

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.

Fund for a Working Congress

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Moore, Tyler, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Moore, Tyler, , ,* [Electronically Filed] Date / /

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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Fund for a Working Congress

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="2018"/> | <input type="text" value="480.00"/> | <input type="text" value="480.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="38172.30"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="115000.00"/> | <input type="text" value="505000.00"/> |
| (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="153172.30"/> | <input type="text" value="505480.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="146690.30"/> | <input type="text" value="498998.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="6482.00"/> | <input type="text" value="6482.00"/> |
| 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="55678.33"/> | |

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

Write or Type Committee Name

Fund for a Working Congress

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

| 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)..... | 115000.00 | 505000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 115000.00 | 505000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 115000.00 | 505000.00 |
| 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 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 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)).....▶ | 115000.00 | 505000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 115000.00 | 505000.00 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 240.30 | 68154.05 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 240.30 | 68154.05 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 146450.00 | 430843.95 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 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 | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 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 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 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)) .. | 146690.30 | 498998.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 146690.30 | 498998.00 |

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) | 115000.00 | 505000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 115000.00 | 505000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 240.30 | 68154.05 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 240.30 | 68154.05 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 15 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 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)
Fund for a Working Congress

A. A Public Voice

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

Mailing Address 15094 Township Road 403

| | | |
|--------------------|-------------|-------------------|
| City Thornville | State OH | Zip Code 43076 |
|--------------------|-------------|-------------------|

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 ▼
200000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 25 | | 2018 |

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
35000.00

Memo Item

B. A Public Voice

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

Mailing Address 15094 Township Road 403

| | | |
|--------------------|-------------|-------------------|
| City Thornville | State OH | Zip Code 43076 |
|--------------------|-------------|-------------------|

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 ▼
220000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 30 | | 2018 |

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period
20000.00

Memo Item

C. A Public Voice

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

Mailing Address 15094 Township Road 403

| | | |
|--------------------|-------------|-------------------|
| City Thornville | State OH | Zip Code 43076 |
|--------------------|-------------|-------------------|

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 ▼
225000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 01 | | 2018 |

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 60000.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 7 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 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)
Fund for a Working Congress

A. A Public Voice

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

Mailing Address 15094 Township Road 403

| | | |
|--------------------|-------------|-------------------|
| City Thornville | State OH | Zip Code 43076 |
|--------------------|-------------|-------------------|

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 ▼
240000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2018 |

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
15000.00

Memo Item

B. Bacon, James, , ,

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

Mailing Address 1855 Seville Blvd.
Suite 511

| | | |
|----------------|-------------|-------------------|
| City Naples | State FL | Zip Code 34109 |
|----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Bolt Construction | Occupation (for Individual) Director |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2018 |

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
5000.00

Memo Item

C. Crawford, Matthew, , ,

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

Mailing Address 6065 Parkland Blvd.

| | | |
|--------------------------|-------------|-------------------|
| City Mayfield Heights | State OH | Zip Code 44124 |
|--------------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) ParkOhio | Occupation (for Individual) Chairman and CEO |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 22 | / | 2018 |

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 25000.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 8 OF 15 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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)
Fund for a Working Congress

A. Defino Realty Ltd.

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

Mailing Address 2181 Enterprise Parkway

| | | |
|-------------------|-------------|-------------------|
| City Twinsburg | State OH | Zip Code 44087 |
|-------------------|-------------|-------------------|

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 ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2018

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period
5000.00

Memo Item

B. Mitchell, Regina, , ,

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

Mailing Address 3625 East Market Street

| | | |
|----------------|-------------|-------------------|
| City Warren | State OH | Zip Code 44484 |
|----------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Warren Fabricating | Occupation (for Individual) Executive |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2018

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
25000.00

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
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 30000.00 |
| TOTAL This Period (last page this line number only)..... | 115000.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 10 OF 15 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
Fund for a Working Congress

