FEC FORM 3X	AN	PORT OF ND DISBUR Other Than An Aut	SEMENTS		Office Use Only
1. NAME OF COMMITTEE (in f		e or print ▼	Example: If typing, over the lines.	type 12FE4M5	
ADDRESS (number and					
2. FEC IDENTIFICA	ly C)	ER ▼		L L	
C			S THIS NET		ENDED
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M Report (N Year Only	orts: Report (Q1) Report (Q2) 15 Report (Q3) 31 Report (YE) /id-Year lon-election	Report Due On: Mar	20 (M3) Jun 20 (M4) Jul Primary (12P) Convention (12P) Convention (12P) General (30G)	20 (M7) Oct 20 General (1	0 (M9) Dec 20 (M12) (Non-Election Year Only) 0 (M10) Jan 31 (YE) 2G) Runoff (12R) 2S) in the State of
<ol> <li>Covering Period</li> <li>I certify that I have exactly a constraint of the second s</li></ol>		eport and to the best of	through	ief it is true, correct and	complete.
Signature of Treasurer		or incomplete informatio	n may subject the person	Date	penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

Page <b>2</b>	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	FEC Form 3X (Rev. 05/2016)	
		or Type Committee Name	Write c
D / Y = Y = Y = Y	M M / D D / Y Y Y Y To:	t Covering the Period: From:	Report
	COLUMN A COLUMI This Period Calendar Yea		
		Cash on Hand January 1,	6. (a)
		Cash on Hand at Beginning of Reporting Period	(b)
-7		Total Receipts (from Line 19)	(c)
		Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	(d)
-7		al Disbursements (from Line 31)	7. Tota
		sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	Rep
		ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	the
		ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)	the
	1 1 1 1 1 1 1 1 1 1 1 1 1 7 1 1 7 1 1 7 1	Committee (Itemize all on	the

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Coverir	ng the Period: From:		M = M         /         D = D         /         Y = Y = Y           O:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individu Than P	s (other than loans) From: als/Persons Other olitical Committees nized (use Schedule A)		
(iii) TO	temized TAL (add es 11(a)(i) and (ii)►		
(c) Other F (such a	l Party Committees Political Committees Is PACs) ontributions (add Lines		
11(a)(iii Totals t 12. Transfers Fi	), (b), and (c)) (Carry o Line 33, page 5)		
13. All Loans R	eceived	1 1 7 1 1 7 1 1 7 1 1 7 1	
15. Offsets To C	ments Received Dperating Expenditures		
(Carry Total	ebates, etc.) s to Line 37, page 5) Contributions Made		
	Candidates and Other nmittees ral Receints		
(Dividends, 18. Transfers fro	Interest, etc.) om Non-Federal and Levin Funds		
( )	leral Account ichedule H3)		
(b) Levin Fu	inds (from Schedule H5)		
(c) Total Tra	nsfers (add 18(a) and 18(b))		
-	ots (add Lines 11(d), 15, 16, 17, and 18(c))▶		
20. Total Federa (subtract Lir	al Receipts ne 18(c) from Line 19)▶		

#### DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:		Calendar fear-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	()		
	(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		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24	Independent Expenditures		
	(use Schedule F)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
	(use Schedule F)		
			4 4 4
26.	Loan Repayments Made		
	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	, ,	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29	Other Disbursements (Including		
20.	Non-Federal Donations)		
30.	Federal Election Activity (52 U.S.C. § 30101)	(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		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
~	Tatal Dishuman anta (add Lings Of(a) 00		
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)		
	· · · · · · · · · · · · · · · · · · ·		

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

la de la companya de		-7			-7			-	
1.1.1	1	-7	1	1	-7	1	1	-	1.1
la de la companya de	1	7	1	1	7	1	1		- 1
									-
la de la companya de	1	7	1	1	7	1		-	1.1
1.00	1	-7		1	-7			-	1.1
	1	-7-	1	1	-7-		1	-	

