

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 FEB 28 PM 12:19  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COPPER STATE RURAL

ADDRESS (number and street)

PO BOX 332

Check if different than previously reported. (ACC)

AJO

AZ

85321

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00617753

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

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

01 / 01 / 2017

through

12 / 31 / 2017

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

Type or Print Name of Treasurer

Marie NAVEAUX

Signature of Treasurer

Marie Naveaux

Date

02 / 22 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							
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**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COPPER STATE RURAL

Report Covering the Period:

From:

01 / 01 / 2017

To:

12 / 31 / 2017

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

20,000.00

32,000.00

- (b) Cash on Hand at  
Beginning of Reporting Period.....

32,000.00

- (c) Total Receipts (from Line 19).....

2,477.09

2,477.09

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

2,509.09

2,509.09

7. Total Disbursements (from Line 31).....

2,414.31

2,414.31

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

9,478.00

9,478.00

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Copper STATE RURAL

Report Covering the Period:

From:

01/01/2017

To:

12/31/2017

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

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

(b) Political Party Committees.....

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

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

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

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

mm  
~~135.00~~  
2477.09  
2477.09

2477.09

2477.09

2477.09

mm  
~~135.00~~  
2477.09  
2477.09

2477.09

2477.09

2477.09

2018-02-28 PM 00:04:51

## 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 .....			
(ii) Non-Federal Share .....			
(b) Other Federal Operating Expenditures .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....			
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		2,414.31	2,414.31
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....			
(b) Political Party Committees .....			
(c) Other Political Committees (such as PACs) .....			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....			
29. Other Disbursements (Including Non-Federal Donations) .....			
30. Federal Election Activity (52 U.S.C. § 30101(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....			
(ii) "Levin" Share .....			
(b) Federal Election Activity Paid Entirely With Federal Funds .....			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		2,414.31	2,414.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		2,414.31	2,414.31



**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 1 OF 1

<input 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)

COPPER STATE RURAL

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

A. SONO, KEIKO

Mailing Address

15 SHALE DR

City  
BEARVILLE

State  
NY

Zip Code  
12409

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 ▼

25.00

Date of Receipt

06/12/2017

Amount of Each Receipt this Period

25.00

Memo Item

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

B. NAVEAUX, MARIE E.

Mailing Address

301 E. 2nd AVE

City  
AJO

State  
AZ

Zip Code  
85321

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 ▼

110.00

Date of Receipt

06/05/2017

Amount of Each Receipt this Period

110.00

Memo Item

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

C.

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

MEMBER OF THE

Amount of Each Receipt this Period

Memo Item

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

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

135.00

**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)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

COPPER STATE RURAL

Full Name (Last, First, Middle Initial)

A. N/A

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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) ▶

TOTALS This Period (last page in this line only) ▶

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



**SCHEDULE C-1 (FEC Form 3X)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <b>COPPER STATE RURAL</b>			FEC IDENTIFICATION NUMBER <b>C00617753</b>	
LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>		Amount of Loan <b>[REDACTED]</b>		Interest Rate (APR) <b>[REDACTED]</b> %
Mailing Address		Date Incurred or Established <b>[REDACTED]</b>		
City	State	Zip Code	Date Due <b>[REDACTED]</b>	

A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred <b>[REDACTED]</b>	
B. If line of credit, Amount of this Draw: <b>[REDACTED]</b>		Total Outstanding Balance: <b>[REDACTED]</b>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <b>[REDACTED]</b>  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <b>[REDACTED]</b>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <b>[REDACTED]</b>		Location of account: Address: _____ City, State, Zip: _____	

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name <b>MARIE NAVEAUX</b> Signature <b>Marie Naveaux</b>	DATE <b>02/22/2017</b>
---	---------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:	
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.	

AUTHORIZED REPRESENTATIVE Typed Name Signature <b>N/A</b>		Title	DATE <b>[REDACTED]</b>
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# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 1 OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

NO-18-02-28-01-00-10-57-08

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

PAGE 1 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>COPPER STATE RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>CO 06177531</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y</span>	

