NOTE: OF CALL OF CONTROL

FEC FORM 3

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2019 JAN 28 AM 11:09

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing er the lines.	type 1	2FE4M5	randi din sergenana	
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NUCLEAR OF STATES AND	BOXI/OLL LILIASPERI		NEW (N)		TE A AMENDE (A)	ZIP CODE STATE ▼	DISTRICT
4. TYPE OF REPORT (Check) (a) Quarterly Reports: April 15 Quarterly Reports: July 15 Quarterly Reports: October 15 Quarter January 31 Year-End	deport (Q1) eport (Q2) ly Report (Q3) d Report (YE) (c)	Election on	Primary (12P) Convention (1:	prt for the:	General (12 Special (12 Runoff (30F	Rur Rur S) in the State of	noff (12R) ecial (30S)
5. Covering Period I certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer	is Report and to the Daniel	O. 1.8 best of my kn Clydo	^	elief it is true, mings	117	2018 complete.	Ö / 8
Office Use Only	ous, or incomplete info	ormation may	subject the Vers	on signing this	Report to the	FEC FORM (Revised 05/201	13

Debts and Obligations Owed **TO** the Committee (Itemize all on

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	
1	ongress	
Report Covering the Period: From:	0 25 2018 To	COLUMN B
Net Contributions (other than loans)	This Period	Election Cycle-to-Date
(a) Total Contributions (other than loans) (from Line 11(e))	Second court? Second courts and Second courts.	
(b) Total Contribution Refunds (from Line 20(d))	an artematicant invalination of income and a second and the second	The second secon
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	Carl Specify and S	Parada and
7. Net Operating Expenditures	A. B. San San	
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)	g an jour journey and person general processing and an array and generally a second and the seco	to an international Principles and Secretary Secretary
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	The Contraction of the Characteristics of Contractions of Cont	
8. Cash on Hand at Close of Reporting Period (from Line 27)	,9.69.2.2	.:

For further information contact:

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

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

	ECTION DETAILED SUMMARY	PAGE
FEC Form 3 (Revised 07/05)	eport of Receipts and Disbursements	Page 5
• If the candidate participated in the general e	•	
If the candidate did NOT participate in the graph the election year (due on January 31).	eneral election, use this form for the Year-end	d report covering through December 31 of
This form is used in lieu of filling out Line Nur mary Page) for the last report filed by a candi		e) and Pages 3 and 4 (the Detailed Sum-
Write or Type Committee Name		The second section of the second section secti
Cummings 7 Lon	gress	
Report Covering the Period: From:	0 25 2018	то: 12 06 2018
I DECEIDTS		arte a fill to y fill y a g
I. RECEIPȚS . COLUMN A	L COLUMN D	COLÚMN C
Total this Period	COLUMN B Election Cycle Total as of	Total for
	(date of general election)	(date after general election)
11. CONTRIBUTIONS		through the control of the control o
(other than loans) FROM:		A A A A A A A A A A A A A A A A A A A
(a) Individuals/Persons Other thanPolitical Committees(i) Itemized (use Schedule A)		(last day of reporting period)
, A A A	10000	A. O. O. O.
, 0,0,0	, , 100.00	
(ii) Unitemized		
0.00	0.00	0.00
(iii) Total of contributions from individu	uals	
, 0.00	10000	000
(b) Political Party Committees		
, , , , , , , , , , , , , , , , , , , ,	20000	000
(c) Other Political Committees	A TRUE TO THE THE THE	
• •	A Company of the Comp	triss, per
0.00		000

