨	_	•			
		or a contract of the state of				

#### **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3X (Revised 11/02) Page 4 COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... **5**... (ii) Non-Federal Share ..... (b) Other Federal Operating Expenditures ..... Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees ..... Contributions to Federal Candidates/Committees and Other Political Committees ..... 24. Independent Expenditures (use Schedule E) ..... Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) 26. Loan Repayments Made ..... Company of the compan 27. Loans Made ..... Refunds of Contributions To: (a) Individuals/Persons Other and well and the selection has been the selection of a selection of a selection of the sele Than Political Committees ..... and the state of t (b) Political Party Committees ..... And the first of the control of the (c) Other Political Committees (such as PACs) ..... Commence of the Commence of th (d) Total Contribution Refunds (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 ..... (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ...▶

 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...

(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

32. Total Federal Disbursements

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 11/02)

Page 5

	III. Net Contributions/Operating Expenditures		OLUMN A This Period	COLUMN B Calendar Year-to-Date		
33.	Total Contributions (other than loans)			•	<del></del>	
	(from Line 11(d), page 3)	,	•	<b>,</b>		
34.	Total Contribution Refunds	•		• • •	•	
	(from Line 28(d))	,	<b>,</b> •,	, .		
35.	Net Contributions (other than loans)	·		<b>7. 7</b>		
	(subtract Line 33 from Line 32)	,	<b>,</b> •			
36.	Total Federal Operating Expenditures		The state of the s	And the second s		
	(add Line 21(a)(i) and Line 21(b))			and the state of t		
37.	Offsets to Operating Expenditures					
	(from Line 15, page 3)		1. Same of	•		
38.	Net Operating Expenditures	****		The second of	F	
	(subtract Line 36 from Line 35)	. 9	THE SAME OF THE SA	<b>9</b>	• .	
			ų.			

There are no changes recommended to the current versions of the following supporting schedules of FEC Form 3X

Schedule A (Itemized Receipts)

Schedule C (Loans)

Schedule D (Debts and Obligations)

A technical change to update citations to former 100.7 and 100.8 has been made to the current version of Schedule C-1 (Loans and Lines of Credit from Lending Institutions). No other changes to that schedule are recommended

### SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 21b 24 **Detailed Summary Page** 25 26 27 28a 28b 28c 29 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Disbursement D D / Y Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name للاراج التبيين والسائر ومعجودا التنابية الأراجات والمعارف Category/ Type the man office of a 18 to 18 t Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement THE PROPERTY OF THE PARTY OF TH Mailing Address City State 2 Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ 134,22 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) 6.0 State: District: Full Name (Last, First, Middle Initial) Date of Disbursement D Ď. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type e Dan Salah D Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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

			FOR LINE RA OF FORM
NAME OF COMMITTEE (In Full)	<del></del>	· · · · · · · · · · · · · · · · · · ·	FOR LINE 24 OF FORM 3X
· ·			FEC IDENTIFICATION NUMBER \
		<u>.</u>	C
Check if 24-hour notice 48-hour notice	• • • • • • • • • • • • • • • • • • •		<u> </u>
Full Name (Last, First, Middle Initial) of Payee		Date	
			and the control of th
Mailing Address		"	
04	· · · · · · · · · · · · · · · · · · ·	Amou	
City State	Zip Code		and the second of the second o
		A A. v.	and a final state of the state
Purpose of Expenditure	Category/	Office Sough	ht: House State
	Туре		Senate State:
Name of Federal Candidate Supported or Opposed by Expe	anditure:	-	President District:
		Check One:	
		Check One:	Support Oppose
Calendar Year-To-Date Per Election	e man a saint sa an sa sainte mangana again ang	Disbursemer	nt For: Primary General
and the same of th	onto de la maide estas de la compansión de la compa	· —	her (specify)
	1.17 00.00,780		rier (specify)
Full Name (Last, First Middle Initial) of Payee	•	Date	
			THE A SECTION ASSESSMENT OF THE
Mailing Address		<u> </u>	was I have been
		Amou	. ·
City State	Zip Code		ere. Andreas mergyadamakan kan salaman serina kan kan kan kan kan kan kan kan kan k
	p	1	
Purpose of Expenditure	···	2.35.44°; ax	and the control of th
. Spose of Experienting	Category/	Office Sough	nt: House State:
	Type		Senate District:
Name of Federal Candidate Supported or Opposed by Expe	nditure:		President
		Check One:	Support Oppose
Colondon Vana Ta Data Da Estat			
Calendar Year-7o-Date Per Election for Office Sought		Disbursemen	nt For: Primary General
for Office Sought	er i de de la companya de la company	<u></u>	her (specify) 🕨
	· .		
(a) SUBTOTAL of Itemized Independent Expenditures			Approximately the second of th
The state of the s	***************************************	. •	was Albasi i wasan da sa
At Currows			er i den kann de
(b) SUBTOTAL of Uniternized Independent Expenditures	**************************************	. ▶	Samuel Description of a college of the college of t
			eki korentati kessa ati kessa ati seleki kessa ati kessa ati kessa ati kessa ati kessa ati kessa ati kessa ati Kajaran menganan ati kessa ati
(c) TOTAL Independent Expenditures	***************************************	. •	
	•		e de 1900 de la companya (1900) de 1900 de 190
	··		<u> </u>
Under penalty of perjury i certify that the independent expendit or at the request or suggestion of any candidate or any authorize if the reporting entity is not a political party committee, I certify the consultation, concert with or at the request or suggestion of a	zed committee or agent of suc	ch candidate or	authorizad committee Additionals.
		1 44 1	
	Date	M N /	g ( , A A , A A
Signature			4 - 4 - 4 - 4 - 1

### SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED 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)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X NAME OF COMMITTEE (In Full) Check if 24-hour notice Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount District: Senate **Presidential** Aggregate General Election والمتراج مجرمويين Expenditure for this Candidate Limit Raised Due to Opponent's e. De servições de reconstruições de mandante estrações de flace de la completa de la completa de la completa de m --- Spending (2 U.S.C. §441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City Zip Code State M' W' / BASE Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential ter in the end of the same of the and the second of the second o Aggregate General Election Limit Raised Due to Opponent's Expenditure for this Candidate Spending (2 U.S.C. §441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code D D / Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: **Presidential** e no 🔻 i 21 i i i i 25. Aggregate General Election Expenditure for this Candidate Limit Raised Due to Opponent's Spending (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 NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES

NAME OF COMMITTEE (In Full)	
USE ONLY ONE SECTION	
State and Local Party Committees	
Fixed Percentage (select one)	
Presidential-Only Election Year (28% Federal)	
Presidential and Senate Election Year (36% Federal)	
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15% Federal)	
Separate Segregated Funds and Non-Connected Committees	
Funds Expended	
Estimated Direct Candidate Support Federal	, <b>.</b>
Estimated Direct Candidate Support Non-Federal %	
ADJUSTMENTS TO FUNDS EXPENDED: Actual Direct Candidate Support Federal,	. %
Actual Direct Candidate Support Non-Federal, , ,	

## SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

		PAGE OF
IAME OF COMMITTEE (In Full)	•	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CAND ACTIVITIES APPEARING ON THIS REPORT.	IDATE SUPPORT	
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received metholequal the federal proportion of monies raised.</li> </ol>	xd" where the federal proportion	of expenses must
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accorded federal proportion of disbursements is based on the benefit derived by	ding to benefit expected to be	derived, where the
	- Section Commission (IOII) The ac	urvity.
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NON-FEDERAL %
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Support  Reported	Manuscript of the Control of the Con	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-EDEDAL A
ACTIVITY IS:  Fundraising  Fundraising  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	FEDERAL %	NON-FEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundralsing  Direct Candidate Support	_ FEDERAL %	NON-FEDERAL %
CHECK IF THE RATIO IS:    New	• • • • • • • • • • • • • • • • • • • •	Anthon Summan and Market Summer Summer 1996
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NON-FEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	• %	**************************************
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	_ FEDERAL %	NON-FEDERAL %
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  CHECK IF THE RATIO IS:	FEDERAL %	NON-FEDERAL %
New Revised Same as Previously Reported		

# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR SHARED FEDERAL / NON-FEDERAL ACTIVITY

HAR	ED FEDERAL / NON-FEDERAL A	CTIVITY	PAGE OF FOR LINE 18a OF FORM 3X
NAME (	OF COMMITTEE (In Full)		FOR LIVE TOU OF FOHM 3X
			•
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BRE	AKDOWN OF TRANSFER RECEIVED		· · · · · · · · · · · · · · · · · · ·
i)	Total Administrative		in the second se
10)	Generic Voter Drive		
110)	Exempt Activities		
lv)	Direct Fundraising (List Activity or Event Iden	utifier)	
	a)		
	b)		
	c) Total Amount Transferred For Direct Fundrai		
v)	Direct Candidate Support Asst Access or Eve	ent Identifier)	
	a)		
	b)	,	
	c) Total Amount Candide	ite Support	den - Breeze de contracto de la contracto de l
<u> </u>	TOTALS FOR	R BREAKDOWN OF TRANSFER RECEIVE	:D
OTAL T	his Period (Total Administrative)		
			inani
UIAL I	his Period (Generic Voter Drive)	The state of the s	
OTAL T	his Period (Exempt Activities)	Marie Commission Formation of the Commission of	Rose to Commence of Chinago Marcon
OTAL T	his Period (Direct Fundraising)	And the second of the second o	Annual Complete State Commission
	his Period (Direct Candidate Support)	Contraction of the contraction o	terminant manadelliteranishan amadeus medikum Manadeus (s.).  Eine segantah daga samaya anagan anag
OTAL TI	his Period (Total Amount Transferred)		The company of the service of the se

# SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR SHARED FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

			FOR LINE 21a OF FORM 3
ME OF COMMITTEE (In Full)			•
A. Full Name (Last, First, Middle Initial)	<del></del>		Allocated Activity or Event:
		1	Administrative Fundraising Exemp
Malling Address			Voter Drive Direct Candidate Suppor
City State	Zip Code		Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	Ţ.		Service Service of The Control of th
Activity or Event Identifier:		Category/ Type	M M / D D / Y Y Y Y  Date
FEDERAL SHARE	+ NON-FEDERAL SH		= TOTAL AMOUNT
and the second s	-	type paterna in the	the contract of the second
to the many many and the second section of the section of the second section of the sectio	Total Control of Section 12 (12)	geria Maria da Sana Geria	e e description de la company de la comp
A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
Mailing Address			Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
City State	Zip Code∂	;	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:	300,0		Commence of the commence of th
Activity or Event Identifier:	ì	Category/ Type	Cate
FEDERAL SHARE			
PEDERAL STARE	+ NON-FEDERAL SH	—	TOTAL AMOUNT
Commence of the comment of the comme	en de la tradición de la filosoficia de la filosoficia.	anto a 🥦 sa iyak	e de la compansa de l
A. Full Name (Last, First, Middle Initial)	-	1	Allocated Activity or Event:
Mailing Address			Administrative Fundraising Exempt
City State	Zin Codo		Voter Drive Direct Candidate Support Allocated Activity or Event Year-To-Date
State	Zip Code		THE STATE OF THE S
Purpose of Disbursement:	.v		<u> Santana ang makana matanakana kana ang matana kana ang matana kana ang matana kana ang matana kana ang matana</u>
Activity or Event Identifier:	_	ategory/ Type	M M / of fo / v v v v
FEDERAL SHARE	NON-FEDERAL SH	ARE	= TOTAL AMOUNT
<b>5</b> 0 - 1 <b>5 4</b>	ation of participation	,·, • ,	e e di managina di managin
STOTAL of Allocated Federal and Non-Federal	Activity This Page		<del>"-</del> "
FEDERAL SHARE	<del>-</del>	ARE	= TOTAL AMOUNT
7	Factoria Sign	•	, , .
AL This Period (last page for each line only)(For FEDERAL SHARE			
			· · · · · · · · · · · · · · · · · · ·
AL This Period for the Non-Federal Share	NON-FEDERAL SHA	ARE	
	<u> </u>	<u> </u>	

PAGE

O₹

### 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 ÖF FOR LINE 18b OF FORM 3X NAME OF COMMITTEE (In Full) NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED M M / D D / .....**9**5 BREAKDOWN OF THIS TRANSFER **VOTER REGISTRATION** I) Voter Registration Total Amount Transferred for Voter Registration ..... VOTER ID ii) Voter (D Total Amount Transferred for Voter ID ..... Total Amount Transferred for GOTV ...... lv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity ..... NAME OF ACCOUNT DATE OF RECEIPT BREAKDOWN OF THIS TRANSFER VOTER REGISTRATION i) Voter Registration Total Amount Transferred for Voter Registration ..... **VOTER ID** ii) Voter ID Total Amount Transferred for Voter ID..... **GOTV** iii) GOTV Total Amount Transferred for GOTV ..... market Barrell Commercial Section GENERIC CAMPAIGN ACTIVITY iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity ..... TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) TOTAL This Period (Voter Registration) ..... TOTAL This Period (Voter ID) ..... TOTAL This Period (GOTV) TOTAL This Period (Generic Campaign Activity) ..... TOTAL This Period (Total Amount of Transfers Received).....

