# FORM 3X

2018:04:20:0M:0020765M

**FEC** 

# REPORT OF RECEIPTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 APR 20 PM 12: 43

						Office Use Only	
1: NAME OF COMMITTI		YPE OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M	5	
COPPE	R STATE	E RURAL					
1	1 1 1 1 1 1				1 1 1 1 1 1		
ADDRESS (num	nber and street)	PO Box 3	32			_	
<b>▼</b>	. 16 -4166				1111		
than r	c if different previously ed. (ACC)	AJO			SA	85321	-[
2. FEC IDEN	NTIFICATION NUI	MBER ▼	CITY A		STATE A	ZIP CO	DDE 🛦
Close	261.7.7.5	3	3. IS THIS REPORT	NEW (N) O		MENDED )	
4. TYPE O	F REPORT	(b) Monthly Report	Feb 20 (M2)	May 20 (	M5) 🚺 Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarte	erly Reports:	Due On:	Mar 20 (M3)	Jun 20 (N	16) <b>S</b> ep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
ş~·} A	April 15		Apr 20 (M4)	Jul 20 (M	7) [ Oct	20 (M10)	Jan 31 (YE)
lana C	Quarterly Report (Q1	) (c) 12-Day	Prim	ary (12P)	General	(12G)	Runoff (12R)
ا ئىلى ماھ	luly 15 Quarterly Report (Q2 October 15	PRE-Election Report for the	- T	vention (12C)	Special	(12S)	
	Quarterly Report (Q3 January 31		ection on	لوحوا / لسم	, <del>                                     </del>	in the	1 1
J.	/ear-End Report (YE July 31 Mid-Year Report (Non-election /ear Only) (MY)	(d) 30-Day  POST-Electic	on Gen	eral (30G)	Runoff (	girm)	Special (30S)
	Termination Report TER)	·			/ <b>****</b>	in the State	
5. Covering I	Period O		177	hrough	2 3.11	20.17	<u>]</u>
-	have examined this	Report and to the beautiful ARIE	st of my knowled	-	s true, correct an	d complete.	
Signature of T	reasurer	Marie r	Valeaux				2018
<del></del>	T - T	ous, or incomplete inforr	nation may subjec	t the person signi	ng this Report to	T	
Offic Use Onl	e					FEC FO	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	Re	eport Covering the Period: From:	1 6 1 80 17	o: []2 'Bi]'[20.17
•			COLUMN A This Perlod	COLUMN B Calendar Year-to-Date
	6.	(a) Cash on Hand  January 1,  30, 71		3200
		(b) Cash on Hand at Beginning of Reporting Period	33.60	`
		(c) Total Receipts (from Line 19)	2,45.6.09	24.5.6.00
		(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,488.09]	3,488.00
	7.	Total Disbursements (from Line 31)	2,4,15,30	2,415,30
	В.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2.79	
	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 multical	andidate committee. (see FEC FORM 1M)	

Washington, DC 20463

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

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

COPPER

Benort Covering the Period:

STATE

RURAL

Report Covering the Period: From:

