

RECEIVED
FEC MAIL CENTER

2018 FEB 23 AM 11:54

To whom it may concern,

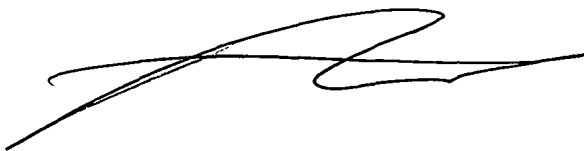
The following is the End of the Year Report for 2017. As stated previously, we are seeking to shut down this Political Action Committee immediately, as it is inactive. I have left this job since, but can remain on the paperwork for the remainder of the time it takes to complete the termination process. The termination paperwork and final reporting will be sent at the end of the month when we account for the remaining expenses that occurred in January and February of 2018. That paperwork is ready to be submitted.

Please advise us on how to handle remaining dollars in our account as we have no further expenses except for the monthly service fee the bank charges.

We are a small PAC that decided last fall not to participate in the federal election at all or with candidates.

I apologize for the lateness. We can incur any charges or fees as a result of this filing tardiness.

Sincerely,



Ryan Valencia
Acting Treasurer, Pathway to Progress PAC

2018-02-23 11:54 AM RECEIVED

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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2018 FEB 23 AM 11:54

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

PATHWAY TO PROGRESS

ADDRESS (number and street)

2470 MARIE SIT

Check if different than previously reported. (ACC)

SCIME VALLEY CA 93065

FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00633495

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

(c) 12-Day PRE-Election Report for the:

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

Election on [] / [] / [] in the State of []

(d) 30-Day POST-Election Report for the:

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

Election on [] / [] / [] in the State of []

5. Covering Period

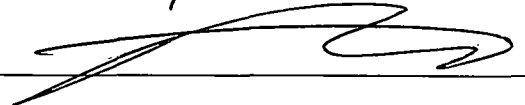
07 / 01 / 2017 through 12 / 31 / 2017

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

Ryan Valencia

Signature of Treasurer



Date

02 / 19 / 2018

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 Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Pathway to Progress

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="2017"/>		<input type="text" value="00.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="757.07"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="00.00"/>	<input type="text" value="43,800.22"/>
(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="757.07"/>	<input type="text" value="43,800.22"/>
Total Disbursements (from Line 31).....	<input type="text" value="445.28"/>	<input type="text" value="43,488.43"/>
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="311.79"/>	<input type="text" value="311.79"/>
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0000"/>	

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

Pathway to Progress

Report Covering the Period: From:

07 / **01** / **2017**

To:

12 / **31** / **2017**

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).....

00.00

4800.22

(ii) Unitemized.....

00.00

35000.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

00.00

43800.22

(b) Political Party Committees.....

00.00

000.00

(c) Other Political Committees (such as PACs).....

00.00

000.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

00.00

43800.22

12. Transfers From Affiliated/Other Party Committees.....

00.00

00.00

13. All Loans Received.....

00.00

00.00

14. Loan Repayments Received.....

00.00

00.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00.00

00.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00.00

00.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00.00

00.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00.00

00.00

(b) Levin Funds (from Schedule H5).....

00.00

00.00

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

00.00

00.00

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

00.00

43800.22

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

00.00

43800.22

NON-FEDERAL RECEIPTS

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	0.000	00.00
(ii) Non-Federal Share.....	00.00	00.00
(b) Other Federal Operating Expenditures	4,452.8	4,348.843
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4,452.8	4,348.843
22. Transfers to Affiliated/Other Party Committees	00.00	00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00.00	00.00
24. Independent Expenditures (use Schedule E)	0.000	00.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.000	0.000
26. Loan Repayments Made.....	0.000	0.000
27. Loans Made.....	0.000	00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.000	00.00
(b) Political Party Committees	0.000	00.00
(c) Other Political Committees (such as PACs).....	0.000	00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.000	00.00
29. Other Disbursements (Including Non-Federal Donations).....	00.00	8,838.92
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00.00	00.00
(ii) "Levin" Share.....	0.000	00.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.000	00.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.000	00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4,452.8	4,348.843
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,452.8	4,348.843

NON-FEDERAL DONATIONS

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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) *Pathway to Progress*

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

NOTICE: ON LINE EDITION ONLY

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 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)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial)
Google Inc.

