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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

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

Resist For America

ADDRESS (number and street) 2104 E. School Ave



Check if different than previously reported. (ACC)

2104 E. School Ave IL 60099

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

C00632017

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)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <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 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 M M M / J J J / Y Y Y Y Y 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 M M M / J J J / Y Y Y Y Y in the State of

5. Covering Period 07 / 07 / 2017 through 12 / 31 / 2017

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

Type or Print Name of Treasurer Ron Molinaro

Signature of Treasurer *Ron Molinaro*

Date 01 / 20 / 2018

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

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

2018-01-24 12:39 PM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Resist For America

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="0"/>	<input type="text"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54.00"/>	<input type="text"/>
(c) Total Receipts (from Line 19).....	<input type="text"/>	<input type="text"/>
(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"/>	<input type="text"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54.00"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0"/>	<input type="text"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text"/>



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

2018-01-24 00:00:00

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Resist For America

Report Covering the Period: From:

07 / 01 / 2017

To:

12 / 31 / 2017

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

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

6

(ii) Unitemized.....

0

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

6

(b) Political Party Committees.....

0

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

0

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

6

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

0

13. All Loans Received.....

0

14. Loan Repayments Received.....

0

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

0

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

0

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

0

18. Transfers from Non-Federal and Levin Funds

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

6

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

0

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

6

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

0

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

0

2018-01-24 PM 00:00:00

DETAILED SUMMARY PAGE
of Disbursements

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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	54.00	
(ii) Non-Federal Share	6	
(b) Other Federal Operating Expenditures	0	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54.00	
22. Transfers to Affiliated/Other Party Committees	6	
23. Contributions to Federal Candidates/Committees and Other Political Committees	6	
24. Independent Expenditures (use Schedule E)	6	
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	
26. Loan Repayments Made	0	
27. Loans Made	0	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	
(b) Political Party Committees	0	
(c) Other Political Committees (such as PACs)	0	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	6	
29. Other Disbursements (Including Non-Federal Donations)	0	
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	
(ii) "Levin" Share	0	
(b) Federal Election Activity Paid Entirely With Federal Funds	0	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00	

2010-01-24 00:00:00

DETAILED SUMMARY PAGE
of Disbursements

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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)	6	
34. Total Contribution Refunds (from Line 28(d))	6	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54.00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54.00	

Bank Fee, Account Closed

2018-01-24 00:00:00

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

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Resist For America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			<input type="text"/>		
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			<input type="text"/>		
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			<input type="text"/>		
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

2016-01-24 00:00:00

**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)

PAGE OF

<input 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)

Resist For America

<p>A. Full Name (Last, First, Middle Initial) PNC Bank</p>			<p>Date of Disbursement 10 / 01 / 2017</p>		
<p>Mailing Address 2900 Sheridan Rd.</p>			<p>FEC Identification Number C00632017</p>		
<p>City Zion</p>	<p>State IL</p>	<p>Zip Code 60099</p>	<p>Amount of Each Disbursement this Period 54.00</p>		
<p>Purpose of Disbursement Bank Fees</p>			<p>Category/Type</p>		
<p>Candidate Name N/A</p>			<p><input checked="" type="checkbox"/> Memo Item Act closed.</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Fees</p>			
<p>B. Full Name (Last, First, Middle Initial)</p>			<p>Date of Disbursement</p>		
<p>Mailing Address</p>			<p>FEC Identification Number</p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Disbursement this Period</p>		
<p>Purpose of Disbursement</p>			<p>Category/Type</p>		
<p>Candidate Name</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			
<p>C. Full Name (Last, First, Middle Initial)</p>			<p>Date of Disbursement</p>		
<p>Mailing Address</p>			<p>FEC Identification Number</p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Disbursement this Period</p>		
<p>Purpose of Disbursement</p>			<p>Category/Type</p>		
<p>Candidate Name</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			
<p>SUBTOTAL of Disbursements This Page (optional)</p>			<p>TOTAL This Period (last page this line number only)</p>		

NOTES: 011241 WCI 0010010010

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) **Resist For America**

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

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"/> % (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.

2018-01-24-03-00187640

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Resist For America</i>	FEC IDENTIFICATION NUMBER C []
--	------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan []	Interest Rate (APR) [] %
Mailing Address	Date Incurred or Established [] / [] / []	
City	State	Zip Code
	Date Due [] / [] / []	

A. Has loan been restructured? No Yes If yes, date originally incurred [] / [] / []

B. If line of credit, Amount of this Draw: [] Total Outstanding Balance: []

C. Are other parties secondarily liable for the debt incurred?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral? []

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, 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: _____

City, State, Zip: [] [] []

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

G. COMMITTEE TREASURER Typed Name Signature	DATE [] / [] / []
---	-------------------------

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	Title	DATE [] / [] / []
--	-------	-------------------------

2018-01-24 00:00:04

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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

NAME OF COMMITTEE (In Full) *Resist For America*

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 _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor _____ Nature of Debt (Purpose): _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor _____ Nature of Debt (Purpose): _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

1) SUBTOTALS This Period This Page (optional).....▶	_____ 6
2) TOTALS This Period (last page this line number only).....▶	_____ 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	_____ 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	_____ 0

2018-01-24-03-00187642

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

NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Resist For America</div>	FEC IDENTIFICATION NUMBER ▼ C
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y	

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

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

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.