Full Name of Payee <b>DELUXE</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>06 / 14 / 2014</b>
Mailing Address <b>3680 VICTORIA STREET NORTH</b>			Amount <b>121.99</b>
City <b>SHOREVIEW</b>	State <b>MN</b>	Zip Code <b>55126-2966</b>	Date of Disbursement or Obligation <b>06 / 14 / 2014</b>
Purpose of Expenditure <b>PURCHASE BANK CHECKS</b>		Category/Type	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>MATT L. BARRON</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 / 27 / 2017</b>
Mailing Address <b>54 STAGE RD.</b>			Amount <b>26.56</b>
City <b>WILLIAMSBURG</b>	State <b>MA</b>	Zip Code <b>01096</b>	Date of Disbursement or Obligation <b>09 / 27 / 2017</b>
Purpose of Expenditure <b>AD RESEARCH</b>		Category/Type <b>004</b>	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>147.56</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>147.56</b>

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 *Maui Nabeaux*

Date **02 / 22 / 2017**

2018-02-28 PM 00:10:16

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

PAGE 2 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>COPPER STATE RURAL</b>	FEC IDENTIFICATION NUMBER <b>000617753</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ANA ADVERTISING SERVICES INC.</b>			Date of Public Distribution/Dissemination <b>10/02/2017</b>
Mailing Address <b>1001 N. CENTRAL AVE. STE. 670</b>			Amount <b>487.50</b>
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85004-1947</b>	
Purpose of Expenditure <b>ADS</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <input type="checkbox"/> State: <input type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STEREO Q7 INC. PAUL LOTSOFF</b>			Date of Public Distribution/Dissemination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address <b>PO BOX 18899</b>			Amount <b>857.75</b>
City <b>TUCSON</b>	State <b>AZ</b>	Zip Code <b>85731-8899</b>	
Purpose of Expenditure <b>RADIO</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation <b>10/02/2017</b>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <input type="checkbox"/> State: <input type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>1345.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>1345.25</b>

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 **Marie McVeanx** Date **02/22/2017**

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

PAGE 3 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>COPPER STATE RURAL</u>	FEC IDENTIFICATION NUMBER ▼ <u>C000617753</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on MM/DD/YYYY

Full Name of Payee <u>GOOD NEWS COMMUNICATIONS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u>
Mailing Address <u>3222 S. RICHEY AVE.</u>				Amount <u>340.00</u>
City <u>TUCSON</u>	State <u>AZ</u>	Zip Code <u>85713-5498</u>		Date of Disbursement or Obligation <u>MM/DD/YYYY</u>
Purpose of Expenditure <u>ADS</u>		Category/Type <u>004</u>		<u>10/06/2017</u>
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <u>MM/DD/YYYY</u>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>EARSHOT AUDIO POST, LLC</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u>
Mailing Address <u>720 N. PARK AVE.</u>				Amount <u>284.50</u>
City <u>INDIANAPOLIS</u>	State <u>IN</u>	Zip Code <u>46202-3431</u>		Date of Disbursement or Obligation <u>MM/DD/YYYY</u>
Purpose of Expenditure <u>RADIO AD PRODUCTION</u>		Category/Type <u>004</u>		<u>10/23/2017</u>
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <u>MM/DD/YYYY</u>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>624.50</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	<u>624.50</u>

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 Main Naveaux

Date 02/22/2017

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

PAGE 4 OF 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>COPPER STATE RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>000617753</b>
--	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on **02/22/2017**

Full Name of Payee <b>EARSHOT AUDIO POST</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>02/22/2017</b>
Mailing Address <b>720 N. PARK AVE.</b>				Amount <b>297.00</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46202-3431</b>		Date of Disbursement or Obligation <b>02/20/17</b>
Purpose of Expenditure <b>RADIO AD PRODUCTION</b>		Category/Type <b>004</b>		

Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>297.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>297.00</b>

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 Maur Naveaux

Date **02/22/2017**

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

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE 1 OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">COPPER STATE RURAL</div>									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:				Full Name of Subordinate Committee <div style="font-size: 1.2em; font-family: cursive;">N/A</div>					
				Mailing Address					
				City			State		ZIP Code

  

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

  

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

  

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

  

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

NOTICE: ON NOV 10 2016

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal.....

100%

Nonfederal.....

0%

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☒



# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER <u>N/A</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %  <div></div> %</p>	<p>NONFEDERAL %  <div></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %  <div></div> %</p>	<p>NONFEDERAL %  <div></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %  <div></div> %</p>	<p>NONFEDERAL %  <div></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %  <div></div> %</p>	<p>NONFEDERAL %  <div></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %  <div></div> %</p>	<p>NONFEDERAL %  <div></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %  <div></div> %</p>	<p>NONFEDERAL %  <div></div> %</p>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 1 OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

XXXXXXXXXXXXXXXXXXXX

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

XXXXXXXXXXXXXXXXXXXX

ii) Generic Voter Drive .....

