# FEC FORM 3X

Office

Use

Only

2018 - 02 - 28 - 0M - 00197569

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 FEB 28 PM 12: 19

**FEC FORM 3X** 

Rev. 05/2016

					2018 Prote 1056	Only
NAME OF COMMITTEE (in fu	TYPE OR PR	_··•	mple: If typing, typ r the lines.	e 12FE	4M5	
COPPERIS	STAITIE RU	RAL	<u> </u>			
	1   1   1   1	<del></del>			1 1 1 1	
ADDRESS (number and	street) Po B	101X1 31312 I	1 1 1 1 1 1 1			
Check if differ than previousl reported. (AC	у 10			] AZ	18,5,3,2	<u> </u>
2. FEC IDENTIFICA	TION NUMBER ▼	CITY ▲		STATE A	Z	IP CODE ▲
C 0.6.6.1	water to the support of the contract	3. IS THIS REPORT	X NEW	OR C	AMENDED (A)	
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M Report (N Year Only	Report (Q1)  Report (Q2)  Report (Q3)  Report (Q3)  Report (YE)  Aid-Year Ion-election (YMY)  Report (WY)		Jun 20	(M7) Ger	noff (30R)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  n the State of  Special (30S)
5. Covering Period	01/01	1 2017		12/3	eler i eller om til en til	3 119
I certify that I have ex Type or Print Name of	1 A	to the best of my known in E. NAVE	wledge and belief	it is true, correc	and complete	
Signature of Treasurer	-Maris	Naleay		Date	02/2	2/12078

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)

the Committee (Itemize all on

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D) .....

Schedule C and/or Schedule D) .....

Page 2

2018:02:20:05:05:00197570

Write o	r Type Committee Name		
	OPPER STATE	RURAL	
Report	Covering the Period: From:	To 1, 2017	311 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 20		32.00
(p)	Cash on Hand at Beginning of Reporting Period	March 2012 - Carlo 274 2 2 2 2 0 0 0	
(c)	Total Receipts (from Line 19)	2,477.09	2.4.77.09
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,50,9,09	2,509,09
7. Tota	I Disbursements (from Line 31)	2.414.31	2,4/4,3-1
Rep	h on Hand at Close of orting Period tract Line 7 from Line 6(d))	1.78	9.4.78
9. Deb	ts and Obligations Owed TO		

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)

12, 13, 14, 15, 16, 17, and 18(c))........

(subtract Line 18(c) from Line 19).......

20. Total Federal Receipts

Page 3

2,4.77.09

Write or Type Committee Name TATE 01 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts Calendar Year-to-Date **Total This Period** 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),

4018 - 02 - 28 - 08 - 0019757

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) II. Disbursements

(i) Federal Share .....

(ii) Non-Federal Share.....

Expenditures .....

(add 21(a)(i), (a)(ii), and (b)) ...........................▶

Committees

Than Political Committees .....

(such as PACs).....

(add Lines 28(a), (b), and (c))..........

Non-Federal Donations).....

(a) Allocated Federal Election Activity

(i) Federal Share .....

(ii) "Levin" Share.....

Entirely With Federal Funds ..... (c) Total Federal Election Activity (add

(b) Political Party Committees .....

26. Loan Repayments Made.....

Refunds of Contributions To:
(a) Individuals/Persons Other

(c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements (Including

(from Schedule H6)

(b) Federal Election Activity Paid

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

32. Total Federal Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

27. Loans Made..... 28. Refunds of Con

24. Independent Expenditures

(c) Total Operating Expenditures

Federal Candidates/Committees and Other Political Committees.....

Page 4 COLUMN A COLUMN B **Total This Period** Calendar Year-to-Date allia (<mark>1254 sliversli</mark>m <del>(225asli</del>m), di 4 Tina iliya (1855) (iliya (1866) iliya (1866) Authorized about 30. Federal Election Activity (52 U.S.C. § 30101(20)) Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	247709	2,477.09
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2477.09	2,4.77.09
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		A
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		