POST-ELECTION DETAILED SUMMARY PAGE

	port of Receipts and Disbursements	
FEC Form 3 (Revised 1/01)		Page 6
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	000	. 000
(e) TOTAL CONTRIBUTIONS (other than lo	nans) (add Lines 11(a)(iii), (b), (c) and (d))	
000	30000	000
12. TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
000	0.00	000
13. LOANS:(a) Made or Guaranteed by the Candidate		- · · · · · · · · · · · · · · · · · · ·
0.00	0.00	0.00
(b) All Other Loans		
0,0.0	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.0.0	000	0.00
14. OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)	
0.0.0	(, , , , , , , 0, 0, 0	000
15. OTHER RECEIPTS (Dividends, Interest, etc.)	en e
0.00		0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)	

		.*
000	30000	0.00

ľ.		ECTION DETAILED SUMMARY eport of Receipts and Disbursements	PAGE Page 7
_w	rite or Type Committee Name	gress	20 363, 1235 20 30 30 30 30
Re	eport Covering the Period: From:	0 25 2018 TO	. 12'06'2018
	II. DISBURSEMENTS		
	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17.	OPERATING EXPENDITURES	i in a comment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	, , , , , , 1 1 0 5 7	47 961	6.70
18.	TRANSFERS TO OTHER AUTHORIZED CO	DMMITTEES	WALL STATE
	.,,000	, 000	, 000
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the 0	Candidate	y
	, 0.0 _. D _.	000	000
	(b) Of All Other Loans	,	A Control of the Cont
	, , , , , , , , , , , , , , , , , , , ,	0.00	000
		es 19(a) and 19(b)) : 1865 11.11 변화 전체하	
	, , , , , , , , , , , , , , , , , , , ,	0.00	, 000
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political		and the second of the second second
		000	
	(b) Political Party Committees		
	, , , , , , , , , , , , , , , , , , , ,	0.00	0.00

FEC Form 3 (Revised 1/01)		. Páge 8
COLUMN A Total this Period	COLUMN B: Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such a	as PACs)	
0.00	DDD	0.00
(d) TOTAL CONTRIBUTION REFUND	OS (add Lines 20(a), (b) and (c))	*
00	0.00	000
1. OTHER DISBURSEMENTS		· · · · · · · · · · · · · · · ·
0.0		000
		The state of the s
2. TOTAL DISBURSEMENTS (add Lines	17, 18, 19(c), 20(d) and 21)	ma complete analysis of a com-
11:05	7 47.961	6.70
III. NET CONTRIBUTIONS (OTI	HER THAN LOANS)	
(Note: Substitute in lieu of Li	ne #6 of Summary Page for this report only, subtra	ct Line 20(d) from Line 11(e))
in the second se	0 3,000.0	0.00
IV. NET OPERATING EXPEND	ITURES	
(Note: Substitute in lieu of	Line #7 of Summary Page for this report only; sub	tract Line 14 from Line 17)
1.1.0.5.	7	<u>670</u>
V. CASI	H SUMMARY	
3. CASH ON HAND AT BEGINNING OF	REPORTING PERIOD	1,019.19
4. TOTAL RECIEPTS THIS PERIOD (fro	m Line 16)	000
5. SUBTOTAL (add Line 23 and Line 24))	1,0.7.9.7.9
6. TOTAL DISBURSEMENTS THIS PERI	IOD (from Line 22)	11057

SCHEDULE	В	(FEC	Form	3)
ITEMIZED I	DISE	BURSI	EMEN.	TS _.