то: [2] 3] 20 7

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)		, , , , , , , , , , , , , , , , , ,	
	(ii) Unitemized	m. Aus. "and in should make at a Charles of	much referred returned of Bushes developed in	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶		831.03	
	(b) Political Party Committees			
	(c) Other Political Committees	1/62500	1/2500	
	(such as PACs)(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	,625.00	Sententia de la companya del companya del companya de la companya	
	Totals to Line 33, page 5)	2.456.05	2456.05	
12.	Transfers From Affiliated/Other	Committee of the contract of t	C a product (production)	
	Party Committees			
13.	All Loans Received	and the desired and the standard time have		
14.	Loan Repayments Received	June - Amelandan Andre abundandan		
	Offsets To Operating Expenditures	honderschauf 23 onderschussel im Commence auf 23 onderschussel im	hambaudaa/Jandundaa/Jandundaa/Jinaba = [	
	(Refunds, Rebates, etc.)	Language of the state of the st	hundrednisten tendimbendandrind zelm.	
46	(Carry Totals to Line 37, page 5)	be the street to show the settlement of the sett	- Land Control of the	
16.	Refunds of Contributions Made to Federal Candidates and Other			
	Political Committees			
17.	Other Federal Receipts	The refunction of the device reflect included and the education of the property of the propert	<ul> <li>Introduced the second control of the second control o</li></ul>	
	(Dividends, Interest, etc.)		04	
18.	Transfers from Non-Federal and Levin Funds	Daniel Strandings ( ) is at deposition of Consultation beautiful and	Between made and their workstall languagement and V at 1/4 3	
	(a) Non-Federal Account	Seconds and control also also also in a smaller information absented	And the second of the second o	
	(from Schedule H3)	Contract and the contract of the contract of	La Committee Committee ( ) Supplemental Standard Service ( ) (1990)	
	(h) Lavia Franka (frank Cabadula 115)	A control of the cont	the site of the second site of the second second second second	
	(b) Levin Funds (from Schedule H5)	have the return of the section of th	A Caralle Resident Section (1964)	
	(c) Total Transfers (add 18(a) and 18(b))	continued to the standard attachment	marker ( ) in a little media and its inclination and its incline	
19.	Total Receipts (add Lines 11(d),	For the first of the second of	Environment in reference in a situation and a section of the situation of	
	12, 13, 14, 15, 16, 17, and 18(c))▶	2,456.09	2,456.09	
20.	Total Federal Receipts	Francisco Cara C. Hamilton Caracha California Commission	to a serious and a serious serious to a f	
	(subtract Line 18(c) from Line 19)▶	2,456.09	2,456.09	

2018 · 04 · 20 · 0M · 00207655

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)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

(subtract Line 37 from Line 36) ......

Page 5 COLUMN A III. Net Contributions/ COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 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)) ........▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

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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
Primary General	ame and address of any political committee to R UKN  Or Full Organization Name  Zip Code  AZ  Zip Code  S532  C  Occupation (for Individual)  Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initia  B. SONO KERROT KE  Mailing Address  City  BE ARSVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify)	EIKO	Date of Receipt  Oblination  Amount of Each Receipt this Period  Memo Item
Full Name of Individual (Last, First, Middle Initial C. FIERO PATRICIA Mailing Address 9 LAUREL  City  EVERETT  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)		Date of Receipt  Amount of Each Receipt this Period  Memo Item

Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... FEC Schedule A (Form 3X) Rev. 06/2016

2018	
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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF 4		
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	11a   11b   11c   12   13   14   15   16   17		
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)				
COPPER STAT	<u> </u>			
Full Name of Individual (Last, First, Middle Ini A. LEAKE, MARY		Date of Receipt		
Mailing Address Po Box 172		67 16 2617		
CHESTERFIELD	State Zip Code O1012	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼	†		
Primary General Other (specify) ▼	25.00			
Full Name of Individual (Last, First, Middle Ini		Date of Receipt		
Mailing Address  2232 FORESTVIEW		0.7] 23] 20.1.7]		
City EVANSTON	State Zip Code 60201	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	/00.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) 🔻	0.0:0.0			
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt		
Mailing Address 6960 CAMPBE	LL DR.	671 231 2017		
City SALEM	State Zip Code 24153	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	Clarity in the second	25.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	25.0.01			
SUBTOTAL of Receipts This Page (optional)	·····	1.50.00		
TOTAL This Period (last page this line number	only)			

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### SCHEDULE A (FEC Form 3X) OF 4 FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11b 11c 12 Detailed Summary Page 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) STATE RURAL Full Name of Individual (Last, First, Middle Initial) or Full Ogganization Name OFTER SUSAN Date of Receipt Mailing Address YRSON City State Zip Code ROANOKE Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WENDY B. Date of Receipt SIEWART Mailing Address OLLGATE City State PICKERINGTON OН Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MARCIA C. Date of Receipt Mailing Address WIMDEOR City Zip Code State BROOKLYN Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 4 OF (check only one)
TIEMIZED RECEIL TO	Detailed Summary Page	11a   11b   11c   12   13   14   15   16   17
or for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	
NAME OF COMMITTEE (IN FUIL)  COPPER STATE	E RURAL	,
	nitial) or Full Organization Name	Date of Receipt
Mailing Address  301 E. 2nd AVE.	11/27/2017	
W70	State Zip Code 85321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300,00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In SHEET METAL WORKERS Mailing Address 1750 NEW YORK AVE. City	'INTERNATIONAL ASSOC.	Date of Receipt
WASHINGTON FEC ID number of contributing federal political committee.	C) 20006-5386	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address	Result / Rask / Landers dend	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	and the state of t
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1.9.25.00
TOTAL This Period (last page this line number	er only)	2,456.05

