

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 APR 17 PM 12:00

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NEW AMERICANS FOR A STRONGER AMERICA

ADDRESS (number and street) P.O. BOX 12931

Check it different than previously reported. (ACC) OLYMPIA WA 98508

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

C00650721

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 / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 RAUL LEAL

Signature of Treasurer



Date

MM / DD / YYYYYY

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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEW AMERICANS FOR A STRONGER AMERICA

Report Covering the Period:

From:

01 / 01 / 2018

To:

03 / 31 / 2018

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, 2018 | | 3152 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 3152 | |
| (c) Total Receipts (from Line 19)..... | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 3152 | 3152 |
| 7. Total Disbursements (from Line 31)..... | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 000000000000 | 000000000000 |
| 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

NOTICE: THIS INFORMATION IS UNCLASSIFIED

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEW AMERICANS FOR A STRONGER AMERICA

Report Covering the Period: From:

MM ' DD ' YYYY
01 ' 01 ' 2018

To:

MM ' DD ' YYYY
03 ' 31 ' 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

000000000000

000000000000

(ii) Unitemized.....

000000000000

000000000000

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

000000000000

000000000000

(b) Political Party Committees.....

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

13. All Loans Received.....

000000000000

000000000000

14. Loan Repayments Received.....

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

18. Transfers from Non-Federal and Levin Funds

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

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

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

000000000000

000000000000

NON-FEDERAL AND LEVIN CONTRIBUTIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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 | 68.85 | 68.85 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 68.85 | 68.85 |
| 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) | | |
| 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)) | 0000000000 | 0000000000 |
| 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)) | 0000000000 | 0000000000 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 68.85 | 68.85 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 68.85 | 68.85 |

NOTICE OF FINANCIAL CONVICTION

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) | | |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 68.85 | 68.85 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 68.85 | 68.85 |

21-0101000-1-20-2016

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

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

FOR LINE NUMBER: PAGE / OF)
(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)
NEW AMERICANS FOR A STRONGER AMERICA

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

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

0000000000
0000000000

11-0100000-17-140-0000

**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 2

21b 22 23 26 27
28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

NEW AMERICANS FOR A STRONGER AMERICA

Full Name (Last, First, Middle Initial)

A. WIX.COM
Mailing Address 235 West 23rd St, 8th Floor
City New York State NY Zip Code 10011
Purpose of Disbursement Media (PAC Website Hosting) 0.04
Candidate Name N/A (Super PAC) Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Non-Connected PAC
State: District:

Date of Disbursement: 01 / 26 / 2018
FEC Identification Number: C00650721
Amount of Each Disbursement this Period: 10.95
 Memo Item

B. WIX.COM
Mailing Address 235 West 23rd St, 8th Floor
City New York State NY Zip Code 10011
Purpose of Disbursement Media (PAC Website Hosting) 0.04
Candidate Name N/A (Super PAC) Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Non-Connected PAC
State: District:

Date of Disbursement: 02 / 27 / 2018
FEC Identification Number: C00650721
Amount of Each Disbursement this Period: 10.95
 Memo Item

C. WIX.COM
Mailing Address 235 West 23rd St, 8th Floor
City New York State NY Zip Code 10011
Purpose of Disbursement Media (PAC Website Hosting) 0.04
Candidate Name N/A (Super PAC) Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Non-Connected PAC
State: District:

Date of Disbursement: 03 / 27 / 2018
FEC Identification Number: C00650721
Amount of Each Disbursement this Period: 10.95
 Memo Item

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

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

32.85

20180417 09:00:00

**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 28a | <input type="checkbox"/> 22 28b | <input type="checkbox"/> 23 28c | <input type="checkbox"/> 26 29 | <input type="checkbox"/> 27 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)

NEW AMERICANS FOR A STRONGER AMERICA

Full Name (Last, First, Middle Initial)

A.

Full Name (Last, First, Middle Initial): **First Citizens Bank**

Mailing Address: **721 College St SE**

City: **Lacey** State: **WA** Zip Code: **98503**

Purpose of Disbursement: **Administrative Bank charge** Category/Type: **0.01**

Candidate Name: **N/A (Super PAC)**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Non-connected PAC**

State: _____ District: _____

Date of Disbursement: **03 / 27 / 2018**

FEC Identification Number: **C00650721**

Amount of Each Disbursement this Period: **36.00**

Memo Item

B.

Full Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

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: _____ Category/Type: _____

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

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

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

36.00

6885

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)

| | | |
|---|-------|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address | | |
| City | State | ZIP Code |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

TERMS

| | | | |
|--|--|------------------------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City | State | ZIP Code |
| | Amount Guaranteed Outstanding: | <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City | State | ZIP Code |
| | Amount Guaranteed Outstanding: | <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City | State | ZIP Code |
| | Amount Guaranteed Outstanding: | <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |

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

20160417 17:40:00

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | | | | | |
|--|-------|---|--|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER | | |
| | | | C <input style="width: 100%;" type="text"/> | | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan <input style="width: 100%;" type="text"/> | | Interest Rate (APR) <input style="width: 100%;" type="text"/> % | |
| Mailing Address | | Date Incurred or Established | | <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> M M / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> D D / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> Y Y Y Y Y Y | |
| City | State | Zip Code | Date Due | | <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> M M / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> D D / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> Y Y Y Y Y Y |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> M M / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> D D / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> Y Y Y Y Y Y | | | | | |
| B. If line of credit, Amount of this Draw: <input style="width: 100%;" type="text"/> | | | Total Outstanding Balance: <input style="width: 100%;" type="text"/> | | |
| 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? <input style="width: 100%;" type="text"/> 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? <input style="width: 100%;" type="text"/> | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | | | Location of account: _____ Address: _____ City, State, Zip: _____ | | |
| Date account established: <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> M M / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> D D / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> Y Y Y Y Y Y | | | | | |
| 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 _____ Signature _____ | | | | DATE <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> M M / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> D D / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> Y Y Y Y Y Y | |
| 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 _____ | | | DATE <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> M M / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> D D / <input style="width: 33%; text-align: center; border: 1px solid black; border-bottom: none; font-size: 8px; font-family: monospace;"/> Y Y Y Y Y Y | | |
| | | | Title _____ | | |