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

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

PAGE OF FORM 3X

Allocated Activity or Event Year-To-Date    City	ME OF COMMITTEE (In Full)		
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE	· ·		•
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE	A. Full Name (Last, First, Middle Initial) / Full On	panization Name	Type of Allocated Activity or Evant:
Mailing Address  City State Zip Code  Purpose of Disbursement  A Full Name (Last, First, Middle Initial) / Full Organization Name  FEDERAL SHARE		January Harris	1 <del></del>
City State Zip Code    Purpose of Disbursement   Date   Purpose of Disbursement			1 <del>-</del> -
Purpose of Disbursement  FEDERAL SHARE  LEVIN SHARE  LEVIN SHARE  TOTAL AMOUNT  Type of Allocated Activity or Event:  Generic Campai, Allocated Activity or Event Year-To-Date  Type of Allocated Activity or Event:  Generic Campai, Allocated Activity or Event Year-To-Date  Type of Allocated Activi	Mailing Address		Allocated Activity or Event Year-To-Date
FEDERAL SHARE	City State	Zip Code	and the second s
A. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event	Purpose of Disbursement		Date Date
Mailing Address  City State Zip Code  Purpose of Disbursement  A. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  GOTV Voter ID  Type of Allocated Activity or Event:  GOTV Voter ID  GOTV FEDERAL SHARE  FEDERAL SHARE  LEVIN SHARE  TOTAL AMOUNT  TAL This Period (flast page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	FEDERAL SHARE +	LEVIN SHARE	= TOTAL AMOUNT
Mailing Address  City State Zip Code  Purpose of Disbursement  A. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:    Code			
Mailing Address  City State Zip Code  Purpose of Disbursement  A. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:    Code	A Full Name // art First Middle Initial / Full Out		Time of Allocated Activity or Event
Allocated Activity or Event Year-To-Date    City	A. The Indian (Lead, Fred, Middle Hadel) / FUIL OT	Jan #5a(JOH) 1/8	
Purpose of Disbursement    Purpose of Disbursement   Date			Voter ID Generic Campaign
Purpose of Disbursement    Purpose of Disbursement   Date   Total Amount	Mailing Address		Allocated Activity or Event Year-To-Date
FEOERAL SHARE	City State	Zip Code	
A. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event:   Voter Registration   GOTV   Voter ID   Generic Campaigner   Gott	Purpose of Disbursement	•	Date Date
A. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event:   Voter Registration   GOTV   Voter ID   Generic Campaign	FEDERAL SHAPE +	LEVIN SHARE	⇒ TOTAL AMOUNT
Mailing Address  Allocated Activity or Event Year-To-Date  Allocated Activity or Event Year-To-Date  Allocated Activity or Event Year-To-Date  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT			
Mailing Address  Allocated Activity or Event Year-To-Date  Allocated Activity or Event Year-To-Date  Allocated Activity or Event Year-To-Date  Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	A. Full Name (Last, First, Middle Initial) / Full Om	vanization Name	Type of Allocated Activity or Event:
City State Zip Code  Purpose of Disbursement  Date  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT	•		☐ Voter Registration ☐ GOTV
Purpose of Disbursement  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TAL This Period for the Levin Share	Mailing Address		Allocated Activity or Event Year-To-Date
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TAL This Period for the Levin Share	City State	Zip Code	Complementary of Marcalan and Complement Com
BTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TAL This Period for the Levin Share	Purpose of Disbursement		Date Date
BTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TAL This Period for the Levin Share	•	LEVIN SHARE	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  LEVIN SHARE  TAL This Period for the Levin Share	Account Contraction and Street, and contraction and discount of the contraction of the co	and the second s	
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  FAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE			
TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TAL This Period for the Levin Share	FEDERAL SHARE +	-	= TOTAL AMOUNT
TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TAL This Period for the Levin Share			en til salan en skille store framske stande skapen af påre kannen andersammer skale skille som en skille skill Til skille s
LEVIN SHARE  FAL This Period for the Levin Share	TAL This Period (last page for each line only)(Fed		re to 30(a)(ii))
TAL This Period for the Levin Share			TOTAL AMOUNT
TAL This Period for the Levin Share			Same Same Same Same Same Same Same Same
	TAL This Period for the Levin Share	•	•