Any Information copied from such Reports and Statements-may-not be-sold or used by any person for the purpose of soliciting confributions from rocommental purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CUMMINGS HORD STATES POSTAL SETVICE Purpose of posturement OBJO COSTAL STATES POSTAL SETVICE OBJO Category Date of Disbursement Ithis Period FEC Identification Number Colors Sught: House Clyde CLMMings General Other (specify) Office Sought: House Clyde CLMMings FEC Identification Number Colors Sught: House Clyde CLMMings First, Middle Initial) B. United States Postal Service Notice Sought: State State Service Office Sought: Housed Clyde CLMMings Other (specify) Office Sought: Housed Clyde CLMMings Other (specify) Office Sought: Housed Clyde CLMMings Other (specify) Other (specify) Other (specify) Date of Disbursement Other (specify) Amount of Each Disbursement this Period Date of Disbursement Other (specify) Amount of Each Disbursement Other (specify) Other (specify) Other (specify) Office Sought: House Clyde CLMMings Other (specify) Office Sought: House Clyde CLMMings Other (specify) Other (specify) State: My District AL State: My District AL State: My District AL Other (specify)	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		FOR LINE NUMBER: PAGE OF 7 check only one) 17
A V Nited States Postal Service Mailing Address City Casber Purpose of Disbursement Destrict AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) State: W District AL Full Name (Last, First, Moddle Initial) Compliciant Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Complicate Name District AL Full Name (Last, First, Moddle Initial) Amount of Each Disbursement Date of Disbursement District AL Full Name (Last, First, Moddle Initial) Amount of Each Disbursement District AL Amount of Each Disbursement Initial Amount of Each Disbursement Initial Amount of Each Disbursement District AL Amount of Each Disbursement District AL	or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Umminas 4 Congre	address of any political committee	
Purpose of Pisbursement Description Purpose of Pisbursement	A. United States Posta Mailing Address	9,	Date of Disbursement
B. United States Postal Service Mailing Address SD East B Street City Casper Purpose of pisbursement Purpose of pisbursement Danie Cly de Cummings Category Office Sought: House Primary Senate President State: NY District: AL Disbursement For: Senate Primary Category Type District: AL Date of Disbursement Discorde FEC Identification Number Category Type Category Type Category Type Category Type Date of Disbursement this Period FEC Identification Number Category Type Date of Disbursement Date of	Purpose of Pisbursement Dostage Candidate Name Davie Clyde Cummi Office Sought: House Disbursement For: Senate Primary President Other (s	8 2601 - 9998 O O I Category/ Type General	Amount of Each Disbursement this Period
C. Until States Posta Service Majling Address // SOE 95+ B Street City Purpose of Disbursement Dostage Category/ Office Sought: House Disbursement For: Senate President State: Ny District: A Date of Disbursement 10 / 26 / 20 8 FEC Identification Number Category/ Type Category/ Type Other (specify) Memo Item	Mailing Address Mailing Address So East B Street City City State Purpose of Disbursement Danie Chndidate Name Office Sought: House Primary Other (s	Zip Code 8 2 60 - 9999 Category/ Type.	FEC Identification Number COO532721 Amount of Each Disbursement this Period
	Mailing Address State Mailing Address State City Purpose of Disbursement Dostage Candidate Name Office Sought: House Senate Primary President State: State: Disbursement For Senate Primary Other (s	S2601 - 9999 OO.1 Category/ Type General Specify)	FEC Identification Number CO0532721 Amount of Each Disbursement this Period 6.7.0
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)		· · · · · · · · · · · · · · · · · · ·

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 2 OF 2 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b
		20a 20b 20c 21
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a	address of any political committee	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	. •	
/ Cummings 4 Cona	ress	
Full Name (Last, First, Middle Initial)		D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
A La Quinta Inn		Date of Disbursement
Mailing Address		─
City State	Zip Code	
Cheyenne WY	82009	FEC Identification Number
Purpose of Disbursement	002	C.0.0.5.3.2.7.2.1
Candidate Name	Category	Amount of Each Disbursement this Period
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President Other (s	specifý) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
B. Claick-Fil-A Front	ier Mall	Date of Disbursement
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1400 Vell Range Boule	Yard, Space &	
Chevenne WY	82009	FEC Identification Number
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Candidate Name	Category	
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State: WY District: AL	specify) 🔻	Memo Item
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C.		Date of Disbursement
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City State	Zip Code	FEC Identification Number
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Candidate Name	. Category	
Office Sought: House Disbursement For	Type	Section of the sectio
Office Sought: House Disbursement For Senate Primary		The transmission of a transmission of
President Other (s	specify)	Memo Item
A STATE OF THE STA		
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