Mailing Address
1600 Amphitheatre Parkway

City
Mountain View State
CA Zip Code
94043

Purpose of Disbursement
Email Hosting

Candidate Name
[Blank] Category/Type
001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
MM/DD/YYYY
07/03/2017

FEC Identification Number
C

Amount of Each Disbursement this Period
15.00

Memo Item

Full Name (Last, First, Middle Initial)
Campaign Partner

Mailing Address
P.O. Box 118

City
Still River State
MA Zip Code
01467

Purpose of Disbursement
Website Hosting

Candidate Name
[Blank] Category/Type
006

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
MM/DD/YYYY
07/14/2017

FEC Identification Number
C

Amount of Each Disbursement this Period
29.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
MM/DD/YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... *44.00*

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

NON-FEDERAL CONTRIBUTIONS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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NAME OF COMMITTEE (In Full) *Pathway to Progress*

A.

Full Name (Last, First, Middle Initial) *HP Inc.*

Mailing Address *1501 Page Mill Rd.*

City *Palo Alto* State *CA* Zip Code *94304*

Purpose of Disbursement *Office Supplies - Ink*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *08* / *29* / *2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *157.28*

Memo Item

B.

Full Name (Last, First, Middle Initial) *Wells Fargo*

Mailing Address *P.O. Box 6995*

City *Portland* State *OR* Zip Code *97228*

Purpose of Disbursement *monthly service fee*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *08* / *31* / *2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *14.00*

Memo Item

C.

Full Name (Last, First, Middle Initial) *Google Inc.*

Mailing Address *1600 Amphitheatre Parkway*

City *Mountain View* State *CA* Zip Code *94043*

Purpose of Disbursement *Email Hosting*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *09* / *05* / *2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *15.00*

Memo Item

SUBTOTAL of Disbursements This Page (optional) *186.28*

TOTAL This Period (last page this line number only)

2017-09-01 10:00:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
Pathway to Progress

A.

Full Name (Last, First, Middle Initial) *Wells Fargo*

Mailing Address *P.O. Box 6995*

City *Portland* State *OR* Zip Code *97228*

Purpose of Disbursement *Monthly Service Fee*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *11/30/2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *14.00*

Memo Item

Full Name (Last, First, Middle Initial) *Google Inc.*

Mailing Address *1600 Amphitheatre Way*

City *Mountain View* State *CA* Zip Code *94043*

Purpose of Disbursement *Email Hosting*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *12/09/2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *15.00*

Memo Item

C.

Full Name (Last, First, Middle Initial) *Wells Fargo*

Mailing Address *P.O. Box 6995*

City *Portland* State *OR* Zip Code *97228*

Purpose of Disbursement *Monthly Service Fee*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *12/29/2017*

FEC Identification Number *C*

Amount of Each Disbursement this Period *14.00*

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *43.00*

TOTAL This Period (last page this line number only).....▶ *445.28*

2017-12-01 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full) *Pathway to Progress*

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="00.08"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="00.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

20160501 10:00:00 AM

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Pathway to Progress</i>	FEC IDENTIFICATION NUMBER C00633495
---	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City	Date Due	
State		
Zip Code		

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:

Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?
 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: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: _____

Location of account: _____

Address: _____

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 exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. 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.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

20160501 10:00:00 AM

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Pathway to Progress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	00.00
2) TOTALS This Period (last page this line number only)..... ▶	00.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	00.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	00.00

20140810 09:10:10 AM

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

NAME OF COMMITTEE (In Full) **Pathway to Progress** FEC IDENTIFICATION NUMBER **C00633495**

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount <input type="text"/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure		Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount <input type="text"/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure		Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 00.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/> 00.00
(c) TOTAL Independent Expenditures	<input type="text"/> 00.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Date / / 02 / 19 / 2018

1-800-424-9547

**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)

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	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address		Date	Category/Type
City	State		
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	Amount	<input type="text"/>

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address		Date	Category/Type
City	State		
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	Amount	<input type="text"/>

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address		Date	Category/Type
City	State		
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	Amount	<input type="text"/>

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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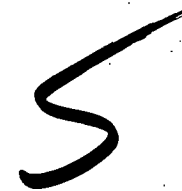
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