### SCHEDULE L (FEC Form 3X)

### **AGGREGATION PAGE: LEVIN FUNDS**

NAN	ME OF COMMITTEE (In Full)	<u> </u>	
NAA	ME OF ACCOUNT		
Cov	erage Period From:	Y Y Y Y M M / D	D / Y Y Y Y
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		• • • • • • • • • • • • • • • • • • •
	(b) Uniternized	en e	en e
	(c) Total	was in in the	
2.	OTHER RECEIPTS	Empression with the second sec	and the second s
3.	TOTAL RECEIPTS(Add Unes 1c and 2)	And the second of the second o	The second of th
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	And the second of the second o	The state of the s
	(b) Voter ID		
	(d) Generic Campaign	The second section of the second seco	
	(e) Total	Transfer St. Francis Communication (Communication Communication Communic	Processor (w& Innoversity Control of the Control o
5.	OTHER DISBURSEMENTS		The second se
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	and the second s	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		* · · · · • · · · · · · · · · · · · · ·
8.	RECEIPTS(from Line 3)		• • • • • • • • • • • • • • • • • • •
9.	SUBTOTAL(Add Lines 7 and 8)	· · · · · · · · · · · · · · · · · · ·	er en
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND		, ,

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

Use separate schedule(s) for each category of the Aggregation Page PAGE OF
FOR LINE NUMBER:
(check only one) 1a 2

			•
IAME OF COMMITTEE (In Full)			***
			·
ull Name (Last, First, Middle Initial) / Full Organi	zation Marco		
on Maine (Last, First, Middle Initial) / Full Organi	zation Name		Date of Receipt
			M M / D D / Y Y Y Y
failing Address			
			Amount of Each Receipt this Period
ity	State	Zip Code	TANOGRA OF LACT TROUBLE THE PORTOG
		<u> </u>	1 1 - 1 2 2 2 2 2 2 2 2 2 2 2 3 2 3 2 3 3 3 3
ame of Employer or Principal Place of Business		**************************************	
			Aggregate Year-to-Date
ocupation		ž	
ull Name (Last, First, Middle Initial) / Full Organi	ration Now-		Commence of Section and Commence of Commen
on round (Lest, 1768), muche (fillel) / Full Organi	CAUCH MAINS		Date of Receipt
	· :		S. WALLEY A. A. A. A. A. A.
lailing Address	Al Su		See an a transfer of the second of the secon
		·	Amount of Each Receipt this Period
ity	State	Zip Code	Separation of Fernandary and the second of t
			The state of the s
ame of Employer or Principal Place of Business	₩ ty To		
ccupation			Aggregate Year-to-Date
Company (	<b>*</b> c		
ull Name (Last, First, Middle Initial) / Full Organia	retion Name	•	The second secon
or reality ( Last 1 real reality ) I can engang	Callott Hallie		Date of Receipt
- Andrews			MALINE NEEDS DO N. A. A. A. A. A.
ailing Address			The second of th
44.			Amount of Each Receipt this Period
ty Tike your	State	Zip Code	gers generalist in the egyptic of the entire in the control of
ame of Employer or Principal Place of Business			
and or amproyor of throught have or business			Aggregate Year-to-Date
ccupation			Tagging Tourist Date
			The second section of the second seco
ul Name (Last, First, Middle Initial) / Full Organiz	ation Name		Date of Receipt
· · · · · · · · · · · · · · · · · · ·			M Mary / Comp / Yring y y
Olling Address			
ailing Address			See the state of the second of
ty	State	Zin Codo	Amount of Each Receipt this Period
~ <del>y</del>	CIETA	Zip Code	en en la companya de
ame of Employer or Principal Place of Business	——————————————————————————————————————		tan ing a sangar
· · · · · · · · · · · · · · · · · · ·			Aggregate Year-to-Date
ccupation	<del></del>		<b>1</b>
•			<b>1</b>
	<u> </u>	<u>,,,,</u>	
ITOTAL of Receipts This Page (optional)		<b>.</b>	• • • • • • • • • • • • • • • • • • •