XXXXXXXXXXXXXXXXXXXX

iii) Exempt Activities .....

XXXXXXXXXXXXXXXXXXXX

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

XXXXXXXXXXXXXXXXXXXX

b) .....

XXXXXXXXXXXXXXXXXXXX

c) Total Amount Transferred For Direct Fundraising .....

XXXXXXXXXXXXXXXXXXXX

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

XXXXXXXXXXXXXXXXXXXX

b) .....

XXXXXXXXXXXXXXXXXXXX

c) Total Amount Transferred For Direct Candidate Support .....

XXXXXXXXXXXXXXXXXXXX

vi) Public Communications Referring Only to Party (Made by PAC) .....

XXXXXXXXXXXXXXXXXXXX

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Generic Voter Drive) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Exempt Activities) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Direct Fundraising) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Direct Candidate Support) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Public Communications Referring Only to Party) .....

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (Total Amount Transferred) .....

XXXXXXXXXXXXXXXXXXXX

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

A. Full Name (Last, First, Middle Initial) N/A			<input type="checkbox"/> Memo Item	Allocated Activity or Event:		
Mailing Address				<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City	State	Zip Code		<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:				<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:				Allocated Activity or Event Year-To-Date		
			Category/ Type	Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Allocated Activity or Event:		
Mailing Address				<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City	State	Zip Code		<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:				<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:				Allocated Activity or Event Year-To-Date		
			Category/ Type	Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Allocated Activity or Event:		
Mailing Address				<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Exempt
City	State	Zip Code		<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:				<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:				Allocated Activity or Event Year-To-Date		
			Category/ Type	Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(iii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**COPPER STATE RURAL**

NAME OF ACCOUNT <b>N/A</b>	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-------------------------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV.....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV.....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE 1 OF  
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

N/A

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Purpose of Disbursement

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

**TOTAL** This Period for the Levin Share

# SCHEDULE L (FEC Form 3X)

## AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	COPPER STATE RURAL
NAME OF ACCOUNT	N/A

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE 1 OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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)

COPPER STATE RURAL

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

N/A

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Aggregate

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

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Aggregate

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

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Aggregate

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Aggregate

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

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

Amount

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER:		PAGE	OF
(check only one)	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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) <b>COPPER STATE RURAL</b>		
--	--	--

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item <b>N/A</b>			Date of Disbursement <b>MM / DD / YYYY</b>
Mailing Address			

City	State	Zip Code	Amount of Each Disbursement this Period <b>MM / DD / YYYY</b>
Purpose of Disbursement			

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <b>MM / DD / YYYY</b>
Mailing Address			

City	State	Zip Code	Amount of Each Disbursement this Period <b>MM / DD / YYYY</b>
Purpose of Disbursement			

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <b>MM / DD / YYYY</b>
Mailing Address			

City	State	Zip Code	Amount of Each Disbursement this Period <b>MM / DD / YYYY</b>
Purpose of Disbursement			

D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <b>MM / DD / YYYY</b>
Mailing Address			

City	State	Zip Code	Amount of Each Disbursement this Period <b>MM / DD / YYYY</b>
Purpose of Disbursement			

E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement <b>MM / DD / YYYY</b>
Mailing Address			

City	State	Zip Code	Amount of Each Disbursement this Period <b>MM / DD / YYYY</b>
Purpose of Disbursement			

SUBTOTAL of Disbursements This Page (optional).....▶			<b>MM / DD / YYYY</b>
TOTAL This Period (last page this line number only).....▶			<b>MM / DD / YYYY</b>

NOTICE: ON 12/20/2016, 12/20/2016, 12/20/2016



**P** **US POSTAGE PAID**  
**\$8.45**

Origin: 85321  
Destination: 20463  
0 Lb 4.80 Oz  
Feb 26, 18  
0301480121-03

1004

**PRIORITY MAIL 2-Day ®**

Expected Delivery Day: 02/28/2018

**USPS TRACKING NUMBER**



9505 5145 1501 8057 0683 64

RECEIVED  
FEC MAIL CENTER  
2018 FEB 28 PM 12:19

Federal Elections Commission  
999 E Street NW  
Washington, DC 20463

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 2/26/18
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ES	2/28/18
PREPARER	DATE PREPARED

(3/2015)

2018-02-28 10:00:00