SCHEDULE A (FEC Form 3X)	lica congrete cohedula(a)	FOR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	13 14 15 16 17		
Any Information copied from such Reports and Statements may or for commercial purposes, other than using the name and a				
NAME OF COMMITTEE (In Full)	, , ,			
Copper STATE				
Full Name of Individual (Last, First, Middle Initial) or Full O  A. 50NO, KEIKO	rganization Name	Date of Receipt		
Mailing Address  15 SHALE DR		06/12/2017		
State NY	Zip Code 12409	Amount of Each Receipt this Period		
FEC ID number of contributing tederal political committee.		a5,00		
Name of Employer (for Individual)	upation (for Individual)	∬ . Memo Item		
Receipt For:    Aggregate   Primary   General   Control of the con	Year-to-Date ▼			
Other (specify) ▼	"			
Full Name of Individual (Last, First, Middle Initial) or Full C  B. NAVEAUX MARTE E,	organization Name	Date of Receipt		
Mailing Address 301 E. 2nd AVE		10 b; 65 12017.		
City AJO AZ	Zip Code <b>8532</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	യുടും മുകയും ആരു. ഉ പ്രതിയുമ്മ വിഷയം മൈ	1.1.0.00		
Name of Employer (for Individual)  Occ	upation (for Individual)	Memo Item		
	Year-to-Date ▼	-		
	110.00			
Full Name of Individual (Last, First, Middle Initial) or Full C.	Organization Name	Date of Receipt		
Mailing Address		নাম নিয়া / শতানাত বুঁ/ পানপ্ৰিপ্তিপ্		
City State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		The street and a s		
Name of Employer (for Individual)  Occ	cupation (for Individual)	Memo Item		
Primary General Other (specify)	Year-to-Date ▼	: t		
SUBTOTAL of Receipts This Page (optional)		Company of the control of		
TOTAL This Period (last page this line number only)		12500		

## SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	Check only	one) 22 23 26 27
		28a	28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	Λ0	α,	
COPPER STA	TE RUR	n L	
Full Name (Last, First, Middle Initial)  A.			Date of Disbursement
N/A			ศัพ <sup>ร</sup> ์รักษารู้ / เำอร์จ่าย นี้ / เครื่จำหายหาจรัฐรั
Mailing Address			Le l'had been di
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			
Candidate Name Catego			Amount of Each Disbursement this Period
Office Sought: House Disbursen		Туре	The state of the s
	Primary General Other (specify) ▼		f
State: District:	Care (openity)	<del></del>	Memo Item
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement
			Three or Disbursement
Mailing Address			Lad bear d
City	State Zip Code		FEC Identification Number
Purpose of Disbursement		1	
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought:   House   Disbursen	nent For:	Туре	TO SECURE OF THE SECURITION OF
Senate	Primary General	I	Busin <u>areas a</u> anda <u>sses</u> mendin
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Data of Oid
C.			Date of Disbursement
Mailing Address			المصمط لحصا ألمحا
City	State Zip Code		FEC Identification Number
Purpose of Disbursement		1, ;	C Sandan Sandan Sandan Sandan
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:	Type	part freeze of the partition of the first section o
Senate President	Primary ☐ Genera Other (specify) ▼	d	٠
State: District:	- (opoon)/ ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			
	<del>-</del>		ចំនួង នេះ បាន ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្ប ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្បាយ ប្រាសាធិប្ប
TOTAL This Period (last page this line number only)	)	·····	to the the second of the same of the

## SCHEDULE C (FEC Form 3X) LOANS

OANS		Use separate schedule(s) PAGE   OF	
		for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)			
COPPER STATE	E RURAL		
LOAN SOURCE Full Name (Last, First, Min	ddle Initial)	Memo Item Election:	
NA		Primary General	
Mailing Address		Other (specify) ▼	
		\ <u> </u>	
City	State ZIF	Code	
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period	
		danderschundungen berichtungen der seine s	
	in decoderate (22 miles)	Carte Carte Carte de la Carte	
TERMS  Date Incurred	Date	Due Interest Rate Secured:	
Many / Total / Total Article	Many / Paradil /	CARACAS AS SOCIETA CONTRACTOR CON	
	المحصلة المصا	% (apr) Yes No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
		Outstanding:	
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		Coouration	
		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:	
SURTOTALS This Daried This Dage (action-1)			
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line on	ıly)		
Carry outstanding halance only to LINE 2 Sc	hedule D. for this lin	ne. If no Schedule D, carry forward to appropriate line of Summary.	
Tanana Dalamot Only to Ente o, oc		io ii no conedule o, carry forward to appropriate fille of Summary.	

## SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page I of Schedule C

Federal Election Commission, Washington, D.C. 20463		rage 7 or seriousle o		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
COPPER STATE	RURAL	C 0.6.6 1.7.7.5.3		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name N/H		.0/		
Mailing Address	Date Incurred or Established	ווייישישי אין אין משום אין אייישישיי		
City State Zip Code	Date Due	নিত্তিক / তেওঁ / বিশ্বস্থাপ্ত / বিশ		
A. Has loan been restructured? No Yes	If yes, date originally incurred	- フォー E 445 ペ ( 10 mm + 1 - 12 - 1) 「出去が」 / 「見出の!! / 『445 4 · 4 · 4		
B. If line of credit,  Amount of this Draw:	Polonos	ru o rus o rece craver i usaci son p katento trebe elektrobat estas d		
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?		
No Yes If yes, specify:		Does the lender have a perfected security interest in it? \( \) No \( \) Yes		
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	specify:	What is the estimated value?		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established	Address:			
AND BED TO THE TOTAL OF STANDING OF THE	City, State, Zip:			
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan				
G. COMMITTEE TREASURER	<del>-</del>	DATE		
Typed Name MARIE NAVEAU Signature Main Na Veau	×	[02/22/201.7]		
H. Attach a signed copy of the loan agreement.				
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:</li> <li>To the best of this institution's knowledge, the teare accurate as stated above.</li> <li>The loan was made on terms and conditions (in</li> </ol>		•		
similar extensions of credit to other borrowers of the requirement that complied with the requirements set forth at 11 C	f comparable credit worthiness. a loan must be made on a basis	which assures repayment, and has		
AUTHORIZED REPRESENTATIVE	5111 100.02 and 100.142 in makin	DATE		
Typed Name	itle	Language and a same and a		
Signature Title				

DEBTS AND OBLIGATIONS Excluding Loans  NAME OF COMMITTEE (In Full) COPPER STATE AWAL  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City  Outstanding Balance Beginning This Period  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Amount Incurred This Period  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period
NAME OF COMMITTEE (In Full)  COPPER STATE AURAL  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City  Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period  Mailing Address  City  State  Zip Code  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period
NAME OF COMMITTEE (In Full)  COPPER STATE QURAL  A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Nature of Debt (Purpose):  NAMailing Address  City  State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City  State Zip Code  Outstanding Balance at Close of This Period  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  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  Mailing Address  City  State Zip Code  Outstanding Balance at Close of This Period  Outstanding Balance Beginning This Period  Payment This Period  Outstanding Balance at Close of This Period
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  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  Outstanding Balance at Close of This Period
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  Mailing Address  City  State Zip Code  Outstanding Balance Beginning This Period  Payment This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period
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  Mailing Address  City  State Zip Code  Outstanding Balance Beginning This Period  Payment This Period  Outstanding Balance at Close of This Period  Outstanding Balance at Close of This Period
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  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
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  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
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
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
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  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  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  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
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
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
City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
City State Zip Code  Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
Outstanding Balance Beginning This Period  Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of 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):
Nature of Debt (Furpose).
Mailing Address
City State   Zip Code
Outstanding Balance Beginning This Period
Amount Insured This Period Payment This Revised Outstanding Release at Class of This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
Leave the last the second become
1) SUBTOTALS This Period This Page (optional)
2) TOTALS This Period (last page this line number only)

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

TEMIZED INDEPENDENT EXPENDITURES				PAGE OF U
NAME OF COMMITTEE (In Full)	<del> </del>			FEC IDENTIFICATION NUMBER ▼
COPPER STATE	RUR	CAL		[0.06.17753'
Check if 24-hour report 48-hour report	> New repo	ort Amends repo	rt filed	on Many / Dan / Varana
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
DELNX-E Mailing Address				06 174 2014
3680 VICTORIA ST	TREET .	NORTH		Amount
SHOREVIEW	State M N	zip Code 55126-296	,6	Pote of Dichuragment or Obligation
Purpose of Expenditure PURCHASE BANK CHEC	- h<	Category/ Type	الا <del>*</del> *	Date of Disbursement or Obligation
Name of Federal Candidate:	<u> </u>	Support	لــــّــــ	e Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	THE STATE		Disbu	ursement For:
Full Name of Payee		☐ Memo	ltem	Date of Public Distribution/Dissemination
MATT L. BARRON				1891 291 2017
Mailing Address  54 STAGE RD				Amount
City	State	Zip Code		26.56
WILLIAMSBURG	MA	01096		Date of Disbursement or Obligation
Purpose of Expenditure  AD RESEARCH		Category/ Type Q.O.	<u>Y</u>	109 1 29 1 20 17
Name of Federal Candidate:		Support Oppose	Office	e Sought: House District: President Senate State:
			Dich	ursement For: Primary General
Per Election for Office Sought			Distri	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	<b></b>		• •	7.56
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	g it is a company that a company is so. The standard made a talk and some standard and
(c) TOTAL Independent Expenditures			. •	1.47.5.6
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were d committee or agent	not m of eithe	nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Signature Maleay	<b>K</b>	Date	e (J	2 23 2017