20160501 10:41:50 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

| | | | |
|--|-------|---------------------------|--|
| A. 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 | | | |
| <input type="text"/> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--|-------|---------------------------|--|
| 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 | | | |
| <input type="text"/> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--|-------|---------------------------|--|
| 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 | | | |
| <input type="text"/> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

2018-04-17 09:00:00

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

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

| | |
|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ C |
|-----------------------------|---|

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

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

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

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

Signature _____ Date / /

1-20160508-120-1-40-81-07

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)

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..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

UNFINISHED BUSINESS

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|---|-------------------------------------|--|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |

20160501 10:40:00 AM

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

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

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

UNRECORDED COPY

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 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)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

2018-04-17 10:00:00

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)

| |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
|-----------------------------|

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED | | | |
|-----------------|--|--------------------------|----|------|--|
| | <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> </table> | MM | DD | YYYY | |
| MM | DD | YYYY | | | |

BREAKDOWN OF THIS TRANSFER

| | |
|---|---------------------------|
| i) Voter Registration | VOTER REGISTRATION |
| Total Amount Transferred for Voter Registration..... | |
| ii) Voter ID | VOTER ID |
| Total Amount Transferred for Voter ID..... | |
| iii) GOTV | GOTV |
| Total Amount Transferred for GOTV..... | |
| iv) Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY |
| Total Amount Transferred for Generic Campaign Activity..... | |

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED | | | |
|-----------------|--|--------------------------|----|------|--|
| | <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> </table> | MM | DD | YYYY | |
| MM | DD | YYYY | | | |

BREAKDOWN OF THIS TRANSFER

| | |
|---|---------------------------|
| i) Voter Registration | VOTER REGISTRATION |
| Total Amount Transferred for Voter Registration..... | |
| ii) Voter ID | VOTER ID |
| Total Amount Transferred for Voter ID..... | |
| iii) GOTV | GOTV |
| Total Amount Transferred for GOTV..... | |
| iv) Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY |
| Total Amount Transferred for 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)..... | |

2016-05-17 14:40:10

**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)

NAME OF COMMITTEE (In Full)

| | | | | | | |
|---|-------|----------|--|--|---|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | | | <input type="checkbox"/> Memo Item | Type of Allocated Activity or Event: | |
| | | | | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| | | | | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Mailing Address | | | | Allocated Activity or Event Year-To-Date | | |
| | | | | | | |
| City | State | Zip Code | | Date | | |
| | | | <input type="checkbox"/> Category/ Type | <input type="checkbox"/> M M M | <input type="checkbox"/> D D D | <input type="checkbox"/> Y Y Y Y Y Y Y Y |
| Purpose of Disbursement | | | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | | = | TOTAL AMOUNT |
| | | | | | | |

| | | | | | | |
|---|-------|----------|--|--|---|---|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | | | <input type="checkbox"/> Memo Item | Type of Allocated Activity or Event: | |
| | | | | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| | | | | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Mailing Address | | | | Allocated Activity or Event Year-To-Date | | |
| | | | | | | |
| City | State | Zip Code | | Date | | |
| | | | <input type="checkbox"/> Category/ Type | <input type="checkbox"/> M M M | <input type="checkbox"/> D D D | <input type="checkbox"/> Y Y Y Y Y Y Y Y |
| Purpose of Disbursement | | | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | | = | TOTAL AMOUNT |
| | | | | | | |

| | | | | | | |
|---|-------|----------|--|--|---|---|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | | | <input type="checkbox"/> Memo Item | Type of Allocated Activity or Event: | |
| | | | | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| | | | | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Mailing Address | | | | Allocated Activity or Event Year-To-Date | | |
| | | | | | | |
| City | State | Zip Code | | Date | | |
| | | | <input type="checkbox"/> Category/ Type | <input type="checkbox"/> M M M | <input type="checkbox"/> D D D | <input type="checkbox"/> Y Y Y Y Y Y Y Y |
| Purpose of Disbursement | | | | | | |
| 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 | |
| | | | | | | |
| TOTAL This Period for the Levin Share | | | | | | |
| | | | | | | |

CONVERSION INFORMATION

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

| |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| NAME OF ACCOUNT |

| | 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) | | |

NON-CONFIDENTIAL

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

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

PAGE 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)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

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

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer (for Individual)

Occupation (for Individual)

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

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

20160606 14:40:00

New Americans for
a Stronger America
Attn: Raul Leal
PO Box 12931
Olympia WA
98508



7036 0910 0000 3490 7885

FEDERAL ELECTIONS

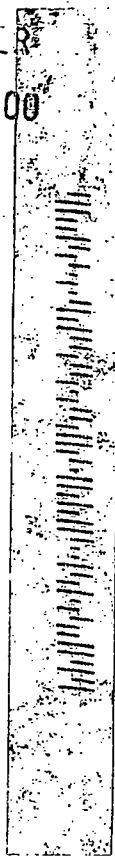
COMMISSION

999 E STREET, NW


WASHINGTON, DC 20463

**RETURN RECEIPT
REQUESTED**

RECEIVED
FEC MAIL CENTER
2018 APR 17 PM 12:00



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 | Date of Receipt |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 4/12/2018 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <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 |
|  PREPARER | 4/17/2018 DATE PREPARED |

(3/2015)

20180417 09:00:00 AM