

# 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)

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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
07 01 2018 through 09 30 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 M M M / D D D / Y Y Y Y Y Y  
10 15 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"/>	<input type="text"/>	<input type="text" value="468507.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59906.58"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="558000.00"/>	<input type="text" value="1394300.00"/>
(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="617906.58"/>	<input type="text" value="1862807.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="525673.20"/>	<input type="text" value="1770574.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92233.38"/>	<input type="text" value="92233.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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: MM / DD / YYYY 07 / 01 / 2018 To: MM / DD / YYYY 09 / 30 / 2018

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).....	558000.00	1394300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	558000.00	1394300.00
(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) .....	558000.00	1394300.00
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)).....▶	558000.00	1394300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	558000.00	1394300.00

**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 .....	75881.32	206395.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	75881.32	206395.13
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) .....	449791.88	1554179.33
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	5000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(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	5000.00
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)) ..	525673.20	1770574.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	525673.20	1770574.46

**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) .....	558000.00	1394300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	558000.00	1389300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	75881.32	206395.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	75881.32	206395.13

**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 13
<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)  
**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 ▼  
175000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2018

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period  
50000.00

Memo Item

**B. LINDNER, CARL, H, , III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 E 4TH ST, 40S

City CINCINNATI	State OH	Zip Code 45202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMERICAN FINANCIAL GROUP	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Mailing Address 1266 WEST PACES FERRY ROAD  
SUITE 615

City ATLANTA	State GA	Zip Code 30327-2306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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
08	/	09	/	2018

**Transaction ID : SA11AI.4370**

Amount of Each Receipt this Period  
250000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	303000.00
<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 13
	<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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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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ULINE	Occupation (for Individual) CEO
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018

**Transaction ID : SA11AI.4353**

Amount of Each Receipt this Period  
250000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
UNITED STATES SUGAR CORPORATION

Mailing Address 111 PONCE DE LEON AVENUE

City CLEWISTON	State FL	Zip Code 33440
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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  
 09 / 24 / 2018

**Transaction ID : SA11AI.4376**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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).....▶	255000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	558000.00

**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 07 / 09 / 2018
Mailing Address 4628 RIVER ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4351</b> Amount of Each Disbursement this Period [ ] 524.65
City BETHESDA	State MD	Zip Code 20816
Purpose of Disbursement EVENT STAGING EXPENSE		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. AMERICA RISING CORP.</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018
Mailing Address 1500 WILSON BLVD 5TH FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4355</b> Amount of Each Disbursement this Period [ ] 15000.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement RESEARCH 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. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4352</b> Amount of Each Disbursement this Period [ ] 1503.29
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 17027.94
<b>TOTAL</b> 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. BULLDOG COMPLIANCE</b>			Date of Disbursement MM / DD / YYYY 08 / 08 / 2018	
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY		State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>	
Candidate Name			Category/Type	
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			

FEC Identification Number

**Transaction ID : SB21B.4356**

Amount of Each Disbursement this Period  
 1500.00

Full Name (Last, First, Middle Initial) <b>B. BULLDOG COMPLIANCE</b>			Date of Disbursement MM / DD / YYYY 09 / 12 / 2018	
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY		State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>	
Candidate Name			Category/Type	
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			

FEC Identification Number

**Transaction ID : SB21B.4374**

Amount of Each Disbursement this Period  
 1500.00

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>			Date of Disbursement MM / DD / YYYY 08 / 16 / 2018	
Mailing Address 1445-A LAUGHLIN AVE				
City MCLEAN		State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES			<input type="text"/>	
Candidate Name			Category/Type	
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			

FEC Identification Number

**Transaction ID : SB21B.4357**

Amount of Each Disbursement this Period  
 20.00

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

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

3020.00

**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. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4358</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/Type [ ]	
Candidate Name	Amount of Each Disbursement this Period [ ] 20.00	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHALMERS BURCH AND ADAMS LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2018
Mailing Address 5805 STATE BRIDGE RD #G77		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4360</b>
City JOHNS CREEK	State GA	Zip Code 30097
Purpose of Disbursement LEGAL CONSULTING	Category/Type [ ]	
Candidate Name	Amount of Each Disbursement this Period [ ] 1000.00	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CLARK HILL</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018
Mailing Address 1001 PENNSYLVANIA AVENUE, NW SUITE 1300 SOUTH		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4361</b>
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING	Category/Type [ ]	
Candidate Name	Amount of Each Disbursement this Period [ ] 2556.50	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3576.50
<b>TOTAL</b> 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 08 / 30 / 2018
Mailing Address 1001 PENNSYLVANIA AVENUE, NW SUITE 1300 SOUTH		
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:	FEC Identification Number C <b>Transaction ID : SB21B.4362</b> Amount of Each Disbursement this Period 411.00 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DJE CONSULTING, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018
Mailing Address 1639 GLENN AVE		
City COLUMBUS	State OH	Zip Code 43212
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:	FEC Identification Number C <b>Transaction ID : SB21B.4363</b> Amount of Each Disbursement this Period 1595.88 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DJE CONSULTING, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2018
Mailing Address 1639 GLENN AVE		
City COLUMBUS	State OH	Zip Code 43212
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:	FEC Identification Number C <b>Transaction ID : SB21B.4364</b> Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	32006.88
<b>TOTAL</b> 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

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.**

Full Name (Last, First, Middle Initial) <b>A. HARPER POLLING LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2018	
Mailing Address 121 STATE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4366</b> Amount of Each Disbursement this Period [ ] 3500.00	
City HARRISBURG	State PA	Zip Code 17101	Category/ Type [ ]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. IMG E LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2018	
Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4367</b> Amount of Each Disbursement this Period [ ] 16750.00	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type [ ]
Purpose of Disbursement POLLING EXPENSE		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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	Category/ Type [ ]
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[ ] 20250.00

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

[ ] 75881.32

**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>JAMESTOWN ASSOCIATES</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 154 ROUTE 79 NORTH			Amount <input type="text"/>		
City MARLBORO	State NJ	Zip Code 07746	438920.00		
Purpose of Expenditure PLACED MEDIA AND PRODUCTION COST		Category/ Type <input type="text"/>	Transaction ID : <b>SE.4345</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <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"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
438920.00					

Full Name of Payee <input type="checkbox"/> Memo Item <b>JAMESTOWN ASSOCIATES</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 154 ROUTE 79 NORTH			Amount <input type="text"/>		
City MARLBORO	State NJ	Zip Code 07746	10871.88		
Purpose of Expenditure PLACED MEDIA AND PRODUCTION COST		Category/ Type <input type="text"/>	Transaction ID : <b>SE.4348</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MORRISEY, PATRICK MR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <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"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
449791.88					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>
	449791.88

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 10 15 2018