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

FE3AN037

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

OR LINE NUMBI	ER: PAC	BE	OF_
check only one)	4a 4b	4c 4d	5

			4b4d
by information copied from for commercial purpose	m such Reports and Statements ma	ay not be sold or used by an	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE	(In Full)	odiess of any political comm	nittee to solicit contributions from such committee.
<b>)</b>	- ( <i>, a.,</i> y		
Full Name (Last, First,	Middle Initial) / Full Organization Na	me	
•	-		Date of Disbursement
**************************************			M M . / O D / Y Y Y Y
Mailing Address			
City	State	7:- 0-4-	
	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursemen	nt		
		85 - 50 -	
Full Name (Last, First, )	Middle Initial) / Full Organization Na	me	
		72°	Date of Disbursement
Mailing Address		<u> </u>	- (M W) A (MONORY A (MONORY OF A)
Maining Address			A STATE OF THE STA
City	State	Zip Code	The state of the s
	S.	zip egge	Amount of Each Disbursement this Period
Purpose of Disbursemen	t in the second		
<del></del>			See
Full Name (Last, First, A	(iddle Initial) / Full Organization Nar	me	
			Date of Disbursement
Mailing Address	ANATA SACRAMA		- CARTANTO / BOTTON, A DIVE AND AND AND A
City	State	Zip Code	Amount of East Dish.
B		<u> </u>	Amount of Each Disbursement this Period
Purpose of Disbursemen	<b>t</b>		The same was the control of the same states of the
Full Name / set Circl N	iddle Initial) / Full Organization Nan		The second secon
TON PROMISE (LASI, PRISI, W	rice initial) / Full Organization Nam	ne	
<u> </u>			Date of Disbursement
Mailing Address			M Mily Composity And A All A.
<u></u>			the second of th
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		·	the control of the second of t
			A Section of the second and the second of th
Full Name (Last, First, M	iddle Initial) / Full Organization Nam	ne .	
		- <del>-</del>	Date of Disbursement
			<b>F</b>
Mailing Address	· <del></del>		М м / о о / ч ч ч
City		70.0-4	the state of the s
• •	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
			, ,
			<u></u>
BTOTAL of Disbursemen	ts This Page (optional)		
			<u></u>

## FEC FORM 5

### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations 1. (a) Name of Individual, Organization or Corporation (b) Address (number and street) check if different than previously reported (c) City, State and ZIP Code 3. FEC Identification Number 2. Corporate filers only is the filer a qualified nonprofit corporation? □ No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice ☐ July 15 Quarterly Repor 12-Day Report preceding the election.▼ October 15 Quarterly Rec Type of Election **Date of Election** State January 314 End Report ☐ 30-Day Report following the General Election. ▼ Date of Election State b) Is this Report an inendment? Yes No 5. COVERING PERIOD: FROM THROUGH ( TO TO 1 6. TOTAL CONTRIBUTIONS..... 7. TOTAL INDEPENDENT EXPENDITURES ..... Under penalty of perjury, I certify that the independent expenditures reported hersin were not made with the cooperation or prior consent of, or in consultation with, or at the tion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

For further information, contact:

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

DATE

NOTE: Submission of laise, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SIGNATURE** 

### SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE OF

or for commercial purposes, other than us	s and Statements may not be sold or used by any period of the name and address of any political committee	e to solicit contributions from such committee.
NAME OF FILER (In Full)		
<u>/</u>		
A. Full Name (Last, First, Middle Initial)		Date of Country
Mailing Address		Date of Receipt
		$= \sup_{x \in W(x)}  W_{x} - Y_{x}  \leq p = 0  \forall  A_{x, x} A_{x, x} A_{x} = A_{x}.$
City	State Zip Code	A Secretary and the second of
	and the proof of the foregoing and the second of the secon	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupati	
B. Full Name (Last, First, Middle Initial)		P
Mailing Address		Date of Receipt
City	State Code	Land Land Company of
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The control of the second of the control of the con
Name of Employer	Occupatio	n
C. Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
C.	<u> </u>	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		The contract of the contract o
Name of Employer	Occupatio	n
Full Name (Last, First, Middle Initial)		<u> </u>
	<u> </u>	Date of Receipt
Mailing Address		EMERINE A PROCESS A SAMERA CONTRACTOR
City	State Zip Code	Section (1996) (1997) (
FEC ID number of contributing	Other inches	Amount of Each Receipt this Period
federal political committee.	C to the second	
Name of Employer	Occupation	1
		and the second of the second o
SUBTOTAL of Receipts This Page (option	ai)	
	o Line 6)	
the first bage outly total o	· · · · · · · · · · · · · · · · · · ·	The second of th

#### PAGE **QF** ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 OF FORM 5 NAME OF FILER (In Full) Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: Category/ House State: Type Senate District: \_ Name of Federal Candidate Supported or Opposed by Expenditure: President Check One: Support Oppose Disbursement For: Primary Calendar Year-To-Date Per Election General for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mailing Address City State Zlp Code Purpose of Expenditure Office Sought: Category/ House State: Type Senate District: Name of Federal Candidate Supported or Opposed by Expenditure: President Check One: Support Oppose Primary Disbursement For: General Calendar Year-To-Date Per Election for Office Sought Other (specify) **.** Full Name (Last, First, Middle Initial) of Payee **Date** Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: Category/ State: Туре Senate District: . Name of Federal Candidate Supported or Opposed by Expenditure: President Check One: Оррове Support Calendar Year-To-Date Per Election Disbursement For: Primary General for Office Sought Other (specify) (a) SUBTOTAL of itemized independent Expenditures..... (b) SUBTOTAL of Uniternized Independent Expenditures .....

