FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2018 APR 20 PM 12:43
Office Use Only

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

COPPER STATE RURAL

ADDRESS (number and street) ▼ PO Box 332

☐ Check if different than previously reported. (ACC)

AJO | AZ | 85321 -

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00617753

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2017 through 12 / 31 / 2017

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

Type or Print Name of Treasurer MARIE NAVEAUX

Signature of Treasurer Marie Naveaux Date 04 / 16 / 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							

FEC FORM 3X
Rev. 05/2016

2018-04-20-03-00207653

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

COPPER STATE RURAL

Report Covering the Period: From: 01 / 01 / 2017 To: 12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		32.00
(b) Cash on Hand at Beginning of Reporting Period	32.00	
(c) Total Receipts (from Line 19)	2,456.09	2,456.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,488.09	2,488.09
7. Total Disbursements (from Line 31)	2,415.30	2,415.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72.79	72.79
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

COPPER STATE RURAL

Report Covering the Period: From: 01 / 01 / 2017 To: 12 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	831.05	831.05
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	831.05	831.05
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	1,625.00	1,625.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	2,456.05	2,456.05
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	.04	.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	2,456.09	2,456.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	2,456.09	2,456.09

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	2,415.30	2,415.30
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)) ▶		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2,415.30	2,415.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	2,415.30	2,415.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	2,456.05	2,456.05
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)) ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 1 OF 4

☐ 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)
COPPER STATE RURAL

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: NAVEAUX, MARIE E
Mailing Address: 301 E. 2nd AVE,
City: AJO | State: AZ | Zip Code: 85321
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 110.00
Date of Receipt: 06 / 11 / 2017
Amount of Each Receipt this Period: 110.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: SONO, ~~KEIKO~~ KEIKO
Mailing Address: 15 SHALE DR,
City: BEARSVILLE | State: NY | Zip Code: 12409
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 25.00
Date of Receipt: 06 / 12 / 2017
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: FIERO, PATRICIA
Mailing Address: 9 LAUREL HILL DR,
City: LEVERETT | State: MA | Zip Code: 01054
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 25.00
Date of Receipt: 07 / 16 / 2017
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

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 2 OF 4

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: LEAKE, MARY
Mailing Address: PO BOX 172
City: CHESTERFIELD | State: MA | Zip Code: 01012
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 25.00
Date of Receipt: 07 / 16 / 2017
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: MYERS, JUDITH
Mailing Address: 2232 FORESTVIEW RD.
City: EVANSTON | State: IL | Zip Code: 60201
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 ▼: 100.00
Date of Receipt: 07 / 23 / 2017
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: TURNER, CARTER
Mailing Address: 6960 CAMPBELL DR.
City: SALEM | State: VA | Zip Code: 24153
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 25.00
Date of Receipt: 07 / 23 / 2017
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

2018-04-20-03-002076-59

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 3 OF 4

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: CLOETER, SUSAN
Mailing Address: 3633 LARSON OAKS DR
City: ROANOKE State: VA Zip Code: 24018
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 25.00
Date of Receipt: 07 / 23 / 2017
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: STEWART, WENDY
Mailing Address: 13580 TOLLGATE RD.
City: PICKERINGTON State: OH Zip Code: 43147
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 ▼: 1,000.00
Date of Receipt: 09 / 29 / 2017
Amount of Each Receipt this Period: 1,000.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: BLANK, MARCIA
Mailing Address: 279 WINDSOR PL.
City: BROOKLYN State: NY Zip Code: 11218
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 ▼: 96.05
Date of Receipt: 12 / 22 / 2017
Amount of Each Receipt this Period: 96.05
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 221.05

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

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 4 OF 4

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: NAVEAUX, MARIE
Mailing Address: 301 E. 2nd AVE.
City: AJO | State: AZ | Zip Code: 85321
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 410.00
Date of Receipt: 11 / 27 / 2017
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: SHEET METAL WORKERS' INTERNATIONAL ASSOC. PAL
Mailing Address: 1750 NEW YORK AVE. NW
City: WASHINGTON | State: DC | Zip Code: 20006-5386
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 ▼: 1,625.00
Date of Receipt: 09 / 27 / 2017
Amount of Each Receipt this Period: 1,625.00
☐ 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:
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼:
Date of Receipt: / /
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1,925.00

TOTAL This Period (last page this line number only) ▶ 2,456.05

2018-04-20-03-002076611

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

PAGE / OF

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NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

A.
Full Name (Last, First, Middle Initial)
N/A
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement MM / DD / YYYY
FEC Identification Number C
Amount of Each Disbursement this Period
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement MM / DD / YYYY
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
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement MM / DD / YYYY
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) ▶

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item
N/A

Mailing Address

City | State | ZIP Code

Election:
☐ Primary
☐ General
☐ Other (specify) ▼

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (apr) | Secured: ☐ Yes ☐ No

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

1. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City | State | ZIP Code | Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City | State | ZIP Code | Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City | State | ZIP Code | Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City | State | ZIP Code | Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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

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

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page 1 of Schedule C

NAME OF COMMITTEE (In Full): COPPER STATE RURAL

FEC IDENTIFICATION NUMBER: C00617753

LENDING INSTITUTION (LENDER)

Full Name: N/A

Mailing Address

City | State | Zip Code

Amount of Loan

Interest Rate (APR) %

Date Incurred or Established MM / DD / YYYY

Date Due MM / DD / YYYY

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred MM / DD / YYYY

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).

