

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Fund for a Working Congress

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day  PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C)         | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day  POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Moore, Tyler, , ,

Type or Print Name of Treasurer

Signature of Treasurer Moore, Tyler, , , [Electronically Filed] Date  /  /

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Fund for a Working Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="480.00"/>	<input type="text" value="480.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53632.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="100000.00"/>	<input type="text" value="200000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="153632.42"/>	<input type="text" value="200480.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15020.00"/>	<input type="text" value="61867.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="138612.42"/>	<input type="text" value="138612.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="135521.02"/>	

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)

Write or Type Committee Name

**Fund for a Working Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100000.00	200000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100000.00	200000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	100000.00	200000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	100000.00	200000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100000.00	200000.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	15020.00	15020.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15020.00	15020.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	46847.58
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15020.00	61867.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15020.00	61867.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	100000.00	200000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100000.00	200000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15020.00	15020.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15020.00	15020.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 11  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Fund for a Working Congress**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wright, Karen, Buchwald, ,

Mailing Address P.O. Box 243

City Mount Vernon    State OH    Zip Code 43050

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

Name of Employer (for Individual) Ariel Corporation    Occupation (for Individual) President/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2018

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**Fund for a Working Congress**

**A. Quincy Strategies, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75650

City Washington State DC Zip Code 20013

Purpose of Disbursement General Consulting Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4190

Amount of Each Disbursement this Period: 15000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="24342.37"/>	<b>Transaction ID : SD10.4161</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24342.37"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Social Media Advertising
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4198</b>	
Amount Incurred This Period <input type="text" value="4510.44"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4510.44"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period <input type="text" value="41825.52"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="41825.52"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="70678.33"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Fund for a Working Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4200</b>	
Amount Incurred This Period 43592.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 43592.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies, LLC</b>			Nature of Debt (Purpose): Direct Mail
Mailing Address 12854 Kenan Drive Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4197</b>	
Amount Incurred This Period 21250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21250.00

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	64842.69
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	135521.02
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	135521.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

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

Full Name of Payee Majority Strategies, LLC Memo Item
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Social Media Advertising Category/Type
Date of Public Distribution/Dissemination 04 / 23 / 2018
Amount 4510.44
Transaction ID : SE.4173
Date of Disbursement or Obligation

Name of Federal Candidate: BALDERSON, TROY, , , Support Oppose
Office Sought: House Senate State: OH District: 12
Calendar Year-To-Date Per Election for Office Sought 28852.81
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC Memo Item
Mailing Address 12854 Kenan Drive Suite 145
City Jacksonville State FL Zip Code 32258
Purpose of Expenditure Direct Mail Category/Type 004
Date of Public Distribution/Dissemination 04 / 24 / 2018
Amount 41825.52
Transaction ID : SE.4176
Date of Disbursement or Obligation

Name of Federal Candidate: LENEGHAN, MELANIE ANN MRS., , , Support Oppose
Office Sought: House Senate State: OH District: 12
Calendar Year-To-Date Per Election for Office Sought 70678.33
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Moore, Tyler, , ,

[Electronically Filed]

Date 05 / 31 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Fund for a Working Congress
FEC IDENTIFICATION NUMBER C C00637041

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

Full Name of Payee Majority Strategies, LLC Memo Item
Mailing Address 12854 Kenan Drive Suite 145 Jacksonville FL 32258
Purpose of Expenditure Direct Mail Category/Type
Name of Federal Candidate: LENEHAN, MELANIE ANN MRS., , , Support Oppose Office Sought: House District: 12 State: OH
Calendar Year-To-Date Per Election for Office Sought 114271.02 Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Majority Strategies, LLC Memo Item
Mailing Address 12854 Kenan Drive Suite 145 Jacksonville FL 32258
Purpose of Expenditure Digital Advertising Category/Type 004
Name of Federal Candidate: MORTENSEN, MICHELLE, , , Support Oppose Office Sought: House District: 03 State: NV
Calendar Year-To-Date Per Election for Office Sought 0.00 Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 0.00

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 Moore, Tyler, , , [Electronically Filed] Date 05 / 31 / 2018