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

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 2 OF 4 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
COPPER STATE RURAL	<b>~</b>	C00617753
Check if 24-hour report 48-hour report	Amends report	filed on Many / Day / Paragraphy
Full Name of Payee	☐ Memo It	
ANA ADVERTISING SERVI	ICES INC	10,02,20,7
Mailing Address  1001 N. CENTRAL AVE. ST	E. 670	Amount
City State	Zip Code	487,50
PHOENIX AZ	85004-194	Date of Disbursement or Obligation
Purpose of Expenditure ADS	Category/ Type O.G.L	The state of the s
Name of Federal Candidate:	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (specify) ▶
Full Name of Payee	☐ Memo It	
STEREO 97 INC. PAUL	LOTSOF	4 m m 1 / 1 2 m 2 m 1 / " M 4 2 m N 2 M 1
Mailing Address		السيسوية المحط الصيا
PO BOX 18899		Amount
Turcon	Zip Code	8,57,75
TUCSON AZ	85731-889	Date of Disbursement or Obligation
Purpose of Expenditure  RAGIO	Category/ Type O.O.	7 10 63 2017
Name of Federal Candidate:	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	(a. (	Disbursement For: Primary General
Per Election for Office Sought	to the same of	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		► 1.3.45.25
(b) SUBTOTAL of Unitemized Independent Expenditures		Part of the property of th
(c) TOTAL Independent Expenditures		ಕ್ಷ ಸ್ಥಾಪ್ ಚಿತ್ರಕ <b>್ಷಣಗ</b> ್ನಿಸುತ್ತ ಕ್ರೀಕ್ರಾ ಕ್ರಾಪ್ತಿ ಸ್ಥಾಪ್ ಸಂಗ್ರಹಿಸಿ
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.	reported herein were committee or agent o	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Signature Marie NaVeaux	Date	02/22/2017

# 2018 : 02 : 28 : 0M : 00197581

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

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
COPPER STATE	RURP	1		CG.0.6.1.7.7.53
Check if 24-hour report 48-hour report	X New repor	rt Amends repo	rt filed (	on Mary / Posso / Andrews
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
GOOD NEWS COMMU	MICA	TIONS		WINN I BOOK I VENT VENT
Mailing Address  3222 S. RICHEY	AVE			Amount
City Sta		Zip Code		3.40.00
Tucson	42	85713-54	98	Date of Disbursement or Obligation
Purpose of Expenditure		Category/		# - # / / @ PP / / TV - Y +
AUS		Type [0, 0,	45	10 06 2017
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbu	rsement For: Primary General
Fer Election for Office Sought	로로 쓰고	Souther Section 18	<u></u>	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	, LLC	,		THE TOTAL PROPERTY OF
Mailing Address				Amount
720 N. PARK AVE.				The same sames about the first of the same
City INDIANAPOLIS T	ate [ [V	Zip Code 46202 - 31	421	2.84,05.0
Purpose of Expenditure				Date of Disbursement or Obligation
RADIO AD PRODUCTIO	or/	Category/ Type O.O.	7	10 23 2017
Name of Federal Candidate:	,	Support	Office	Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date	erg <del>ani içək</del> iliyə id	The state of the s	Disbu	rsement For: Primary General
Per Election for Office Sought	almelo Am	<u> </u>		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				to with market and market of the control of the con
(a) 335131AE OF HEITIZES THUSPETHOETH EXPENDITURES		••••	. •	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(b) SUBTOTAL of Unitemized Independent Expenditures			. •	the the state of t
(c) TOTAL Independent Expenditures				Call For
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized	reported herein were committee or agent	not ma	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Signature Naveaux		_ Date	e O	21 22 26 7

