

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. 12FE4M5 35TH, INC.

ADDRESS (number and street) C/O CLARK HILL PLC 1290 SUNCREST TOWNE CENTER MORGANTOWN WV 26505 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00635607 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] 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 01 / 01 / 2018 through 03 / 31 / 2018

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 04 / 10 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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"/>		468507.84
(b) Cash on Hand at Beginning of Reporting Period.....	468507.84	
(c) Total Receipts (from Line 19) .....	542500.00	542500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1011007.84	1011007.84
7. Total Disbursements (from Line 31).....	276564.67	276564.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	734443.17	734443.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5000.00	

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).....	542500.00	542500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	542500.00	542500.00
(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) .....	542500.00	542500.00
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)).....▶	542500.00	542500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	542500.00	542500.00

**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 .....	32712.38	32712.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32712.38	32712.38
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) .....	243852.29	243852.29
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)) ..	276564.67	276564.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	276564.67	276564.67

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	542500.00	542500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	542500.00	542500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	32712.38	32712.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32712.38	32712.38

**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

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. CITIZENS FOR A WORKING AMERICA, INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 NORTH ST. ASAPH STREET  
 City ALEXANDRIA State VA Zip Code 22314  
 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 ▼ 92500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2018  
**Transaction ID : SA11AI.4196**  
 Amount of Each Receipt this Period  
 92500.00  
 Memo Item

**B. GRAY, C, BOYDEN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1534 28TH STREET, N.W.  
 City WASHINGTON State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2018  
**Transaction ID : SA11AI.4198**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

**C. GRAY, C, BOYDEN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1534 28TH STREET, N.W.  
 City WASHINGTON State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : SA11AI.4201**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192500.00
<b>TOTAL</b> 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	

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

**A. KOCH INDUSTRIES INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4111 EAST 37TH STREET NORTH

City WICHITA	State KS	Zip Code 67220
-----------------	-------------	-------------------

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 ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2018

**Transaction ID : SA11AI.4208**

Amount of Each Receipt this Period  
50000.00

Memo Item

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

Mailing Address PO BOX 332

City MOUNT VERNON	State OH	Zip Code 43050
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ARIEL CORPORATION	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
25000.00

Memo Item

**C. TSG INTERACTIVE US SERVICES**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 NEW RD  
SUITE 212

City LINWOOD	State NJ	Zip Code 08221
-----------------	-------------	-------------------

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 ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2018

**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
25000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100000.00
<b>TOTAL</b> 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 8 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  
UIHLEIN, RICHARD, , ,

Mailing Address 1396 N WAUKEGAN RD

City LAKE FOREST    State IL    Zip Code 60045-1147

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

Name of Employer (for Individual) ULINE INC.    Occupation (for Individual) CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2018

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
250000.00

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	542500.00



**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) <b>A. 1735 GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018
Mailing Address 4628 RIVER ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4190</b>
City BETHESDA	State MD	Zip Code 20816
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
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>B. ALCIVAR GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018
Mailing Address 209 FRANKLIN STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4192</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
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>C. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018
Mailing Address 138 CONANT STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4193</b>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 1501.38
Candidate Name		<input type="checkbox"/> Memo Item
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)..... ▶

21501.38

**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) <b>A. CLARK HILL</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 1001 PENNSYLVANIA AVENUE, NW SUITE 1300 SOUTH		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4206</b> Amount of Each Disbursement this Period [ ] 1056.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DJE CONSULTING, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2018
Mailing Address 211 SOUTH FIFTH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4194</b> Amount of Each Disbursement this Period [ ] 10000.00
City COLUMBUS	State OH	Zip Code 43215
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 11056.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 32557.38

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) COX, PHILIP, J, ,		<input checked="" type="checkbox"/> Memo Item	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 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 10 / 19 / 2017	Date Due MM / DD / YYYY 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	5000.00

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
164884.47
Disbursement For:
Primary
General
Other (specify)

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
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
32896.01
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
104896.01
(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 / 10 / 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 59988.46
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 92884.47
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 59988.46
(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 / 10 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>35TH, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635607
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>POLITICAL INK, INC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1200 18TH STREET NW SUITE#700	Amount <input type="text"/>
City WASHINGTON State DC Zip Code 20036	Transaction ID : <b>SE.4169</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <b>MORRISEY, PATRICK MR, , ,</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 180636.62	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 <b>POLITICAL INK, INC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1200 18TH STREET NW SUITE#700	Amount <input type="text"/>
City WASHINGTON State DC Zip Code 20036	Transaction ID : <b>SE.4175</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <b>MORRISEY, PATRICK MR, , ,</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 192818.03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 27933.56
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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  /  /

Signature

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

NAME OF COMMITTEE (In Full) <b>35TH, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00635607
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>POLITICAL INK, INC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1200 18TH STREET NW SUITE#700	Amount <input type="text"/>
City WASHINGTON State DC Zip Code 20036	Transaction ID : <b>SE.4178</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <b>MORRISEY, PATRICK MR, ,</b> <input type="checkbox"/> President State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 218335.16	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 <b>POLITICAL INK, INC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1200 18TH STREET NW SUITE#700	Amount <input type="text"/>
City WASHINGTON State DC Zip Code 20036	Transaction ID : <b>SE.4181</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <b>MORRISEY, PATRICK MR, ,</b> <input type="checkbox"/> President State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 243852.29	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 51034.26
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/> 243852.29

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  /  /

Signature