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Majority Strategies, LLC | | | Nature of Debt (Purpose): Direct Mail |
| Mailing Address 12854 Kenan Drive Suite 145 | | | |
| City Jacksonville | State FL | Zip Code 32258 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="24342.37"/> | Transaction ID : SD10.4161 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="24342.37"/> |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Majority Strategies, LLC | | | Nature of Debt (Purpose): Social Media Advertising |
| Mailing Address 12854 Kenan Drive Suite 145 | | | |
| City Jacksonville | State FL | Zip Code 32258 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="4510.44"/> | Transaction ID : SD10.4198 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="4510.44"/> |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Majority Strategies, LLC | | | Nature of Debt (Purpose): Direct Mail |
| Mailing Address 12854 Kenan Drive Suite 145 | | | |
| City Jacksonville | State FL | Zip Code 32258 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="41825.52"/> | Transaction ID : SD10.4199 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="15000.00"/> | Outstanding Balance at Close of This Period <input type="text" value="26825.52"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="55678.33"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 11 OF 15 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Fund for a Working Congress

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Majority Strategies, LLC | | | Nature of Debt (Purpose): Digital Advertising - Independent Expenditure |
| Mailing Address 12854 Kenan Drive Suite 145 | | | |
| City Jacksonville | State FL | Zip Code 32258 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="13500.00"/> | | Transaction ID : SD10.4277 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="13500.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> | |

| | | | |
|--|-------|----------|---------------------------|
| 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 <input type="text"/> | | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> | |

| | | | |
|--|-------|----------|---------------------------|
| 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 <input type="text"/> | | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> | |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="55678.33"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="55678.33"/> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

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

Full Name of Payee 406 Enterprises, LLC
Mailing Address P.O. Box 75727
City Washington State DC Zip Code 20013
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 11/01/2018
Amount 7000.00
Transaction ID: SE.4292
Date of Disbursement or Obligation 11/01/2018

Name of Federal Candidate: CUNNINGHAM, JOE, , ,
Support Oppose
Office Sought: House District: 01
President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 32000.00
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/22/2018
Amount 20000.00
Transaction ID: SE.4266
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: RADER, ELIZABETH ANNE, , ,
Support Oppose
Office Sought: House District: 14
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 20000.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 27000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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 Moore, Tyler, , , [Electronically Filed] Date 12/06/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

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

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/22/2018
Amount 20000.00
Transaction ID: SE.4270
Date of Disbursement or Obligation 10/22/2018

Name of Federal Candidate: DEPIZZO, CHRIS, , ,
Support Oppose
Office Sought: House District: 13
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 20000.00
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Digital and Social Media Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/27/2018
Amount 40950.00
Transaction ID: SE.4278
Date of Disbursement or Obligation 10/26/2018

Name of Federal Candidate: RADER, ELIZABETH ANNE, , ,
Support Oppose
Office Sought: House District: 14
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 60950.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60950.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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 Moore, Tyler, , ,

[Electronically Filed]

Date 12/06/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

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

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/06/2018
Amount 13500.00
Transaction ID: SE.4313
Date of Disbursement or Obligation 10/26/2018

Name of Federal Candidate: HARBAUGH, KENNETH, ,
Support Oppose
Office Sought: House District: 07
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 79328.08
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 11/01/2018
Amount 5000.00
Transaction ID: SE.4288
Date of Disbursement or Obligation 11/01/2018

Name of Federal Candidate: DEPIZZO, CHRIS, ,
Support Oppose
Office Sought: House District: 13
President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 25000.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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 Moore, Tyler, , [Electronically Filed] Date 12/06/2018

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

| | |
|---|---|
| NAME OF COMMITTEE (In Full) Fund for a Working Congress | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00637041 </div> |
|---|---|

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Majority Strategies, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 24 / 2018 </div> |
| Mailing Address 12854 Kenan Drive Suite 145 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 15000.00 </div> |
| City Jacksonville State FL Zip Code 32258 | Transaction ID : SE.4315 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2018 </div> |
| Purpose of Expenditure Direct Mail - Debt Repayment from 4/24 Category/Type 004 | Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose LENEHAN, MELANIE ANN MRS., , , Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH |
| Calendar Year-To-Date Per Election for Office Sought 161118.60 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Push West | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2018 </div> |
| Mailing Address 1401 Sam Rittenberg Blvd. Suite 1 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 25000.00 </div> |
| City Charleston State SC Zip Code 29407 | Transaction ID : SE.4282 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2018 </div> |
| Purpose of Expenditure Digital Advertising Category/Type 004 | Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ARRINGTON, KATHERINE ELIZABETH, , , Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC |
| Calendar Year-To-Date Per Election for Office Sought 25000.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 40000.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 146450.00 </div> |

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.

Moore, Tyler, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2018

Signature