

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Harris County Republican Party Federal Committee

ADDRESS (number and street)

2501 CENTRAL PARKWAY



STE A-11

☐ Check if different than previously reported. (ACC)

HOUSTON

TX

77092

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00326835

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2019

through

M M M / D D D / Y Y Y Y Y Y
09 30 2019

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

Siegel,Cynthia,,

Signature of Treasurer

Siegel,Cynthia

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Harris County Republican Party Federal Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="321.00"/>	<input type="text" value="321.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="334.00"/>	<input type="text" value="321.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2212.10"/>	<input type="text" value="2212.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-1878.10"/>	<input type="text" value="-1891.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

☐ 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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Harris County Republican Party Federal Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
09 01 2019

To:

M M / D D / Y Y Y Y Y
09 30 2019

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

321.00

(ii) Unitemized

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

321.00

(b) Political Party Committees

0.00

(c) Other Political Committees

(such as PACs).....

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

321.00

321.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))**

321.00

321.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

321.00

321.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1212.00	1212.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1212.00	1212.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12.00	12.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	
29. Other Disbursements (Including Non-Federal Donations).....	1000.10	1000.10
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	
(ii) "Levin" Share.....	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2212.10	2212.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2212.10	2212.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	321.00	321.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	321.00	321.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1212.00	1212.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1212.00	1212.00

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

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

PAGE 6 OF 15

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

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)
Harris County Republican Party Federal Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
A. Yuvika,Basupally,Reddy,,

Mailing Address 43272 Mitcham Sq

City
Ashburn

State
VA

Zip Code
20148

Name of Employer (for Individual)

Atsc

Occupation (for Individual)

tester

Date of Receipt

08 / 01 / 2019

LA20191012000001677

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
B. , , , ,

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002475

Amount of Each Receipt this Period

230.00

Aggregate Year-to-Date

230.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
C. , , , ,

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002476

Amount of Each Receipt this Period

2300.00

Aggregate Year-to-Date

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
D. , , , ,

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002477

Amount of Each Receipt this Period

40.00

Aggregate Year-to-Date

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

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

2570.00

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

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

PAGE 7 OF 15

FOR LINE NUMBER:
(check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)
Harris County Republican Party Federal Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
09 / 01 / 2019

SA20200106000002483

Amount of Each Receipt this Period

400.00

Aggregate Year-to-Date

400.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
09 / 01 / 2019

SA20200106000002482

Amount of Each Receipt this Period

40.00

Aggregate Year-to-Date

40.00

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

NACE INTERNATIONAL INSTITUTE POLITICAL ACTION COMMITTEE A/K/A CORROSION PAC

Mailing Address 15835 PARK TEN PLACE

City

HOUSTON

State

TX

Zip Code

77084

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
08 / 01 / 2019

LA20191012000001684

Amount of Each Receipt this Period

1.00

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Bush-Cheney '04 (Primary) Inc

Mailing Address PO Box 684

City

Arlington

State

VA

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY
08 / 01 / 2019

LA20191012000001678

Amount of Each Receipt this Period

11.00

Aggregate Year-to-Date

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

452.00

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

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

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

PAGE 8 OF 15

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)
Harris County Republican Party Federal Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
A. AR-02 CONGRESSIONAL VICTORY COMMITTEE

Mailing Address 264 N. LUMPKIN ST #202

City
ATHENS

State
GA

Zip Code
30601

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

08 / 01 / 2019

LA20191012000001683

Amount of Each Receipt this Period

1.00

Aggregate Year-to-Date

1.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
B. Friends of Jim Meffert

Mailing Address 4190 VINEWOOD LANE #111554

City
PLYMOUTH

State
MN

Zip Code
55442

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

08 / 01 / 2019

LA20191012000001682

Amount of Each Receipt this Period

1.00

Aggregate Year-to-Date

1.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
C. TRINIDADIAN CHAMBER OF COMMERCE OF AMERICA

Mailing Address 1900 WEST OAKLAND PARK BLVD.

City
FORT LAUDERDALE

State
FL

Zip Code
33310

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

08 / 01 / 2019

LA20191012000001685

Amount of Each Receipt this Period

123.00

Aggregate Year-to-Date

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
D.

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

125.00

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

3147.00

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

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

PAGE 9 OF 15

FOR LINE NUMBER:
(check only one)

☐ 1a

☒ 2

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NAME OF COMMITTEE (In Full)

Harris County Republican Party Federal Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002478

Amount of Each Receipt this Period

40.00

Aggregate Year-to-Date

40.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002481

Amount of Each Receipt this Period

400.00

Aggregate Year-to-Date

400.00

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002480

Amount of Each Receipt this Period

400.00

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

09 / 01 / 2019

SA20200106000002479

Amount of Each Receipt this Period

40.00

Aggregate Year-to-Date

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

880.00

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

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

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

PAGE 10 OF 15

FOR LINE NUMBER:
(check only one)