Date account established: MM / DD / YYYY

Location of account:

Address:

City, State, Zip:

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

G. COMMITTEE TREASURER

Typed Name: MARIE NAVEAUX

Signature: Marie Naveaux

DATE: 03 / 21 / 2018

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 MM / DD / YYYY

2018-04-20-03-00207664

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

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

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

Nature of Debt (Purpose):

Mailing Address

City | State | Zip Code

Outstanding Balance Beginning This Period

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

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

Nature of Debt (Purpose):

Mailing Address

City | State | Zip Code

Outstanding Balance Beginning This Period

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

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

Nature of Debt (Purpose):

Mailing Address

City | State | Zip Code

Outstanding Balance Beginning This Period

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

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

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

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

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

2018-04-20-03-00207665

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): COPPER STATE RURAL

FEC IDENTIFICATION NUMBER ▼: C00617753

Check if ☐ 24-hour report ☐ 48-hour report New report X Amends report filed on 03 / 21 / 2018

Full Name of Payee: DELUXE ☐ Memo Item
Mailing Address: 3680 VICTORIA STREET NORTH
City: SHOREVIEW State: MN Zip Code: 55126-2966
Purpose of Expenditure: PURCHASE BANK CHECKS
Category/Type:
Date of Public Distribution/Dissemination: 06 / 14 / 2017
Amount: 121.99
Date of Disbursement or Obligation: 06 / 14 / 2017
Name of Federal Candidate: ☐ Support ☐ Oppose
Office Sought: ☐ House District: ☐ President ☐ Senate State:
Calendar Year-To-Date Per Election for Office Sought:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

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

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 148.55

(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.

Signature: Marie NaVeaux Date 04 / 16 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): COPPER STATE RURAL

FEC IDENTIFICATION NUMBER ▼: C00617753

Check if ☐ 24-hour report ☐ 48-hour report » New report ☒ Amends report filed on 03 / 21 / 2018

Full Name of Payee ☐ Memo Item: ANA ADVERTISING SERVICES, INC.
Mailing Address: 1001 N. CENTRAL AVE. STE. 670
City: PHOENIX State: AZ Zip Code: 85004-1947
Purpose of Expenditure: ADS
Category/Type: 004
Date of Public Distribution/Dissemination: 10 / 02 / 2017
Amount: 487.50
Date of Disbursement or Obligation: 10 / 02 / 2017
Name of Federal Candidate: MARTHA MCSALLY ☐ Support ☒ Oppose
Office Sought: ☒ House District: 2 ☐ President ☐ Senate State: ____
Calendar Year-To-Date Per Election for Office Sought:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee ☐ Memo Item: STEREO 97 INC, PAUL LOTSOFF
Mailing Address: PO BOX 18899
City: TUCSON State: AZ Zip Code: 85731-8899
Purpose of Expenditure: RADIO ADS
Category/Type: 004
Date of Public Distribution/Dissemination: 10 / 02 / 2017
Amount: 857.75
Date of Disbursement or Obligation: 10 / 02 / 2017
Name of Federal Candidate: MARTHA MCSALLY ☐ Support ☒ Oppose
Office Sought: ☒ House District: 2 ☐ President ☐ Senate State: ____
Calendar Year-To-Date Per Election for Office Sought: 2,266.75
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 1,345.25

(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.

Signature: Mari NaVeaux Date 04 / 16 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): COPPER STATE RURAL

FEC IDENTIFICATION NUMBER ▼: C00617753

Check if ☐ 24-hour report ☐ 48-hour report New report ☒ Amends report filed on 03 / 21 / 2018

Full Name of Payee GOOD NEWS COMMUNICATIONS ☐ Memo Item
Mailing Address 3222 S. Richey Ave.
City TUCSON **State** AZ **Zip Code** 85713-5498
Purpose of Expenditure ADS
Category/Type 004
Date of Public Distribution/Dissemination MM / DD / YYYY
Amount 340.00
Date of Disbursement or Obligation 10 / 06 / 2017
Name of Federal Candidate: MARTHA MCSALLY ☐ Support ☒ Oppose
Office Sought: ☒ House District: 2 ☐ President ☐ Senate State: ____
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee EARSHOT AUDIO POST LLC ☐ Memo Item
Mailing Address 720 N. PARK AVE.
City INDIANAPOLIS **State** IN **Zip Code** 46202-3431
Purpose of Expenditure RADIO AD PRODUCTION
Category/Type 004
Date of Public Distribution/Dissemination MM / DD / YYYY
Amount 284.50
Date of Disbursement or Obligation 10 / 23 / 2017
Name of Federal Candidate: MARTHA MCSALLY ☐ Support ☒ Oppose
Office Sought: ☒ House District: 2 ☐ President ☐ Senate State: ____
Calendar Year-To-Date Per Election for Office Sought 2,266.75
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 624.50

(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.