PAGE 3

OF 4

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

TEMIZED INDEPENDENT EXPENDITURES	PAGE 4 OF T
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
COPPER STATE RURAL	Clo. 6 1. 7. 7 5.3.
Check if 24-hour report 48-hour report New report Amends report filed	on Many , Trans , Tran
Full Name of Payee	Date of Public Distribution/Dissemination
EARSHOT AUDIO POST	THE THE ! A POTTO TO A STORY OF A
Mailing Address	transfer to the contract
720 N. PARK AVE.	Amount
City State Zip Code	29.7.00
INDIANAPOLIS IN 46202-3431	
Purnose of Evpanditure	Date of Disbursement or Obligation
RADIO AD PRODUCTION Category/ 100 H	111/02/2017
Name of Federal Candidate: Support Office	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	irsement For: Primary General
Per Election for Office Sought	Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
	lange of the second
Mailing Address	to such that it has the first
	Amount
City State Zip Code	
	But how and of the free of the control of the contr
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate: Support Office	Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	
the serious based of selections and selections are seen	Other (specify) ▶
(a) CURTOTAL of the size of lades and set Connections	والمراز والمراز والمحاري المحلوم المحارفة والمحاربة
(a) SUBTOTAL of Itemized Independent Expenditures	,2.9.7.00
(b) SUBTOTAL of Uniternized Independent Expenditures	man general year ya espane ya ku ku mara ya ku wa wa ku ku wa ku w
(b) SOBTOTAL OF STREET HOSPETHOOM EXPONDING CO.	Patrician about the control of
(c) TOTAL Independent Expenditures	( The second of
	2.9.7,00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Signature NaVeaux Date 10	3 23 20/7

# 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

(To be used only	by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (IN FUII)  COPPER STATE	E RURAL	
Has your committee been designated to make coordinated expenditures by a political party committee?  I YES NO  f YES, name the designating committee:	Full Name of Subordinate Committee  N/A  Mailing Address  City	State   ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
Mailing Address		Category/ Type
City State  Name of Federal Candidate Supported   Office Sound	Zip Code	THE THE PROPERTY OF THE PROPER
Name of Federal Candidate Supported Office Sough	tt: House State: District: Presidential	Amount
Expanditure for this Candidate	ರ್ ಭಾಷವು ಗ್ರಾಪ್ತಿಯ ಭಾಷ್ಕಾರ ಪ್ರಾ ಪಾರ್ಕ್ ನಿರ್ದೇಶ ಕ್ರಮಗಳು ಪ್ರಾಥಿತಿಯ	െ വിവരവായ വരുന്നു. വിവാദ്യ വരുന്നു വരുന്നു വരുന്നു. വിവരുന്നു വരുന്നു വരുന്നു വരുന്നു. വരുന്നു വരുന്നു വരുന്നു
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure  Category/
Mailing Address		Type  Date
City	Zip Code	THE STATE OF
Name of Federal Candidate Supported Office Sough	Senate District:  Presidential	Amount ১৯ এখা চেক্সফ্রাল চাইক তাম চেইন চাইন ক্রমণ ক
Expenditure for this Candidate	and the second contract of the second	THE PERSON OF TH
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure  Category/
Mailing Address	Type Date	
City State	Zip Code	The second of th
Name of Federal Candidate Supported Office Soug	Senate District:  Presidential	Amount
Aggregate General Election Expenditure for this Candidate ▶	e customen amminist	
SUBTOTAL of Expenditures This Page (optional)	·····	gazerga organisty was gamenyas ig engas siyo og og en n g g en nog en gan yn og en gan yn og en en siyo en sk
TOTAL This Period (last page this line number only)	<b>&gt;</b>	00