SCHEDULE 5-E

## **FEC FORM 9**

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonpro (a) Name	ofit Corporation Making the Disbu	ursement/Obligations
(b) Address (number and street) check if different (	than previously reported	2. FEC Identification Number
(c) City, State and ZIP Code		C C C C C C C C C C C C C C C C C C C
(d) Name of Employer or Principal Place of Business	(e) Occupa	tion
New  3. Is This Statement or Amended	4. Covering Period	through
5. (a) Date of Public Distribution(s)	(b) Communication	n Title
6. Is the Filer a Qualified Nonprofit Corporatio	on under 11 CFR 114.10?	Yes No No
<ol><li>Were the disbursements for the electioneer from donations to a segregated bank according.</li></ol>	ring communication made excrus	ively Yes No No
B. Custodian of Records (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupa	tion
9. Total Donations This Statement	the second secon	
0. Total Disbursements/Obligations This States	ment	The state of the s
Under penalty of perjury, I certify that this statement is communications reported herein were made by a corrunder the Commission's regulations.	s true, correct and complete. In addition poration, I certify that the corporation is	a, if the electioneering a qualified nonprofit corporation
TYPE OR PRINT NAME OF PERSON COMPLETING FOR	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	DATE	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

Ä.	son(s) Sharing/Exercising Control				
Α.	(a) Name				
	(b) Address (number and street)				
	(c) City, State and ZIP Code				
	(d) Name of Employer or Principal Place of Business	(e) Occupation			
В.	(a) Name	· · · · · · · · · · · · · · · · · · ·			
	(b) Address (number and street)				
	(c) City, State and ZIP Code				
	(d) Name of Employer or Principal Place of Business	(e) Occupation			
<b>)</b> .	(a) Name				
	(b) Address (number and street)				
	(c) City, State and ZIP Code				
•	(d) Name of Employer or Principal Place of Business	(e) Occupation			
).	(a) Name				
•	(b) Address (number and street)				
•	(c) City, State and ZIP Code				
•	(d) Name of Employer or Principal Place of Business	(e) Occupation			
<u> </u>	(a) Name	<u> </u>			
-	(b) Address (number and street)				
1	c) City, State and ZIP Code				
7	d) Name of Employer or Principal Place of Business	(e) Occupation			

SUBTOTAL of Donations This Page (optional)	particle of a section recognition of the section of the grounds decrease with a section of the section of
	eren er eren 🕶 er er er 🛣 er
TOTAL This Period (last page this line number only)	
(carry total from last page to Line 9)	a subject to the project of the

Zip

State

Mailing Address of Donor

City

Amount

and reference to the set of French of the second to be to the second to the second to the second to the second

### SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial)	of Payee	Date of Disbursement or Obligation
Mailing Address of Payee		Amount
City	State Zip Code	• • • • • • • • • • • • • • • • • • •
Name of Employer	Occupation	Communication Date
Purpose of Disbursement (Including ti	tle(s) of communication(s))	<u> </u>
Name of Federal Candidate	Office Sought: House State: Senate District:	Disbursement/Obligation For: Primary General
Name of Federal Candidate	Senate:	Other (specify)  Disbursement/Obligation For:  Primary General  Other (specify)
Name of Federal Candidate		Disbursement/Obligation For: Primary General Other (specify)
Mailing Address of Payee	f Payee	Date of Disbursement or Obligation  Amount
City  Name of Employer	State Zip Code	Communication Date
Purpose of Disbursement (Including title	Occupation	M W / D B / V Y Y Y Y
E*	<u> </u>	
Name of Federal Candidate	Office Sought: House State: Senate District: President	Oisbursement/Obligation For:  Primary General  Other (specify) ▶
Name of Federal Candidate	Office Sought: House State: Senate District: President	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought: House State: Senate District:	Disbursement/Obligation For: Primary General Other (specify)
SUBTOTAL of Disbursements/Obligations	This Page (optional)	
TOTAL This Period (last page this line nul (carry total from last page to Line	mber only)	<u> </u>