Date M M M / D D D / Y Y Y Y Y Y Y Y

Signature _____

1108101124000104M

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF
 FOR LINE 25 OF FORM 3X

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

NAME OF COMMITTEE (In Full)
Resist For America

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

2018011240018794

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

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

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

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

NO TO BE PRINTED ON BOTTOM

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full) Resist For America

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.

2018-01-24 09:00:18Z

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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %

**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)
Resist For America

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

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative []
- ii) Generic Voter Drive []
- iii) Exempt Activities []
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) _____ []
 - b) _____ []
 - c) Total Amount Transferred For Direct Fundraising []
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) _____ []
 - b) _____ []
 - c) Total Amount Transferred For Direct Candidate Support []
- vi) Public Communications Referring Only to Party (Made by PAC) []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

- TOTAL This Period (Administrative) []
- TOTAL This Period (Generic Voter Drive) []
- TOTAL This Period (Exempt Activities) []
- TOTAL This Period (Direct Fundraising) []
- TOTAL This Period (Direct Candidate Support) []
- TOTAL This Period (Public Communications Referring Only to Party) []
- TOTAL This Period (Total Amount Transferred) []

2018-01-24 03:00:18 7647

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

PAGE _____ OF _____
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full) Resist For America

<p>A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <hr/> <p>City State Zip Code</p> <p>Purpose of Disbursement:</p> <p>Activity or Event Identifier:</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 150px;"></div> <p style="text-align: center;">Category/Type</p>	<p>Allocated Activity or Event:</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support</p> <p><input type="checkbox"/> Public Comm (ref to party only) by PAC</p> <p>Allocated Activity or Event Year-To-Date</p> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <p>Date MM / DD / YYYY</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> </div>
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

<p>B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <hr/> <p>City State Zip Code</p> <p>Purpose of Disbursement:</p> <p>Activity or Event Identifier:</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 150px;"></div> <p style="text-align: center;">Category/Type</p>	<p>Allocated Activity or Event:</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support</p> <p><input type="checkbox"/> Public Comm (ref to party only) by PAC</p> <p>Allocated Activity or Event Year-To-Date</p> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <p>Date MM / DD / YYYY</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> </div>
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

<p>C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item</p> <p>Mailing Address</p> <hr/> <p>City State Zip Code</p> <p>Purpose of Disbursement:</p> <p>Activity or Event Identifier:</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 150px;"></div> <p style="text-align: center;">Category/Type</p>	<p>Allocated Activity or Event:</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support</p> <p><input type="checkbox"/> Public Comm (ref to party only) by PAC</p> <p>Allocated Activity or Event Year-To-Date</p> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <p>Date MM / DD / YYYY</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> </div>
--	---

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

2018011416100000000000

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

NAME OF COMMITTEE (In Full)

Resist For America

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

XXXXXXXXXXXXXXXXXXXX

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

XXXXXXXXXXXXXXXXXXXX

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

XXXXXXXXXXXXXXXXXXXX

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

XXXXXXXXXXXXXXXXXXXX

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

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

XXXXXXXXXXXXXXXXXXXX

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

XXXXXXXXXXXXXXXXXXXX

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

XXXXXXXXXXXXXXXXXXXX

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

XXXXXXXXXXXXXXXXXXXX

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

XXXXXXXXXXXXXXXXXXXX

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

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

XXXXXXXXXXXXXXXXXXXX

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

XXXXXXXXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXX

TOTAL This Period (GOTV).....

XXXXXXXXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXX

2018-01-24 00:00:00

**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) Resist For America

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

SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
TOTAL This Period for the Levin Share						

2016-01-01 10:00:00

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

NAME OF COMMITTEE (In Full)	Resist For America
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)		

2018-01-24 PM 00:00:00

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)	<input type="checkbox"/> 1a

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) Resist For America

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

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

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**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)	PAGE	OF
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full) *Resist For America*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

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

2018-01-24 PM 00:00:00

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For America
School Ave.
60099

Retail



P

US POSTAGE PAID
\$7.30

Origin: 60801
Destination: 20463
0 Lb 4.00 Oz
Jan 22, 18
1815860012-05

1006

PRIORITY MAIL 2-Day®

Expected Delivery Day: 01/25/2018

USPS TRACKING NUMBER



9505 5102 5808 8022 1805 44

F.T.C

999 E. Street N.W.

Washington D.C.

20463

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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES
 PREPARER
 (3/2015)

1/29/18
 DATE PREPARED

20180124 09:00:00