PAGE

OF

#### 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			
U:	SE ONLY ONE	SECTION, A or B			
A. State and Local Pa	rty Committee	s			
Fixed Percentage (sele	ct one)				
Presidential-Only	Election Year (28%	Federal)			
Presidential and	Senate Election Year	(36% Federal)			
Senate-Only Elec	ction Year (21% Fede	ral)			
Non-Presidential	and Non-Senate Elec	tion Year (15% Federal)			
		·			
D. Comments Commented Francis and Name and L. Committee					
B. Separate Segregate	ed Funds and	Nonconnected Committees			
	ed Funds and	Nonconnected Committees			
B. Separate Segregate	ed Funds and	Nonconnected Committees			
Indicate ratio below	ed Funds and				
Indicate ratio below Federal					
Indicate ratio below Federal					
Indicate ratio below  Federal  Nonfederal  This ratio applies to (che		0 %			
Indicate ratio below  Federal  Nonfederal  This ratio applies to (che	eck all that apply):	0%			

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUII)  COPPER STATE RURA	L_	<del></del>
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.		<del></del>
<ul> <li>Methods of allocation:</li> <li>I. FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised.</li> <li>II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodered the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commoderal and nonfederal candidates, regardless of whether there is a result.</li> </ul>	ording to benefit expected fit derived by federal candi nunications or voter drives	to be derived, dates from the ac- that refer to both
are allocated using a time/space method.  ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising  Direct Candidate Support  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising  Direct Candidate Support  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising  Direct Candidate Support  CHECK IF THE RATIO IS:  New  Revised  Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

PAGE	OF	
FOR LII	NE 18a OF FORM	3X

AME OF COMMITTEE (In Full)						
	Copper Sta	ATE RURAL				
NAM	OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	NIA	[Mage 1 [ 1949] ) Lange 4				
BREA	AKDOWN OF TRANSFER RECEIVED					
i)	Total Administrative					
ļ						
l ii)	Generic Voter Drive					
}	Exempt Activities					
1						
10)	Direct Fundraising (List Activity or Event Iden					
	a)		71			
		English (Standard Landard Landard Ladard Conden Annua September 1988)	*** 			
1	b)		i I			
	c) Total Amount Transferred For Direct Fundra	ising				
v)	Direct Candidate Support (List Activity or Ev	ent Identifier)	•			
	a)	ingnagarga galapa kangnagara. N				
	۵,					
1	b)					
	c) Total Amount Transferred For Direct Candid	ate Support				
	Public Communications Referring Only to I	Porty (Mode by DAC)	- Maria Tanana Maria da Sara ada anda anda anda anda anda anda an			
	Public Communications Referring Only to I	·	<del></del>			
	TOTALS FO	R BREAKDOWN OF TRANSFER RECEIV	ED			
TOTAL	This Period (Administrative)					
	,	Note that the second control of the second c	Stand and and and and and and and and and			
TOTAL	This Period (Generic Voter Drive)		فالمعالمة فالمعطوب المتعالمة والمتعالمة المتعالمة المتعالمة المتعالمة المتعالمة المتعالمة المتعالمة المتعالمة ا			
TOTAL	This Period (Exempt Activities)					
TOTAL	This Period (Direct Fundraising)					
		ੂ ਵਸਤਾ /	ಕ್ಷಾಯಪ್ರಮತ್ತು ಪಕ್ಷಕ ಪುರಾಜ್ಯವಾದ್ಯ ಪರ್ವವ್ಯವಸ್ಥಾ			
TOTAL	This Period (Direct Candidate Support)		And the Annal an			
TOTAL	This Davied (Dublic Communications Definition	Only to Rose				
IUIAL	This Period (Public Communications Referring	Unity to Party)				
TOTAL	This Period (Total Amount Transferred)		المرابع المراب			
			Source Court of Arrange Comment of the Court of			

# 2018 - 02 - 28 - 0M - 00197587

#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	DERAL/NONFEDERAL ACTIVIT	Υ			FOR LINE 21a OF FORM 3X
NA	ME OF COMMITTEE (In Full)  COPPER ST	TATE	Rup	LAL	
	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:  Administrative Fundraising Exempt
-	Mailing Address				Voter Drive Direct Candidate Support
-	City	State	Zip Code		Public Comm (ref to party only) by PAC
-	Purpose of Disbursement:	<u> </u>			Allocated Activity or Event Year-To-Date
-	Activity or Event Identifier:			Category/	[ [ [ [ ] ] ] ] [ [ ] ] [ [ ] ] [ ] [ ]
_				Туре	Date
	•		ONFEDERAL	SHARE	TOTAL AMOUNT
	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
-	Purpose of Disbursement:	<del></del>	<del>-                                    </del>		Allocated Activity or Event Year-To-Date
-	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+ N	ONFEDERAL	SHARE	= TOTAL AMOUNT
	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				<del></del>	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
•	Activity or Event Identifier:				(4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
				Category/ Type	Date
	FEDERAL SHARE	+ N	IONFEDERA	L SHARE	= TOTAL AMOUNT
				agang <mark>aa</mark> ganga whoodouthadea	
SL	BTOTAL of Allocated Federal and NonFederal	Activity This P	age		
	FEDERAL SHARE	+ N	ONFEDERAL		■ TOTAL AMOUNT
		8			
TC	OTAL This Period (last page for each line only)(	Federal share	to 21(a)(i) ar	nd NonFederal sh	nare to 21(a)(ii))
	FEDERAL SHARE	_ <del>i =====</del> N	ONFEDERAL	LSHARE	TOTAL AMOUNT
		ii.			1