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SCHEDULE I	B (1	FEC	Form	3X)
ITEMIZED DI	SBU	IRSE	MENT	S

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			
288 286 28 306				
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		_		
A.  Name (Last, First, Middle Initial)  NA  Mailing Address		<del> </del>	Date of Disbursement	
City	State Zip Cod	e	FEC Identification Number	
Purpose of Disbursement		1000	C. Andrews	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursen Senate President		neral	Memo Item	
State: District:	<del></del>		Wello lell	
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement	
Mailing Address			[Mam / La.s.a.] (M. S.A.A.) A.	
City	State Zip Cod	le	FEC Identification Number	
Purpose of Disbursement			C	
Candidate Name  Category/ Type			Amount of Each Disbursement this Period	
Office Sought: House Disburser  Senate President	The about the track attached the discourse of			
State: District:	Other (specify)	<del></del>	Memo Item	
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement	
Mailing Address	<del> </del>	· ~	Many Dan / A - A - A - A	
City	State Zip Cod	de	FEC Identification Number	
Purpose of Disbursement	<del></del>	10000		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburser  Senate President  State: District:	Memo Item			
			Programme of the second of the	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only		<del></del>		

# 20-10:04:20:0M:0020766M

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	/ OF	1	
	FOR LINE 13 OF FORM 3X			

			Detailed Summary Page FOR LINE 13 OF FORM 3X		
ME OF COMMITTEE (In Full)					
copper s	STATE	Kur	AL		
LOAN SOURCE Full Name (La	ast, First, Mi	ddle Initial)	Memo Item Election:		
NIA	Primary				
Mailing Address			General Other (specify) ▼		
			\ \frac{\frac}\fint}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\fra		
City		State	ZIP Code		
Original Amount of Loan		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
والمراجع والمعارض والمعارض والمعارض والمعارض والمراجع والمعارض والم والمعارض والمعارض والمعارض والمعارض والمعارض والمعارض والمعار	-	A Separation	والمراب والمعطوب المعطوب والمراس سيعتم والمرابع والمعطوب والمعطوب والمعارية		
that commonwealth and the second	أمر صدي	to the tento	the all with it will alt the text to the first material material territorial materials.		
TERMS  Date Incurred			late Due Interest Rate Secured:		
MANN / PORT / PRANT	. المعدم	יי דים / M'' איי			
hand hered because		rectional leaster	% (apr) Yes No		
List All Endorsers or Guaranto	<del></del>	o Loan Source	Name of Contract		
Full Name (Last, First, Middle	e initial)		Name of Employer		
Mailing Address		<del> </del>	Occupation		
City	State	ZIP Code	Amount Guaranteed Survey of the survey of th		
			Outstanding: 6		
2. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
D. E. II Manager (1997)	1.38.48		Outstanding: In-1		
3. Full Name (Last, First, Middle	e initiai)		Name of Employer		
Mailing Address		<del></del>	Occupation		
			- Coocpanion		
City	State	ZIP Code	Amount Guaranteed		
<u></u>			Outstanding: Search of Addition (1995) within New Section (1995)		
4. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Set the Set of the Comment of the Set		
			Guaranteed Outstanding:		
•			and the second s		
SUBTOTALS This Period This Page (optional)					
OTALS This Period (last page in	this line on	······································	Secretarian de servicio de la companya del la companya de la compa		
TIMES THIS FEHOU (last page III	ans me un	·y/·····	License de aboute y en en en é		
Carry outstanding balance only to	LINE 3, So	hedule D, for th	s line. If no Schedule D, carry forward to appropriate line of Summary.		