1.00		7			7		1	-	
		- 7	1.	1	-7	1	1		1.1
		7	1	1	7	1	1		
1.1									
	_	7			-7			-	
L.	-	-7	-	-	-	-	+	-	
	-				-1-		-	-	

Page 5

#### COLUMN B Calendar Year-to-Date

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12						
Any information copied from such Reports and	d Statements ma	ay not be sold or used by any p	13     14     15     16     17       person for the purpose of soliciting contributions						
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Full Name of Individual (Last, First, Middle A.	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address									
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]						
Full Name of Individual (Last, First, Middle B.	Initial) or Full O	rganization Name	Data of Dessint						
Mailing Address			Date of Receipt						
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]						
Full Name of Individual (Last, First, Middle C.	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address			M = M / D = D / Y = Y = Y = Y						
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)		Year-to-Date ▼							
SUBTOTAL of Receipts This Page (optional)									
TOTAL This Period (last page this line numb									

## SCHEDULE B (FEC Form 3X) Г

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		rate schedule(s) category of the	FOR LINE N (check only 21b					
			Summary Page	210 28a	22 28b	23 28c	20		30b
Ar	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may n	ot be sold or used	d by any person I committee to	n for the pur	pose o	of solicit	ting co	ontributions
>	NAME OF COMMITTEE (In Full)								
Α.	Full Name (Last, First, Middle Initial)		Date of Di	sburse			Y Y Y		
	Mailing Address								
	City	State	Zip Code		FEC Identi	ificatior	n Numb	er	_
	Purpose of Disbursement				С			_	
	Candidate Name			Category/ Type	Amount of	Each	Disburs	semen	t this Period
		nent For: Primary Other (spec	General ify) ▼						
	State: District:		<i>,</i> , ,		Memo	Item			
В.	Full Name (Last, First, Middle Initial)		Date of Di	sburse		Y	/ • Y • Y		
	Mailing Address	State Zip Code Category/ Type nent For: Primary General Other (specify)							
	City				FEC Identification Number				
	Purpose of Disbursement				С				
	Candidate Name				Amount of Each Disbursement this Period				
							7		1 40 1
	State: District:				Memo	Item			
C.	Full Name (Last, First, Middle Initial)				Date of Di	sburse		Y	
	Mailing Address								
	City	State	Zip Code		FEC Identi	ificatior	n Numb	er	_
	Purpose of Disbursement				С				
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disbursen Senate	nent For: Primary	General						
	State: District:	Other (spec	ify) ▼		Memo	Item			
s	UBTOTAL of Disbursements This Page (optional)								
	OTAL This Period (last page this line number only)					,			

#### SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the	PAGE	OF	
Detailed Summary Page	FOR L	INE 13 OF FORM	3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE       Full Name (Last, First, Middle Initial)       Image: Source in the initial initialial initininitial initinitial initial initialinininitial initiali									
Mailing Address       Other (specify) ▼         City       State       ZIP Code         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This Period         TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Image: Close of This Period       Image: Close of This Period       Yes		LOAN SOURCE Full Name (Last,	, First, Mic	ddle Initial)		□ N	1emo Item	Primary	
Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This Period         TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Terms       Date Incurred       Date Due       Interest Rate       Secured:       No         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       Mailing Address       Occupation         City       State       ZIP Code       Amount       Guaranteed       Outstanding:       Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer       Mailing Address       Occupation       Occupation         City       State       ZIP Code       Amount       Guaranteed       Outstanding:       Outstanding:         4. Full Name (Last, First, Middle Initial)       Name of Em		Mailing Address							ccify) ▼
TERMS       Date Incurred       Date Due       Interest Rate       Secured:         If up / 0 0 0 / 0 0 / 0 0 0 / 0 0 0 0 0 0 0		City		State	ZIP Co	de		-	
Date Incurred       Date Due       Interest Rate       Secured:         Image: Secured: <td< td=""><td></td><td></td><td>· · ·</td><td>Cumulative Pay</td><td>ment To</td><td>Date</td><td>Bala</td><td></td><td>at Close of This Period</td></td<>			· · ·	Cumulative Pay	ment To	Date	Bala		at Close of This Period
1. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code       Amount Guaranteed Outstanding:         2. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Image: Compatibility of the state         3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Image: Compatibility of the state         SubtrotALS This Period This Page (optional).       Image: Compatibility of the state         TotALS This Period (last page in this line only)       Image: Compatibility of the state <td></td> <td>Date Incurred</td> <td></td> <td>M M / D D</td> <td>_</td> <td></td> <td>iterest Rate</td> <td></td> <td></td>		Date Incurred		M M / D D	_		iterest Rate		
City       State       ZIP Code       Amount Guaranteed Outstanding:         2. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Amount Guaranteed Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Amount Guaranteed Outstanding:       Image: Compatibility of the temployer         Mailing Address       Occupation       Image: Compatibility of temployer         SUBTOTALS This Period This Page (optional)						Name of Emplo	oyer		
2. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code       Amount Guaranteed Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Outstanding:         SUBTOTALS This Period This Page (optional)		Mailing Address	Occupation						
Mailing Address       Occupation         City       State       ZIP Code       Amount Guaranteed Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         Vity       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         Vity       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Occupation         SUBTOTALS This Period This Page (optional)       Image: Compatibility of the state		City	State	ZIP Code		Guaranteed			
3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code       Amount Guaranteed Outstanding:         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Cocupation         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Cocupation         SubtrotALS This Period This Page (optional)       Image of this line only)         TotALS This Period (last page in this line only)       Image of this line only)	2	• • •	nitial)				oyer		
Mailing Address       Occupation         City       State       ZIP Code       Amount Guaranteed Outstanding:         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Subtrotals This Period This Page (optional)       Image (optional)         Totals This Period (last page in this line only)       Image (optional)		City	State	ZIP Code		Guaranteed			
City       State       ZIP Code       Amount Guaranteed Outstanding:         4. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         Substrated Outstanding:       Occupation         Totals This Period (last page in this line only)	3	. Full Name (Last, First, Middle Ir	nitial)	·		Name of Emplo	oyer		
Guaranteed Outstanding:       Summe (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount Guaranteed Outstanding:       Amount Guaranteed Outstanding:         SUBTOTALS This Period This Page (optional)       Image (optional)         TOTALS This Period (last page in this line only)       Image (optional)		Mailing Address				Occupation			
Mailing Address     Occupation       City     State     ZIP Code     Amount Guaranteed Outstanding:       SUBTOTALS This Period This Page (optional)     •     •       TOTALS This Period (last page in this line only)     •     •		City	State	ZIP Code		Guaranteed			
City     State     ZIP Code     Amount Guaranteed Outstanding:       SUBTOTALS This Period This Page (optional)	4	. Full Name (Last, First, Middle Ir	nitial)			Name of Emplo	oyer		
Guaranteed Outstanding:         SUBTOTALS This Period This Page (optional)         TOTALS This Period (last page in this line only)		Mailing Address				Occupation			
TOTALS This Period (last page in this line only)		City	State	ZIP Code		Guaranteed			
								<u> </u>	<u></u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				-			carry forv	ward to appropr	iate line of Summarv