Signature: Marie NaVeaux Date 04 / 16 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): COPPER STATE RURAL

FEC IDENTIFICATION NUMBER ▼: C00617753

Check if ☐ 24-hour report ☐ 48-hour report New report ☒ Amends report filed on 03 / 21 / 2018

Full Name of Payee: EARSHOT AUDIO POST ☐ Memo Item
Mailing Address: 720 N. PARK AVE.
City: INDIANAPOLIS State: IN Zip Code: 46202-3431
Purpose of Expenditure: RADIO AD PRODUCTION
Category/Type: 004
Date of Public Distribution/Dissemination: MM / DD / YYYY
Amount: 297.00
Date of Disbursement or Obligation: 11 / 02 / 2017
Name of Federal Candidate: MARTHA MCSALLY ☐ Support ☒ Oppose
Office Sought: ☒ House District: 2 ☐ President ☐ Senate State: ____
Calendar Year-To-Date Per Election for Office Sought:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee: ☐ Memo Item
Mailing Address:
City: State: Zip Code:
Purpose of Expenditure:
Category/Type:
Date of Public Distribution/Dissemination: MM / DD / YYYY
Amount:
Date of Disbursement or Obligation: MM / DD / YYYY
Name of Federal Candidate: ☐ Support ☐ Oppose
Office Sought: ☐ House District: ____ ☐ President ☐ Senate State: ____
Calendar Year-To-Date Per Election for Office Sought: 2,266.75
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 297.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures ▶ 2,415.30

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: Maine NaVeaux Date 04 / 16 / 2018

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

PAGE 1 OF 1

FOR LINE 25 OF FORM 3X

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

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

Has your committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☒ NO If YES, name the designating committee:	Full Name of Subordinate Committee N/A
	Mailing Address
	City / State / ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item	Purpose of Expenditure Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y
City / State / Zip Code	
Name of Federal Candidate Supported / Office Sought: ☐ House ☐ Senate ☐ Presidential / State: / District:	Amount
Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item	Purpose of Expenditure Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y
City / State / Zip Code	
Name of Federal Candidate Supported / Office Sought: ☐ House ☐ Senate ☐ Presidential / State: / District:	Amount
Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item	Purpose of Expenditure Category/ Type
Mailing Address	Date M M / D D / Y Y Y Y
City / State / Zip Code	
Name of Federal Candidate Supported / Office Sought: ☐ House ☐ Senate ☐ Presidential / State: / District:	Amount
Aggregate General Election Expenditure for this Candidate ▶	

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

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

2018-04-20-03-00207670

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... 100 %

Nonfederal..... 0 %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☒ Public Communications Referencing Party Only ☐

2018-04-20-05-00207671

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

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

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

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

ACTIVITY OR EVENT IDENTIFIER N/A ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	FEDERAL % %	NONFEDERAL % %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	FEDERAL % %	NONFEDERAL % %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	FEDERAL % %	NONFEDERAL % %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	FEDERAL % %	NONFEDERAL % %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	FEDERAL % %	NONFEDERAL % %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	FEDERAL % %	NONFEDERAL % %

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

PAGE 1 OF 1

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
N/A	M M / D D / Y Y Y Y	

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) .....

2018-04-20-03-00207673

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/ Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/ Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/ Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

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

2018-04-20-03-002076-74

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)
COPPER STATE RURAL

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
N/A	M M / D D / Y Y Y Y	

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
	M M / D D / Y Y Y Y	

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).....

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

PAGE 1 OF 1

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

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

N/A

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/ Type

Type of Allocated Activity or Event:
☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/ Type

Type of Allocated Activity or Event:
☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/ Type

Type of Allocated Activity or Event:
☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

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

LEVIN SHARE

2018-04-20-03-00207676

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

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

NAME OF ACCOUNT
N/A

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

2018-04-20-03-00207677

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

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one) ☐ 1a ☐ 2

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

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item
N/A
Mailing Address
City | State | Zip Code
Name of Employer (for Individual)
Occupation (for Individual)
Date of Receipt
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
Mailing Address
City | State | Zip Code
Name of Employer (for Individual)
Occupation (for Individual)
Date of Receipt
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
Mailing Address
City | State | Zip Code
Name of Employer (for Individual)
Occupation (for Individual)
Date of Receipt
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
Mailing Address
City | State | Zip Code
Name of Employer (for Individual)
Occupation (for Individual)
Date of Receipt
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) ▶

2018-04-20-03-002076 78

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) ☐ 4a ☐ 4b ☐ 4c ☐ 4d ☐ 5

PAGE / OF /

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

NAME OF COMMITTEE (In Full)
COPPER STATE RURAL

A.
Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item
N/A
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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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.

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☐ USPS Priority Mail Express	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery ☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 4/20/2018

(3/2015)