# 2018:04:20:03:00207664

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

Supplementary for Information found on Page ) of Schedule (

ederal Election Commission, Washington, D.C. 20463		Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Copper State R	CURAL	00.061.7.75.3
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	handand make the	
N/A		
Mailing Address		MANA / PORDA / TYPY V VIV
	Date Incurred or Establishe	
City State Zip Code	Date Due	HAM , GAB , LARA - LARA
A. Has loan been restructured? No Yes	If yes, date originally incur	red RAW ( BAP ) AAAAAA
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	ma transfered to the section of the characteristic setting.
C. Are other parties secondarily liable for the debt i	ncurred? ors must be reported on Schedule (	C.)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or  No Yes If yes, specify:	es of deposit, chattel papers,	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	What is the estimated value?
collateral for the loan? No Yes If y	yes, specify:	back with the track of the Amelian Control
A depository account must be established pursuate to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:	
Date account established:	Address:	
Wery / Bed / Land	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this G. COMMITTEE TREASURER	ve was pledged for this loan, or if to loan was made and the basis on	which it assures repayment.
Typed Name MARIE NAVEA	n//	DATE
Signature	eaux	03 21 20,18
H. Attach a signed copy of the loan agreement.	<del></del>	
are accurate as stated above.  II. The loan was made on terms and condition similar extensions of credit to other borrow  III. This institution is aware of the requirement complied with the requirements set forth at	the terms of the loan and other inf ns (including interest rate) no more ters of comparable credit worthines that a loan must be made on a b	asis which assures repayment, and has aking this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name	Title	MANAN (BERN ARALANA)
Signature	Title	

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

COPPER STATE RURAL

AME OF COMMITTEE (In Full)  COPPER STA	TE RU	RAI	
A. Full Name (Last, First, Middle Initial) of De			Nature of Debt (Purpose):
NIA			
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period  Amount Incurred This Period	Pa	lyment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Amount Incurred This Period  C. Full Name (Last, First, Middle Initial) of D	1.22	yment This Period	Outstanding Balance at Close of This Period  Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period  Amount Incurred This Period	j	ayment This Period	Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (options	al)		n. h. m. d. d. m. dauber - turn
) TOTALS This Period (last page this line nur	nber only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			1ly) >

OF

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

EMIZED INDEPENDENT EXPENDITURES					PAGE	OF PORM 3X
NAME OF COMMITTEE (In Full)				FEC I	<u> </u>	ON NUMBER ▼
COPPER STATE	Rur	AL		C	-	7753
Check if 24-hour report 48-hour report	> New repo	ort XAmends repo	rt filed on	<u>ð</u> 3]	<u>[a1]</u>	2018:
Full Name of Payee		☐ Memo	Item Dat	e of Publi	ic Distribution	/Dissemination
DELUXE				ÖG	1 4	2017
Mailing Address 3686 VICTORIA	STREET	NORTH	Am	ount	U-42/AD	Emiliano Caracilla di
City	State	Zip Code	1	- hardened	in name of the state of the sta	121.99
SHOREVIEW	MN	55126-291	Dat	دے ہے۔ e of Disb	ursement or	
Purpose of Expenditure	L	Category/			/ 15 P	PATTERNAL LANCE. NO.
PURCHASE BANK CH	ECKS	Туре		06		2017
Name of Federal Candidate:		Support	Office Sou	-	House	District:
		Oppose	<u> </u>	sident	Senate	State:
Calendar Year-To-Date Per Election for Office Sought			Disbursen		Primar	y General
Full Name of Payee		☐ Memo	Item Dat			n/Dissemination
MATT L. BARRON	1			רגייין		2017
Mailing Address				0.41	211	30 1/1
54 STAGE RD.			Am	ount	-	
City	State	Zip Code	<del>  \</del> [-	3 B S		26.56
WILLIAMSBURGH	MA	01096	Dat	e of Disb	ursement or	
Purpose of Expenditure	<del></del>	Category/	77			
RESEARCH		Type O				X 0   /
Name of Federal Candidate:		Support	Office So	ught:	House	District:
		Oppose	Pre	sident	Senate	State:
Calendar Year-To-Date Per Election for Office Sought		The state of the s	Disbursen	1	Prima	y General
L. C.	<u> با المسائمية ، بلاات</u>			Other (s	pecify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	1			-	المراجعة المحمولات	40 55
(-,				<u> </u>		18,00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [	ر <del>استان استان استان</del> مراکز استان است		region of the state of the stat
(c) TOTAL Independent Expenditures			•	gen-grange Longlind	r elementeels	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Signature Main NaVlaux	×	_ Date	04	126	3/20	18

