

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.
35TH, INC.

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:
 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Gantt, Charles, , ,
Type or Print Name of Treasurer

Signature of Treasurer Gantt, Charles, , , [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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

35TH, INC.

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=""/>	<input type="text" value="468507.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="734443.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="120300.00"/>	<input type="text" value="662800.00"/>
(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="854743.17"/>	<input type="text" value="1131307.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="457931.26"/>	<input type="text" value="734495.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="396811.91"/>	<input type="text" value="396811.91"/>
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

Write or Type Committee Name
35TH, INC.

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).....	120300.00	662800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	120300.00	662800.00
(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)	120300.00	662800.00
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)).....▶	120300.00	662800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	120300.00	662800.00

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	39716.70	72429.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39716.70	72429.08
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)	413214.56	657066.85
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	5000.00	5000.00
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)) ..	457931.26	734495.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	457931.26	734495.93

DETAILED SUMMARY PAGE
of Disbursements

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)	120300.00	662800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120300.00	662800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39716.70	72429.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39716.70	72429.08

**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 6 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
35TH, INC.

A. FIELER, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 623 FIFTH AVE
 27TH FLOOR
 City NEW YORK State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EQUINOX PARTNERS Occupation (for Individual) FINANCIAL ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **04 / 12 / 2018**
Transaction ID : SA11AI.4237
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. KENDRICK, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3964 E. PARADISE VIEW DRIVE
 City PARADISE VALLEY State AZ Zip Code 85253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **04 / 17 / 2018**
Transaction ID : SA11AI.4241
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. OSEN, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 ENGLE STREET
 City TENAFLY State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10300.00

Date of Receipt **04 / 17 / 2018**
Transaction ID : SA11AI.4243
 Amount of Each Receipt this Period 10300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70300.00
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: PAGE 7 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
35TH, INC.

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

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2018

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
50000.00

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
 M M / D D / Y Y Y Y

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
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	120300.00

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. 1735 GROUP, LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2018	
Mailing Address 4628 RIVER ROAD		FEC Identification Number C [] Transaction ID : SB21B.4248	
City BETHESDA	State MD	Zip Code 20816	Amount of Each Disbursement this Period [] 20000.00
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018	
Mailing Address 138 CONANT STREET		FEC Identification Number C [] Transaction ID : SB21B.4250	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period [] 4506.70
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 04 / 11 / 2018	
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.4249	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [] 20.00
Purpose of Disbursement BANK FEES		Category/Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

[] 24526.70
[]

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial)
A. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4252

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CLARK HILL

Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 1300 SOUTH

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4247

Amount of Each Disbursement this Period: 360.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 400.00

TOTAL This Period (last page this line number 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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. IMGE LLC				Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 12 / 2018	
Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR				FEC Identification Number C	
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SB21B.4253
Purpose of Disbursement POLLING EXPENSE				Amount of Each Disbursement this Period 14750.00	
Candidate Name				Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) B.				Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address				FEC Identification Number C	
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement				Memo Item <input type="checkbox"/>	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) C.				Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address				FEC Identification Number C	
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement				Memo Item <input type="checkbox"/>	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
SUBTOTAL of Disbursements This Page (optional).....▶				14750.00	
TOTAL This Period (last page this line number only).....▶				39676.70	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

A. COX, PHILIP, J, ,

Full Name (Last, First, Middle Initial)

Mailing Address 6610 MAUGH RD

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement LOAN REPAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB26.4257

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4146**
35TH, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial) N <input type="checkbox"/> Memo Item COX, PHILIP, J, ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6610 MAUGH RD		
City MCLEAN	State VA	ZIP Code 22101

Original Amount of Loan 5000.00	Cumulative Payment To Date 5000.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS

Date Incurred M M / D D / Y Y Y Y 10 / 19 / 2017	Date Due M M / D D / Y Y Y Y DUE UPON DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 0.00
TOTALS This Period (last page in this line only)	▶	[] 0.00

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

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

Full Name of Payee
IMGE LLC
Mailing Address
108 SOUTH WASHINGTON ST.
3RD FLOOR
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
PLACED MEDIA
Category/Type
Name of Federal Candidate:
JENKINS, EVAN H, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: WV
Calendar Year-To-Date
Per Election for Office Sought
416637.85
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
JAMESTOWN ASSOCIATES
Mailing Address
154 ROUTE 79 NORTH
City
MARLBORO
State
NJ
Zip Code
07746
Purpose of Expenditure
PLACED MEDIA
Category/Type
Name of Federal Candidate:
JENKINS, EVAN H, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: WV
Calendar Year-To-Date
Per Election for Office Sought
311120.72
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
100099.00
(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.

Gantt, Charles, ,

[Electronically Filed]

Date

04 / 24 / 2018

Signature

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

NAME OF COMMITTEE (In Full) 35TH, INC.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00635607 </div>
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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 JAMESTOWN ASSOCIATES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 16 / 2018</div>
Mailing Address 154 ROUTE 79 NORTH	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240429.00</div>
City MARLBORO State NJ Zip Code 07746	
Purpose of Expenditure PLACED MEDIA AND PRODUCTION COST Category/Type 	
Name of Federal Candidate: JENKINS, EVAN H, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: WV
Calendar Year-To-Date Per Election for Office Sought 657066.85	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 POLITICAL INK, INC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 04 / 2018</div>
Mailing Address 1200 18TH STREET NW SUITE#700	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15752.15</div>
City WASHINGTON State DC Zip Code 20036	
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type 	
Name of Federal Candidate: MORRISEY, PATRICK MR, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: WV
Calendar Year-To-Date Per Election for Office Sought 259604.44	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">256181.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Gantt, Charles, , ,

[Electronically Filed]

Date

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

04 / 24 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

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

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: JENKINS, EVAN H, ,
Calendar Year-To-Date Per Election for Office Sought 291021.72
Disbursement For: Primary

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: JENKINS, EVAN H, ,
Calendar Year-To-Date Per Election for Office Sought 336637.85
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 56934.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 413214.56

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.

Gantt, Charles, ,

[Electronically Filed]

Date 04 / 24 / 2018

Signature