## **FEC FORM 10**

## 24-HOUR NOTICE OF EXPENDITURE FROM CANDIDATE'S PERSONAL FUNDS (11 CFR 400.21 and 400.22) (Millionaires' Amendment)

1. Name of Candidate	2. Office Sought	3. State	4. District	5. Candidate ID Number
6. Name of Principal Campaign Commi	ttee	1 从1, ************************************	<del></del>	7. Committee ID Number
8. Address		***	<u> </u>	The state of the second transport of the second sec
9. City, State and ZIP Code				
10. Expenditures of Personal R			g selventegic many	and the second second section of the second section section section section section section section section se
Aggregate Expending	res Previously Reported Duri	ng the Election	on Cycle <u>AMOUNT</u>	CHECK IF LOAN
A	Primary General Other	รูกการเครื่อ <mark>งกับเล่าในกร</mark> ู้ได้  -  - 	, at way share from you are against the way to a ship wag to be a share from the same of t	man and provided from a graph of the control of the
B. Sangaga Cara and San	General	Joseph Stranger	ender var en	Anger of the control
C. Land and the second of the	Primary General Other	man property of the second	taka taun salah	
D.	Primary General Other	g re <del>nde</del> gang salah di g g g g g g g g g g g g g g g g g g g	i della carettica i socializza giundaria esca acceptica con escapita c	e de margo e se sente en la companya de la company de la companya de la de la companya de la
11. To	tał Expenditures This Notice	:	inaga e ser i inaga ginar a nori arguno.	en er
YPE OR PRINT NAME OF COMMITTEE TREASI	12. Total Expenditures El	ection Cycle	To Date	ne ne version de la companya della c
IGNATURE OF COMMITTEE TREASURER			DATE	
Fed	further information contact: eral Election Commission, 999 E Str Free 800-424-9530, Local 202-694-	eshington	), DC 20463	FEC Form 10 (Rev. 01/03

## FEC FORM 11

## 24-HOUR NOTICE OF OPPOSITION PERSONAL FUNDS AMOUNT (11 CFR 400.30) (Millionaires' Amendment)

1. Name of Candidate		
i. Name of Candidate	·	2. Candidate ID Number
3. Office Sought	4. State	5. District
6. Name of Principal Campaign Committee		7. Committee ID Number
· ·		A Section of the Leading of the Lead
8. Address	9. City, State and ip Colle	
	9. City, State and tip Colle	
The information below is based on the work (FEC Form 10) from the following committee	sheet calc	hour Notice of Expenditure of Personal Funds
	reality date:	
10. Name of Candidate		
	<b>)</b>	
11. Name of Committee		12. Committee ID Number
	•	c
13. Committee Addres		
14. City, State and Zip Code		16 Date of Passins of SER S
		15. Date of Receipt of FEC Form 10:
6. Opposition Personal Funds Amount	17. Election	18. Type
(11 CFR 400.10 See worksheet in instructions)	Primary General	Regular
	Other	
(From Part A, Line # 3 or 9 of worksheet)	Collei	Special Special
I certify that I have examined this notice and to	the best of my knowledge and better	
	and post of the relicions and post	el, it is true, correct and complete.
PRINT OR TYPE NA	ME	
SIGNATURE OF CANDIDATE OR TREASURER OF P	RINCIPAL CAMPAIGN COMMITTEE	
	TO THE PART AND TH	DATE

# FEC FORM 12 24-HOUR NOTICE OF SUSPENSION OF INCREASED LIMITS (11 CFR 400.31) (Millionaires' Amendment)

1. Name of Candidate	
	2. Candidate ID Number
3. Office Sought	4. State 5. District
6. Name of Principal Campaign Committee	7. Committee ID Number
8. Address	9. Sity, State and Zip Code
10. Election Primary General Other	11. Type Regular Special
12A. To be filled out by House capalons and their	r principal campaign committees:
TOTO TOTO TOTO	, the campaign reached 100% of the opposition
personal fundamount of	as previously disclosed
on an FEC Form 11 filed on	. National and State
committees of political parties may no longe conjunction with the general election that ex	er make coordinated party expenditures in sceed the limitations set forth in 11 CFR 109.32.
12B. To be filled out by Senate candidates and their	r authorized committees:
March Mar 1 1 Date Date 1 Extended Andrews	the campaign reached 110% of the opposition
personal funds amount of	as previously disclosed
on an FEC Form 11 filed on committees of political parties may no longe	. National and State ar make coordinated party expenditures in
conjunction with the general election that exc	ceed the limitations set forth in 11 CFR 109.32.
certify that I have examined this notice and to the best	of my knowledge and belief, it is true, correct and complete.
TYPE OR PRINT NAME OF CAN OR TREASURER OF PRINCIPAL CAMPA	NDIDATE AIGN COMMITTEE
SIGNATURE OF CANDIDATE OR TREASURER OF PRIN	ICIPAL CAMPAIGN COMMITTEE Date

For further information, contact: Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463 Toll Free 800-424-9530 Local 202-694-1100 FE3AN061