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

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF H			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
COPPER STATE RURAL	Cloo 6 1 7753			
Check if 24-hour report 48-hour report New report Amends report filed of	on [0,3] ' & i   ' 20 18			
Full Name of Payee	Date of Public Distribution/Dissemination			
ANA ADVERTISING SERVICES, INC.	(10) 62 2017			
Mailing Address 1001 N. CENTRAL AVE. STE. 670	Amount			
City PHOENIX State Zip Code AZ 85004-1947	4,8.7.50			
Purpose of Expenditure  Category/	Date of Disbursement or Obligation			
ALS Type 00 41	10 03 3017			
MADTIA MCENIU	Sought: House District:  President Senate State:			
	rsement For: Primary General			
Per Election for Office Sought	Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
STEREO 97 INC. PAUL LOTSOFF	10 62 2017			
Mailing Address Po Box 18899	Amount			
City TUCSON State Zip Code AZ 85731-8899	85.7.75			
Purpose of Expenditure  RADIO ADS  Category/ Type  Category/ Type	Date of Disbursement or Obligation			
Name of Endows Constitution	Sought: House District:			
MADOTID AMCKALLU	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought  Disbut	rsement For:			
	Other (aposity)			
(a) SUBTOTAL of Itemized Independent Expenditures	1,345,25			
(b) SUBTOTAL of Unitemized Independent Expenditures	general processes algorithmic algorithmic processes of the second of the			
(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 Naveaux Date 0	4 16 2018			

SCHEDULE E	(FEC	<b>Form</b>	3X)
ITEMIZED INDEP	<b>ENDEN</b>	EXPE	NDITURES

		FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
COPPER STATE RUR	AL	C00617753
Check if 24-hour report 48-hour report New rep	ort X Amends report f	iled on 03 / 21 / 2018
Full Name of Payee	☐ Memo Iter	m Date of Public Distribution/Dissemination
GOOD NEWS COMMUNIC	CATIONS	Mam / 6 6 / AAAAAA
Mailing Address		
3222 S. Richey Ave.		Amount
City	Zip Code	3,46.061
TUCSON	85713-549	K .
Purpose of Expenditure	<u>'</u>	Date of Disbursement or Obligation
ANDS	Category/ Type 0 0	1 10 06 2017
Name of Federal Candidate:	Support C	Office Sought: House District: 2
MARTHA MCSALLY	Oppose	President Senate State:
Calendar Year-To-Date	entrapertural D	Disbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
EARSHOT AUDIO POST LL	-C	. May / Bas / Land And And And And And And And And And A
Mailing Address		
720 N. PARK AVE.		Amount
City State	Zip Code	284.50
INDIANAPOLIS IN	46202-343	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	Date of Disbursement of Conganon
RADIO AD PRODUCTION	Type OO 4	
Name of Federal Candidate:	Support C	Office Sought:   House District:
MARTHA MUSALLY	\( \overline{\sqrt{\text{Oppose}}} \)	President Senate State:
Calendar Year-To-Date	The second secon	Disbursement For: X Primary General
Per Election for Office Sought	2.66,15	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		► <u>624.50</u>
		ಕ್ಷೀಜನೆಗಳ ಚಿನಾನಿಗಾಗ <del>ಿಕಾವಿಗಾಗಿದ್ದಾರೆಕಾವಿಕಾರಿಗಳಿಗ</del> ಾಗಿತ್ತು
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) TOTAL Independent Expanditures		hand the same of t
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
A		
Many NaVeaux	Date	04/16/2018
Signature		Binder(e) Retailined Benedica-Amin' M.