#### SCHEDULE C-1 (FEC Form 3X)

#### LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

LENDING INSTITUTION (LENDER)       Amount of Loan       Interest Rate (APR         Full Name	
Full Name       Mailing Address         Mailing Address       Date Incurred or Established         City       State         Zip Code       Date Incurred or Established         Date Due       Image: Control of the con	םכ)
Mailing Address       Date Incurred or Established       Image: Mailing Address         City       State Zip Code       Date Incurred or Established       Image: Address         A. Has loan been restructured?       No       Yes       If yes, date originally incurred       Image: Address         B. If line of credit,       Total       Outstanding       Balance:       Image: Address         C. Are other parties secondarily liable for the debt incurred?       No       Yes       Yes       Yes centrificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?       What is the value of this collateral?         No       Yes       If yes, specify:       Does the lender have a perfected s interest in it?       No       Yes         E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       What is the estimated value?       What is the estimated value?	n)
City       State       Zip       Code       Date       Incurred or       Established       Incurred	%
City       State       Zip Code       Date Incurred or Established         Date Due       Date Due       Date Due         A. Has loan been restructured?       No       Yes       If yes, date originally incurred         B. If line of credit,       Total         Amount of this Draw:       Outstanding         Balance:       Date Due         C. Are other parties secondarily liable for the debt incurred?       No         No       Yes       (Endorsers and guarantors must be reported on Schedule C.)         D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?         No       Yes       If yes, specify:         Does the lender have a perfected s interest in it?       No         E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       What is the estimated value?         Understand for the loan?       No       Yes       Yes         If yes, specify:       Understand for the loan?       What is the estimated value?	V V
A. Has loan been restructured?       No       Yes       If yes, date originally incurred         B. If line of credit,       Total         Amount of this Draw:       Outstanding         Balance:       Outstanding         Balance:       Outstanding         C. Are other parties secondarily liable for the debt incurred?       No         No       Yes         (Endorsers and guarantors must be reported on Schedule C.)         D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?         No       Yes         If yes, specify:       Does the lender have a perfected s interest in it?         No       Yes         E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       What is the estimated value?         Collateral for the loan?       No       Yes       Yes         If yes, specify:       If yes, specify:       If yes, specify:         Image:       Image:       Image:       Image:         Image:       Image:       Image:       Image:         Image:       Image:       Image:       Image:         Image:       Image:       Imag	- T - T
A. Has loan been restructured?       No       Yes       If yes, date originally incurred         B. If line of credit,       Total         Amount of this Draw:       Outstanding         Balance:       Total         Outstanding       Balance:         C. Are other parties secondarily liable for the debt incurred?       No         No       Yes       (Endorsers and guarantors must be reported on Schedule C.)         D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?       What is the value of this collateral?         No       Yes       If yes, specify:       Does the lender have a perfected s interest in it?       No         E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       What is the estimated value?       What is the estimated value?	Y Y
Amount of this Draw:       Outstanding Balance:         C. Are other parties secondarily liable for the debt incurred?       No         No       Yes       (Endorsers and guarantors must be reported on Schedule C.)         D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?       What is the value of this collateral?         No       Yes       If yes, specify:       Does the lender have a perfected s interest in it?       No         E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       No       Yes       What is the estimated value?         Understing of persent       No       Yes       If yes, specify:       Image: Collateral for the loan?       No         Image: Collateral for the loan?       No       Yes       If yes, specify:       Image: Collateral for the loan?       Image: Collateral for the	YY
No       Yes       (Endorsers and guarantors must be reported on Schedule C.)         D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?       What is the value of this collateral?         No       Yes       If yes, specify:       Does the lender have a perfected s interest in it?       No         E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       No       Yes       What is the estimated value?	
D. File output of the following property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?       No       Yes         What is the estimated value?       What is the estimated value?	al?
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify:	-
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	
Date account established: Address:	
M     M     /     Y     Y     Y       City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or e the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.	r exceed
G. COMMITTEE TREASURER DATE	
Typed Name       Signature	Y Y
H. Attach a signed copy of the loan agreement.	
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:         <ol> <li>To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the are accurate as stated above.</li> <li>The loan was made on terms and conditions (including interest rate) no more favorable at the time than those impos similar extensions of credit to other borrowers of comparable credit worthiness.</li> <li>This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</li> </ol> </li> </ol>	posed for
AUTHORIZED REPRESENTATIVE DATE	
Typed Name     Title	YY

# SCHEDULE D (FEC Form 3X) Image: Comparison of the compar

City	State	Zip Code	
Outstanding Balance Beginning This Period	I		
	D		Outstanding Poloson at Olass of This Posied
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Debte		ayment This Period	Outstanding Balance at Close of This Period
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			I
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page this line number	r only)		