#### 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 OF FOR LINE 18b OF FORM 3X

IAME OF COM	MITTEE (IN FUII)  COPPER STR	TE	RU	RAL	
NAME OF A	CCOUNT	DATE OF	RECEIPT		TOTAL AMOUNT TRANSFERRED
	N/A	THE THE	الم الم	A PATENTAL AT STATE OF A SECOND SECON	
BREAKDOV	VN OF THIS TRANSFER				
i)	Voter Registration		g wys	VOTER REGISTF تحریب وست مسلم پرستان	
	Total Amount Transferred for Voter	Registration	1		OTER ID
ii)	Voter ID				
	Total Amount Transferred for Voter	ID	······	il. Genedianalian (1911) partica	**************************************
1111	GOTV				GOTV
,,	Total Amount Transferred for GOT	V			
	, otal , and otal , ota	•		Territoria Territoria	
iv)	Generic Campaign Activity			ti <sub>a</sub>	GENERIC CAMPAIGN ACTIVITY
}	Total Amount Transferred for Gene	ric Campaig	n Activity		
				<b>4</b> 22	
NAME OF A	CCOUNT	DATE OF	RECEIPT	<u> </u>	TOTAL AMOUNT TRANSFERRED
			/ [BV B]	/	
BREAKDOV	VN OF THIS TRANSFER	<del></del>			
i)	Voter Registration		#175.EB27.E3	VOTER REGIST	RATION
1	Total Amount Transferred for Voter	Registratio	n l		} 
			<u> </u>		COTED ID
ii)	Voter ID			- Landsandrandary (m.	/OTER ID
	Total Amount Transferred for Voter	r ID		Lance and the same of	
					GOTV
iii)	GOTV				
1	Total Amount Transferred for GOT	V			CONTRACTOR AND
ivi	Generic Campaign Activity			-	GENERIC CAMPAIGN ACTIVITY
1 "	Total Amount Transferred for Gene	eric Campai	an Activity		
				<u> </u>	and a contract of the section of the collection
	TOTALS FOR BE	REAKDOWN	OF TRANS	SFER RECEIVED (L	ast Page Only)
TOTA	L This Period (Voter Registration)				
тота	L This Period (Voter ID)				
TOTA	L This Period (GOTV)			در میرود. به معمد	
TOTA	L This Period (Generic Campaign A	Activity)			
TOTA	L This Period (Total Amount of Trai	nsfers Rece	ived)	••••••	

# 2018 · 02 · 28 · 03 · 00197589

# 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		OF		
FOR LIN	E 30a	OF I	FORM	ЗХ

NAME OF COMMITTEE (IN FUII)	Sti	ATE RY	RAL		
A. Full Name (Last, First, Middle Initial)	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign				
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code			
Purpose of Disbursement			Category/ Type	Date / DVB / VVVVV	
FEDERAL SHARE	الم	LEVIN S		= TOTAL AMOUNT	
B. Full Name (Last, First, Middle Initial)	/ Full Orga	nization Name	Memo Item	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City Purpose of Disbursement	State	Zip Code	Category/	Canada Vanada Vanada A	
C. Full Name (Last, First, Middle Initial) / Full Organization Name    Memo Item   Type of Allocated Activity or Event:   Voter Registration   GOTV   Generic Camp.					
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	provide and the control of		
Purpose of Disbursement			Category/ Type	Date	
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT					
SUBTOTAL of Shared Federal and Levin FEDERAL SHARE	Activity This	Page LEVIN S	HARE	= TOTAL AMOUNT	
TOTAL This Period (last page for each line only)(Federal share to 30(a)(ii) and Levin share to 30(a)(iii))					
FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE					
TOTAL This Period for the Levin Share					

