

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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| PAGE | OF |
| FOR LINE 25 OF FORM 3X | |

| | | | | |
|--|----------------|------------------------------------|---------------------------------|-------------------------------|
| NAME OF COMMITTEE (In Full) | | | | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | | Full Name of Subordinate Committee | | |
| | | Mailing Address | | |
| | | City | State | ZIP Code |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | <div>Category/ Type</div> |
| Mailing Address | | Date | | <div>MM / DD / YYYY</div> |
| City | | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: | House Senate Presidential | State: _____ District: _____ | Amount |
| Aggregate General Election Expenditure for this Candidate ▶ | | <div></div> | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | <div>Category/ Type</div> |
| Mailing Address | | Date | | <div>MM / DD / YYYY</div> |
| City | | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: | House Senate Presidential | State: _____ District: _____ | Amount |
| Aggregate General Election Expenditure for this Candidate ▶ | | <div></div> | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | <div>Category/ Type</div> |
| Mailing Address | | Date | | <div>MM / DD / YYYY</div> |
| City | | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: | House Senate Presidential | State: _____ District: _____ | Amount |
| Aggregate General Election Expenditure for this Candidate ▶ | | <div></div> | | |
| SUBTOTAL of Expenditures This Page (optional)..... ▶ | | <div></div> | | |
| TOTAL This Period (last page this line number only)..... ▶ | | <div></div> | | |