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... >

OF

9

10

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

ITEMIZED INDEPENDENT EXPENDITUR	ES		PAGE OF
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
			C
Check if 24-hour report 48-hour report	New r	report Amends report file	d on
Full Name of Payee		Memo Item	Date of Public Distribution/Dissemination
			M M / D D / Y Y Y
Mailing Address			
			Amount
City	State	Zip Code	
Purpose of Expenditure			Date of Disbursement or Obligation
		Category/ Type	
Name of Federal Candidate:		Support Offi	ce Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date		Disl	oursement For: Primary General
Per Election for Office Sought		<u>, , , , , , , , , , , , , , , , , , , </u>	Other (specify)
Full Name of Payee		Memo Item	Date of Public Distribution/Dissemination
			M M / D D / Y Y Y Y
Mailing Address			
			Amount
City	State	Zip Code	
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
		Туре	
Name of Federal Candidate:		Support Offi	ce Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date		Dis	Dursement For: Primary General
Per Election for Office Sought			☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		
		•	
(a) SUBTOTAL of Unitemized Independent Exper	iditures	·····	
		r r	
(a) TOTAL Independent Expenditures		····· •	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authoriz		
		Date	
Signature			
			FEC Schedule E (Form 3X) Boy 0/2010

#### SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X									
ME OF COMMITTEE (In Full)									
s your committee been designated to ma	ke		Full N	ame of Sub	ordinate Committee	!			
ordinated expenditures by a political party	comm	ittee?							
YES NO			Mailin						
'ES, name the designating committee:			Mailin	g Address					
			City				State	ZIP Co	de
Full Name (Last, First, Middle Initial) of	Each F	Payee			Memo Item	Purpose of	Expenditure		
Mailing Address						-			Category/ Type
<u> </u>				-		Date		I	
City		State		Zip Code		M M	/ D D /	Y Y	Y Y
Name of Federal Candidate Supported	Office	Sough	nt.	House	State:				
		, oougi	n	Senate	District:	Amount			
				Presidential					
Aggregate General Election								-	40
Expenditure for this Candidate				,					
Full Name (Last, First, Middle Initial) of	Each F	Payee			Memo Item	Purpose of	Expenditure		
		-					·		
						_			Category/
Mailing Address						Date			Туре
City		State		Zip Code		M = M	/ D D /	YY	YY
Name of Federal Candidate Supported	Office	e Sough	nt:	House	State:	Amount			
				Senate Presidential	District:				
Aggregate General Election				1 rooldonida				-7	- 49- 1
Expenditure for this Candidate				,					
						D	<b>F</b>		
Full Name (Last, First, Middle Initial) of	Each F	ayee			Memo Item	Purpose of	Expenditure		
									Category/
Mailing Address									Туре
City		State		Zip Code		Date			
City		Siale				M M	/ D D /	YY	Y Y
Name of Federal Candidate Supported	Office	Sough	nt:	House	State:				
				Senate	District:	Amount			
				Presidential					
Aggregate General Election Expenditure for this Candidate ►									
		-)		7					
JBTOTAL of Expenditures This Page (op	tional).				····· •			7	- 49- 1
<b>DTAL</b> This Period (last page this line nur	nher or	nlv)			<b></b>				
The fine for the page the fille full		···y)			•••••		7	-7	- 49-

PAGE

OF

#### 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)

## USE ONLY ONE SECTION, A or B

Α.	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

Federal		%
Nonfederal		%
This ratio applies to (	check all that apply):	
Administrative	Generic Voter Drive Public	c Communications Referencing Party Only

#### SCHEDULE H2 (FEC Form 3X) PAGE OF ALLOCATION RATIOS NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived. where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER **FEDERAL %** NONFEDERAL % ACTIVITY IS: Direct Candidate Support % Fundraising % CHECK IF THE RATIO IS: Revised Same as Previously Reported New ACTIVITY OR EVENT IDENTIFIER **FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER **FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: Revised New Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER **FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: Revised New Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER NONFEDERAL % **FEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: Revised New Same as Previously Reported