☐ 1a

☒ 2

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NAME OF COMMITTEE (In Full)

Harris County Republican Party Federal Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

''''

Mailing Address 1225 19TH ST NW1

City

WASHINGTON

State

AK

Zip Code

20036

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

08 / 01 / 2019

SA20191012000001686

Amount of Each Receipt this Period

123.00

Aggregate Year-to-Date

123.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

123.00

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

1003.00

SCHEDULE L-B (FEC Form 3X)

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE 11 OF 15
(check only one) ☒ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Harris County Republican Party Federal Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item , , , , Mailing Address City State Zip Code Purpose of Disbursement test			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 09 / 2019 Amount of Each Disbursement this Period 1600.00 SB20200104000002452
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item , , , , Mailing Address City State Zip Code Purpose of Disbursement test			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 01 / 2019 Amount of Each Disbursement this Period 130.00 SB20200106000002495
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item , , , , Mailing Address 699 LARMIER AVE City OAKVIEW State CA Zip Code 93002 Purpose of Disbursement as			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 09 / 2019 Amount of Each Disbursement this Period 123.00 LB20191012000001687
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement M M / D D / Y Y Y Y Y Y Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....			1853.00
TOTAL This Period (last page this line number only).....			1853.00

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

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

FOR LINE NUMBER: PAGE 12 OF 15
 (check only one) ☐ 4a ☐ 4c ☐ 5
☒ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Harris County Republican Party Federal Committee

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item , , , , Mailing Address City State Zip Code Purpose of Disbursement test			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019 Amount of Each Disbursement this Period 1600.00 SB20200104000002453
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item , , , , Mailing Address City State Zip Code Purpose of Disbursement test			Date of Disbursement MM / DD / YYYY 09 / 01 / 2019 Amount of Each Disbursement this Period 130.00 SB20200106000002496
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item , , , , Mailing Address 2921 W. 38TH AVENUE SUITE 328 City DENVER State CO Zip Code 80211 Purpose of Disbursement 1			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019 Amount of Each Disbursement this Period 123.00 LB20191012000001688
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Purpose of Disbursement			Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....			1853.00
TOTAL This Period (last page this line number only).....			1853.00

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

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

FOR LINE NUMBER: PAGE 13 OF 15
(check only one) ☐ 4a ☒ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Harris County Republican Party Federal Committee

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item A. govt,,,,,			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address PO BOX 8098			Amount of Each Disbursement this Period 1.00 LB20191012000001689
City ROSWELL	State NM	Zip Code 882028098	
Purpose of Disbursement 1			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item B. , , , ,			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address			Amount of Each Disbursement this Period 1600.00 SB20200104000002454
City	State	Zip Code	
Purpose of Disbursement test			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item C. , , , ,			Date of Disbursement MM / DD / YYYY 09 / 01 / 2019
Mailing Address			Amount of Each Disbursement this Period 130.00 SB20200106000002497
City	State	Zip Code	
Purpose of Disbursement test			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item D.			Date of Disbursement MM / DD / YYYY
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item E.			Date of Disbursement MM / DD / YYYY
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (optional).....▶			1731.00
TOTAL This Period (last page this line number only).....▶			1731.00

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

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

FOR LINE NUMBER: PAGE 13 OF 15
(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☒ 4d

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)

Harris County Republican Party Federal Committee

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item A. govt,,,,,			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address PO BOX 8098			Amount of Each Disbursement this Period 1.00 LB20191012000001689
City ROSWELL	State NM	Zip Code 882028098	
Purpose of Disbursement 1			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item B. , , , ,			Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address			Amount of Each Disbursement this Period 1600.00 SB20200104000002454
City	State	Zip Code	
Purpose of Disbursement test			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item C. , , , ,			Date of Disbursement MM / DD / YYYY 09 / 01 / 2019
Mailing Address			Amount of Each Disbursement this Period 130.00 SB20200106000002497
City	State	Zip Code	
Purpose of Disbursement test			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item D.			Date of Disbursement MM / DD / YYYY
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item E.			Date of Disbursement MM / DD / YYYY
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (optional).....			1731.00
TOTAL This Period (last page this line number only).....			1731.00

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

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

FOR LINE NUMBER: PAGE 15 OF 15
(check only one) ☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Harris County Republican Party Federal Committee

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
A. , , , ,			<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2019"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text" value="1000.00"/>
test			SB20200104000002438
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
B. , , , ,			<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2019"/>
Mailing Address 200 NYALA FARM ROAD			
City	State	Zip Code	Amount of Each Disbursement this Period
WESTPORT	CT	6880	<input type="text" value="13.00"/>
Purpose of Disbursement			LB20191012000001691
test			
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
C. , , , ,			<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text" value="130.00"/>
test			SB20200106000002494
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
D.			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
E.			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<input type="text"/>
SUBTOTAL of Disbursements This Page (optional).....			<input type="text" value="1143.00"/>
TOTAL This Period (last page this line number only).....			<input type="text" value="1143.00"/>