<b>SCHEDU</b>	LE E	(FEC	Form	3X)
<b>ITEMIZED</b>	INDEPE	ENDENT	EXPE	NDITURES

EMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
COPPER STATE RURAL	C00617.753
heck if 24-hour report 48-hour report New report Amends report file	ed on 03/21/2018
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address 720 N. PARK AVE.	Amount
City State Zip Code INDIANAPOLIS IN 46202-3431	Date of Disbursement or Obligation
Purpose of Expenditure  RADIO AD PRODUCTION  Category/ Type  Type	17 63 2017
Name of Federal Candidate:  MARTHA MCSALLY  Support Off  Oppose	fice Sought:
Calendar Year-To-Date Per Election for Office Sought	sbursement For:
Full Name of Payee	
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:  Support Of Oppose	fice Sought: House District:
Calendar Year-To-Date Per Election for Office Sought  Dis	sbursement 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 with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Signature Naleaux Date	0.41/1.6: [20.18]

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

(To be	e used onl	y by Po	litical Comr	nittees in the Gene	eral Election)	FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)							
COPPER STA			1RAL				
Has your committee been designated to make		Full N	ame of Subo	ordinate Committee			
coordinated expenditures by a political party of	committee?			NM			
f YES, name the designating committee:		Mailing	g Address				
		City			Sta	te   ZIP C	Code
Full Name (Last, First, Middle Initial) of E	ach Payee			Memo Item	Purpose of Expe	enditure	
Mailing Address					Date		Category/ Type
City	State	)	Zip Code		n va /	معما / الامع	( Tarry Parker)
Name of Federal Candidate Supported	Office Soug	ght:	House	State:	Amount	meChantil Data Co.	
1			Senate	District:	Amount	engroperay aga	- garanga Aj
			Presidential	<u> </u>		در الاستار (المسالية منارية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية ا	أست ومتناسب
Aggregate General Election Expenditure for this Candidate ▶	Care Court 7 inc						
Full Name (Last, First, Middle Initial) of E	ach Payee	<del></del>		☐ Memo Item	Purpose of Expe	enditure	1
Mailing Address							Category/ Type
Cinc	State		Zip Code		Date	ಕುಕುಡಿಕು ಎನ್ನು ಎಂ.	ALL THE TWOMS
City	State	<del></del>	Zip Code		)   B   B   / [		Y. Y. Y.
Name of Federal Candidate Supported	Office Sou	ght:	House	State:	Amount		
1		H	Senate Presidential	District:	La radio materiale		whentants d
Agreement Connect Floation	Care Sance Page	<u> </u>	1 Tesiderillar	· C + wymering	1	مانيون لشديان واست	أأد خيوي وي
Aggregate General Election Expenditure for this Candidate ▶	Carette ( 22) s.	ella ellasio	Alimaha silo d	-			
Full Name (Last, First, Middle Initial) of E	ach Payee			☐ Memo Item	Purpose of Exp	enditure	
Mailing Address					}		Category/ Type
					Date		J
City	State	e	Zip Code		18-71	5°°°5°° / \^\$^°	V - Y - Y .
Name of Federal Candidate Supported	Office Sou	ght:	House	State:	Amount		
		$\vdash$	Senate Presidential	District:	VIIIORIII	ant and anders du	يد : مر سيم
Aggregate General Election Expenditure for this Candidate	agent against sta		Annah e e finan		Sec. 200, 200, 200	ార్ ఎక్కుటికి ఉద్ద	22 Tan-1
p	scanner uni 7 iu	and Market Character	0) to 10 confirmed	V deserversed	<u> </u>		
			. —		شده حسا	markement are all a suits	antimotra 'sed
SUBTOTAL of Expenditures This Page (opt	<del></del> -			<del></del>		జ కేస్తు చేజు కేస్తే ఇద్దిం గలప్రాణువైద విహ్లా స్ట్రిక	ar dans Paracelo e .
TOTAL This Period (last page this line num	ber only)			·····		in en Change Change S Samuelle	أحدثت

PAGE

OF

### SCHEDULE H1 (FEC Form 3X)

### METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (IN FUII)  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
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Noter Drive Public Communications Referencing Party Only

# 2018:04:20:0M:00207672

New

Revised

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		
COPPER STATE RURAL		,
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	·
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a real allocated using a time/space method.	fit derived by federal candi- nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	EEDERAL &	NONFEDERAL OF
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	1	%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	See that the same and	Been facet for military in 19
Fundraising Direct Candidate Support	%	1%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	grangeragenger ay ang	programme and some and
Fundraising   Direct Candidate Support   CHECK IF THE RATIO IS:	1%	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	1	American Services
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	1%	1%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	promise representative	Raman raman sa
CHECK IF THE RATIO IS:	%	***************************************
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	TECHNIC VO	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%