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

PAGE OF

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)		
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 Ide	entifier)	
		1
a)		
b)		1
b)		
c) Total Amount Transferred For Direct Fund	raising	
	-	7
v) Direct Candidate Support (List Activity or E	vent Identifier)	
		1
a)	-	
b)		7
5/		
c) Total Amount Transferred For Direct Cand	idate Support	
		7 7
vi) Public Communications Referring Only to	Party (Made by PAC)	
TOTALS F	OR BREAKDOWN OF TRANSFER RECEIVE	ED
TOTAL This Period (Administrative)		<u></u>
		· · · · · · · · · · · · · · · · · · ·
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		<u> </u>
TOTAL This Period (Direct Candidate Support)		7 7 7
TOTAL This Period (Public Communications Referring	g Only to Party)	
TOTAL This Period (Total Amount Transferred)		

FEC Schedule H3 (Form 3X) Rev. 05/2016

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

NAME OF COMMITTEE (In Full)

Α.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising 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
	Fulpose of Disbursement.			· · · · · ·	
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
		· · · · ·			
			<u> </u>		
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	-				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
	r apose or Disbarsement.				
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		· · · · ·			
			7		
C.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
		1			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	Date
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
		· · · · ·			
		L			
รเ	JBTOTAL of Allocated Federal and NonFederal A	Activity This F	Page		
	FEDERAL SHARE	+ 1	NONFEDERAL	SHARE	= TOTAL AMOUNT
т	TAL This Period (last page for each line only)(F	ederal share	to 21(a)(i) and	NonFederal sha	are to 21(a)(ii))
	FEDERAL SHARE		NONFEDERAL		TOTAL AMOUNT

PAGE OF

FOR LINE 21a OF FORM 3X

#### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF

· · ·		,	FOR LINE 18b OF FORM 3
Ν	NAME OF COMMITTEE (In Full)		
_			
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	BREAKDOWN OF THIS TRANSFER		
		VOTE	TER REGISTRATION
	i) Voter Registration	tor Degistration	
	Total Amount Transferred for Vot		
	ii) Voter ID		VOTER ID
	Total Amount Transferred for Vot	ter ID	
			GOTV
	iii) GOTV	DTV	
	Total Amount Transferred for GC	// •	, ,
	iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
		neric Campaign Activity	
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
			Y I Y I Y
	BREAKDOWN OF THIS TRANSFER		
	i) Voter Registration	VOTE	TER REGISTRATION
	Total Amount Transferred for Vot	ter Registration	
			VOTER ID
	ii) Voter ID		
	Total Amount Transferred for Vot	ter ID	
	iii) GOTV		GOTV
		DTV	
			GENERIC CAMPAIGN ACTIVITY
	iv) Generic Campaign Activity		
	Total Amount Transferred for Ge	eneric Campaign Activity	······
	TOTALS FOR E	BREAKDOWN OF TRANSFER REC	ECEIVED (Last Page Only)
	<b>TOTAL</b> This Period (Voter Registration)		
	TOTAL This Period (Voter ID)		
	TOTAL This Pariod (COT)()		
	TOTAL This Period (GOTV)		
		A	
	TOTAL This Period (Generic Campaign	Activity)	
	TOTAL This Period (Total Amount of Tr	ansfers Received)	

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

FOR LINE 30a OF FORM 3X

OF

PAGE

(To be used by State, District and Local Party Committees Only)	FOR LI
NAME OF COMMITTEE (In Full)	

