## SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

(To be used only by Bolitical Committees in the Constal Election

| PAGE     | OF         |    |
|----------|------------|----|
| FOR LINE | 25 OF FORM | 3) |

| (To be used o   | nly by Political Committees in the Gene | eral Election) FOR LINE 25 OF FORM 3X |  |
|---|---|---------------------------------------|--|
| NAME OF COMMITTEE (In Full)                                     |   | ·                                     |  |
|   |   |                                       |  |
| 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                |  |
|   |   | Cotenany                              |  |
| Mailing Address   |   | Category/<br>Type                     |  |
|   |   | Date                                  |  |
| City State Zip Code   |   | M = M / D = D / Y = Y = Y             |  |
| Name of Federal Candidate Supported Office Sc                   |   | Amount                                |  |
|   | Senate District:                        |                                       |  |
| Aggregate General Election                                      | i resideritiai                          |                                       |  |
| Expenditure for this Candidate                                  |   |                                       |  |
| 5 H.M. (4 + 5' + M') H. (5' + D                                 |   | Purpose of Expenditure                |  |
| Full Name (Last, First, Middle Initial) of Each Payee           |   | Purpose of Expericulture              |  |
|   |   | Category/                             |  |
| Mailing Address   |   | Туре                                  |  |
| City State Zip Code   |   | Date                                  |  |
| Oily Oil  | Zip Code                                | M - M / B - B / T - Y - Y - Y         |  |
| Name of Federal Candidate Supported Office Sought: House State: |   | Amount                                |  |
|   | Senate District:                        |                                       |  |
| Presidential  |   |                                       |  |
| Aggregate General Election Expenditure for this Candidate ▶     |   |                                       |  |
| Full Name (Last, First, Middle Initial) of Each Payee           |   | Purpose of Expenditure                |  |
|   |   |                                       |  |
| Mailing Address   |   | Category/<br>Type                     |  |
| Mailing Address   |   | Date                                  |  |
| City State Zip Code   |   | M = M / D = D / Y = Y = Y             |  |
| Name of Federal Candidate Supported Office Sc                   | ught. House L Co.                       |                                       |  |
| Name of Federal Candidate Supported Office Sc                   | ught: House State:<br>Senate District:  | Amount                                |  |
|   | Presidential Presidential               |                                       |  |
| Aggregate General Election                                      |   |                                       |  |
| Expenditure for this Candidate                                  |   |                                       |  |
| 1   |   |                                       |  |
| SUBTOTAL of Expenditures This Page (optional)                   |   |                                       |  |
|   |   |                                       |  |
| TOTAL This Period (last page this line number only).            | ·····                                   |                                       |  |