Same as Previously Reported

# 2018:04:20:05:00207673

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

PAGE	1	OF	l	
FOR LI	NF 1	8a OF	FORM	зх

NAME OF COMMITTEE (In Full)	
COPPER STATE RURAL	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
110 INTE / 10 - 6 / 15	eryra yes yes
NA	The second secon
BREAKDOWN OF TRANSFER RECEIVED	gradiant to the term of the second
i) Total Administrative	
	the state of the s
il) Generic Voter Drive	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	المراجع الرابي والمراجع
iii) Exempt Activities	the second secon
iv) Direct Fundralsing (List Activity or Event Identifier)	
Constitute to residence to the contract of the	the section with the set
a)	: A Madeir
	Pr. 1 1 2 1
b)	sa mast
	group that have all entered the control of the control of
c) Total Amount Transferred For Direct Fundraising	back of a to the south of a to the state of a st
v) Direct Candidate Support (List Activity or Event Identifier)	
garage with the property of the	
a)	·
go and the local section of the sect	jagostra <b>eg</b>
b)	ran sum d
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	And the second of the second o
vi) Public Communications Referring Only to Party (Made by PAC)	beauty or translities of marker tills and marker till and a will
TOTALS FOR BREAKDOWN OF TRANS	SFER RECEIVED
TOTAL This Period (Administrative)	
the total transfer of the transfer of the total transfer of the total transfer of the transfer of the total transfer of the transfer of transfer of the to	Samuel Country of the Control of the
TOTAL This Period (Generic Voter Drive)	•
	The second secon
TOTAL This Period (Exempt Activities)	
	in the contraction of the contra
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	min Burgara water to be a superior and the second
	A contract of manifestation for a few states of a contract of
TOTAL This Period (Public Communications Referring Only to Party)	The same of the second control of the second
	American Committee of months and accommittee of
TOTAL This Period (Total Amount Transferred)	man har say a sama a sa is

## SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	1	
FOR L	INE 2	1a OF	FORM	3X·

	ME OF COMMITTEE (In Full) .  COPPER 5	TATE	RURAL		
Ā.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	NA			<del></del>	Administrative Fundraising Exemp
	Mailing Address				Voter Drive Direct Candidate Suppor
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
				F	Sanda 18 at all all all and a sant in
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	ay to a large to year going may may may the control of the control	J Francis	المواهد فيطر أن سرام المؤلفة يحكموناك لأذان	gangangan. Sandan Masil sa	The second section of the second second section of the second
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exemp
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
			<del></del>		San San San San Bear Depute of the San San San
) } } ] ] ] ] ] ]	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHAHE	= TOTAL AMOUNT
	grow you go sego i g asso, they engly south it is in member to the distribution to the second description of a	I Take	rigerig <del>Mo</del> relige Coulse see one		
c.	والمساور والمراب والمعار والمعارف والمساوية		r to a money. Oscillo en cons	☐ Memo Item	Allocated Activity or Event:
c.	grow you go sego i g asso, they engly south it is in member to the distribution to the second description of a		ingung eeginige Ossaab ah i Ossa I		Allocated Activity or Event:  Administrative Fundraising Exemple
c.	Full Name (Last, First, Middle Initial)	State	Zip Code		Allocated Activity or Event:  Administrative Fundraising Exemple  Voter Drive Direct Candidate Suppo  Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial)  Mailing Address				Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Suppo
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:				Allocated Activity or Event:  Administrative Fundraising Exemply  Voter Drive Direct Candidate Suppo  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City				Allocated Activity or Event:  Administrative Fundraising Exemple Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:			Memo Item  Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:		Zip Code	Memo Item  Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:		Zip Code	Memo Item  Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  Date  TOTAL AMOUNT
_	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State + eral Activity This	Zip Code  NONFEDERAL  Page  NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exem Voter Drive Direct Candidate Suppo Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT
_	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  SUBTOTAL of Allocated Federal and NonFederal SHARE	State  + eral Activity This	Zip Code  NONFEDERAL  Page NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exemply Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT
S	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  SUBTOTAL of Allocated Federal and NonFederal	State + eral Activity This	Zip Code  NONFEDERAL  Page NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exem Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT
S	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  SUBTOTAL of Allocated Federal and NonFederal SHARE	State  Pral Activity This  Harding the state of the state	Zip Code  NONFEDERAL  Page NONFEDERAL	Category/ Type SHARE SHARE	Allocated Activity or Event:  Administrative Fundraising Exem Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT

## 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 FORM 3X

NAME OF COMMITTEE (In Full)	STATE RURAL	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Nic	the distance of the second	La la maria production de la constala en la constal
BREAKDOWN OF THIS TRANSFER	WOTER REGIO	TO ATION
Voter Registration     Total Amount Transferred for	VOTER REGIS  Voter Registration	HATION
ii) Voter ID  Total Amount Transferred for	Voter ID	VOTER ID
ili) GOTV  Total Amount Transferred for	GOTV	GOTV
iv) Generic Campaign Activity	S, reprison d	GENERIC CAMPAIGN ACTIVITY
	Generic Campaign Activity	ne in a new order of the contraction of the contrac
NAME OF ACCOUNT	DATE OF RECEIPT	1   1
BREAKDOWN OF THIS TRANSFER		
l) Voter Registration	VOTER REGIS	TRATION
Total Amount Transferred for	Voter Registration	VOTER ID
ii) Voter ID Total Amount Transferred for	Voter ID	The state of the s
ili) GOTV	· · · · · · · · · · · · · · · · · · ·	GOTV
Total Amount Transferred for	GOTV	The state of the s
iv) Generic Campaign Activity Total Amount Transferred for	Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVED	(Last Page Only)
TOTAL This Period (Voter Registrat	ion)	e de la companya de l
TOTAL This Period (Voter ID)	A second of the	en e
		The many control of the second
TOTAL This Period (Generic Camp	aign Activity)	A RANGE TO SEE A STATE OF THE SECOND
TOTAL This Period (Total Amount of	of Transfers Received)	Extra an exposure of the

# 20-00 04 20 0M 00207676

# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF	1	
FOR LINE	30a OF	FORM	зх

AME OF COMMITTEE (In Full)	
COPPER STATE RURAL	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:    Voter Registration   GOTV
NIA	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	I was a second of the second o
	\$ W - N < / 5"D - D 7 / \$ 7" - Y - Y - Y
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
The state of the s	and 2000 Carifornian Ca. Was Combanition Car.
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:    Voter Registration   GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	read to the Mindestee Oreston College and
Purpose of Disbursement Category/ Type	Date Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
See Consideration of the office of a characteristic of the control of the option of an annual and an analysis of the control o	and Charleman account in charcon market with the market and the ma
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code ;	The second section of the section of
Purpose of Disbursement Category/	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
to sign at the second supporting of the control of	and the second s
SUBTOTAL of Shared Federal and Levin Activity This Page	<del></del>
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
	the section of the se
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	
FEDERAL SHARE	TOTAL AMOUNT
LEVIN SHARE	المريح والروجي والوجوال
TOTAL This Period for the Levin Share	

## SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAME OF ACCOUNT  COLUMN A TOTAL THIS PERIOD  1. RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)  (b) Unitemized  (c) Total  2. OTHER RECEIPTS (Add Lines 1c and 2)  4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) (a) Voter ID  (b) Voter ID  (c) GOTV	MITTEE (In Full)  COPPER STAT	0,000	
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## SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one)

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OF

PAGE

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A.	Full Name of Individual (Last, First, Middle Initial)  N  Mailing Address	Date of Receipt		
	City  Name of Employer (for Individual)	State	Zip Code	Amount of Each Receipt this Period
	Occupation (for Individual)	Aggregate Year-to-Date		
В.	Full Name of Individual (Last, First, Middle Initial)  Mailing Address	Date of Receipt		
	City  Name of Employer (for Individual)	State	Zip Code	Amount of Each Receipt this Period
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C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item  Mailing Address			Date of Receipt
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# SCHEDULE L-B (FEC Form 3X)

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