A. Full Name (Last, First, Middle Initial)	) / Full Organ	ization Name	Memo Item	Type of Allocated Activity or Event:
				Voter Registration GOTV
				Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
				M M / D D / Y Y Y Y
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHARE	+	LEVIN SH	ARE	= TOTAL AMOUNT
	L L	<u> </u>		1 1 <del>7</del> 1 1 <del>7</del> 1 1 <del>7</del> 1
B. Full Name (Last, First, Middle Initial)	) / Full Organ	ization Name	Memo Item	Type of Allocated Activity or Event:
				Voter Registration GOTV
				Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code	· · · · ·	
Purpose of Disbursement	L		Category/	Date
			Туре	
FEDERAL SHARE	+	LEVIN SH	ARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial)	) / Full Organ	ization Name	Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV
				Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	
Purpose of Disbursement	L	1	Category/ Type	Date
FEDERAL SHARE	+	LEVIN SH	ARE	= TOTAL AMOUNT
,,				
<b>SUBTOTAL</b> of Shared Federal and Levin	Activity This F	Page		
SUBTOTAL of Shared Federal and Levin A	Activity This F +	Page LEVIN SH	ARE	= TOTAL AMOUNT
	-	•	ARE	= TOTAL AMOUNT
FEDERAL SHARE	+	LEVIN SH		30(a)(ii))
FEDERAL SHARE	+	LEVIN SH		
FEDERAL SHARE	+	LEVIN SH	d Levin share to	30(a)(ii))

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

NAM	E OF COMMITTEE (In Full)		
NAM	IE OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	(a) Itemized (Use Schedule L-A)	· · · · · · · · · · · · · · · · · · ·	
	(b) Unitemized		
	(c) Total	· · · · · · · · · · · · · · · · · · ·	
2.	OTHER RECEIPTS		· · · · · · · · · · · · · · · · · · ·
3.	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L–B)		
	(a) Voter Registration	· · · · · · · · · · · ·	
	(b) Voter ID	· · · · · · · · · · · · · · · · · · ·	
	(c) GOTV		
	(d) Generic Campaign		· · · · · · · · · · · ·
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
7.	BEGINNING CASH ON HAND	· · · · · · · · · · · · · · · · · · ·	
8.	RECEIPTS		
9.	SUBTOTAL	· · · · · · · · · · · ·	7 1 7 1 7 1 7
10.	DISBURSEMENTS (From Line 6)		· · · · · · · · · · ·
11.	ENDING CASH ON HAND		

# SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

PAGE

OF

TEMIZED RECEIPTS OF LEVIN		r each category of the ggregation Page	FOR LINE NUMBER: (check only one) 1a 2
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization	Name Memo Item	Date of Receipt
A	M = M / D = D / Y = Y = Y = Y		
Mailing Address		-	
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)			Aggregate Year-to-Date
Occupation (for Individual)			
Full Name of Individual (Last, First, Middle Ini	Name 🗌 Memo Item	Date of Receipt	
A. Mailing Address	M = M / D = D / Y = Y = Y = Y		
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)			
Occupation (for Individual)	Aggregate Year-to-Date		
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization	Name 🗌 Memo Item	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)	·		Aggregate Veer to Date
Occupation (for Individual)	Aggregate Year-to-Date		
Full Name of Individual (Last, First, Middle Ini	Date of Receipt		
).			
Mailing Address		-	
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual)	Aggregate Year-to-Date		
Occupation (for Individual)			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number			

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

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

,	FOR LINE NUMB	PAG	PAGE	
s)	(check only one)		4a	
		1		1

OF

4c

5

			4b 4d
			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
Full Name (Last, First, Middle Initial) / F	Date of Disbursement		
	M = M / D = D / Y = Y = Y = Y		
Mailing Address			
City	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / F	ull Organization Nar	me 🗌 Memo Item	
В.	Date of Disbursement		
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			-
Full Name (Last, First, Middle Initial) / F			
С.	Date of Disbursement		
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	I		
Full Name (Last, First, Middle Initial) / F D.	Date of Disbursement		
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / F	Date of Disbursement		
<b>L.</b>	M M / D D / Y Y Y Y		
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
	(		
SUBTOTAL of Disbursements This Page	(optional)	•	
TOTAL This Period (last page this line nu	mber only)	••••••	