#### SCHEDULE L (FEC Form 3X)

#### **AGGREGATION PAGE: LEVIN FUNDS**

NAME	NAME OF COMMITTEE (In Full)						
NAME	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						
	(a) Takal						
	(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						
	(a) a same a samp and						
	(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

FOR LINE NUMBER: (check only one)

1	la	2

ÓF

		A	Aggregation Page	(check only one)
	ny information copied from such Reports and Statements motor commercial purposes, other than using the name and a			
$\geq$	NAME OF COMMITTEE (IN FUII)  COPPER STATE			
<del>.</del> А.	Full Name of Individual (Last, First, Middle Initial) or Full C	Organization	n Name 🗌 Memo Item	Date of Receipt
	NIA			M. M. / Brb. / LALALEA
	Mailing Address		}	Amount of Field Declarate Total
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)			to the second se
				Aggregate Year-to-Date
	Occupation (for Individual)			
	Full Name of Individual (Last, First, Middle Initial) or Full C	Organization	n Name ☐ Memo Item	Date of Receipt
В.	,		1	**************************************
	Mailing Address			Louis boul boneson
	City	State	Zip Code	Amount of Each Receipt this Period
		Gidie	∠ip ∪oae	
	Name of Employer (for Individual)		·	Aggregate Year-to-Date
	Occupation (for Individual)	<u> </u>		Aggregate rear-to-Date
		)rn=-	2 Nome C	Date of Persist
C.	Full Name of Individual (Last, First, Middle Initial) or Full C	rganizatio،	ıı ıvame ∐ Memo İtem	Date of Receipt
	Mailing Address			
				Amount of Each Receipt this Period
	City	State	Zip Code	Amount of Each Necept this Fellou
	Name of Employer (for Individual)			
	Occupation (for Individual)			Aggregate Year-to-Date
— D.	Full Name of Individual (Last, First, Middle Initial) or Full (	Organizatio	n Name 🗌 Memo Item	Date of Receipt
<i>ن</i> .		( M. M. ) ( Or O ) ( M. M. M. )		
	Mailing Address	The second secon		
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)			
				Aggregate Year-to-Date
	Occupation (for Individual)			
Γ				
s	SUBTOTAL of Receipts This Page (optional)			
T-	TOTAL This Period (last page this line number only)			
Ι΄				والمناز والكروان المراكب أوالم المراكب أوالم المراكب المراكب المراكب المراكب المراكب المراكب المراكب

۷
ĭ
¥
Ŋ.
_
Q 2
Ų
۷
-
)
2 8
Ö
-
O
03
2
О
00
Ÿ
Ţ
9
Ť
<b>/</b> -
2
ã
5
6-

# 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: (check only one)

FOR LINE NUMB	ER: PA	GE /	OF
(check only one)	m	☐4c	
	4a	⊢1 <sup>40</sup>	5
	4b	4d	

OF LEVIN FUNDS		Aggregation Page	4b 4d
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)	STATE	RURAL	
Full Name (Last, First, Middle Initial) / Full Orga  A.  Mailing Address  City	anization Nam	Zip Code	Date of Disbursement  Amount of Each Disbursement this Period
Purpose of Disbursement			The state of the s
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
City Purpose of Disbursement	State	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
City Purpose of Disbursement	State	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address  City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  Mailing Address			Date of Disbursement
City Purpose of Disbursement	State	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (options  TOTAL This Period (last page this line number of			THE TO STORE OF THE CONTROL OF THE C

RECEIVED FEC MAIL CENTER 2018 FEB 28 PM 12: 19

Origin: 85321
Destination: 20483
0 Lb 4.60 Oz
Feb 26, 16
030148021-03
PRIORITY MAIL 2-Day ®
Expected Delivery Day: 02/28/2018

USPS TRACKING NUMBER

0mmi \$510m **१९५०**% 999 E Stred NW Elections Washington, Federal

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.				
Hand Delivered	Date of Receipt			
Postmarked USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked 2/26/18			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busine	ess Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Receipt or Postmarked			
ES	2/28/18			
(3/2015)	DATE PREPARED			