

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 JUL 31 PM 12:29

Office Use Only

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

Resist For America

ADDRESS (number and street) 2104 Eshcol Ave

Check if different than previously reported. (ACC) Zion IL 60099

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00632019

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ron Molinaro
Signature of Treasurer *Ron Molinaro* Date 07 / 29 / 2017

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

Office Use Only							
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2017-07-31 12:29 PM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Resist For America

Report Covering the Period:

From:

01 ' 01 ' 2017

To:

06 ' 30 ' 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="checkbox"/>	<input type="checkbox"/>
(c) Total Receipts (from Line 19).....	16900	<input type="checkbox"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16900	<input type="checkbox"/>
7. Total Disbursements (from Line 31).....	163600	<input type="checkbox"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5480	<input type="checkbox"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="checkbox"/>	<input type="checkbox"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="checkbox"/>	<input type="checkbox"/>

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

NON-CONFIDENTIAL

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 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).....

1,500.00

(ii) Unitemized.....

1,900.00

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

1,690.00

(b) Political Party Committees.....

0

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

0

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

0

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

0

13. All Loans Received.....

0

14. Loan Repayments Received.....

0

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

0

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

0

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

0

18. Transfers from Non-Federal and Levin Funds

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

0

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

0

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

0

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

0

1,690.00

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

0

1,690.00

NON-FEDERAL LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	
(ii) Non-Federal Share.....	0	
(b) Other Federal Operating Expenditures	0	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	
22. Transfers to Affiliated/Other Party Committees.....	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	
24. Independent Expenditures (use Schedule E)	0	
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	
26. Loan Repayments Made.....	0	
27. Loans Made.....	0	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	
(b) Political Party Committees	0	
(c) Other Political Committees (such as PACs).....	0	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	
29. Other Disbursements (Including Non-Federal Donations).....	1,636.00	
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	
(ii) "Levin" Share.....	0	
(b) Federal Election Activity Paid Entirely With Federal Funds	0	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,636.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1 690 00	
34. Total Contribution Refunds (from Line 28(d))	0	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 690 00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	
37. Offsets to Operating Expenditures (from Line 15, page 3)	1 636 00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54 00	

NON-FEDERAL CAMPAIGN DISBURSEMENTS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Resist For America

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ben Molinaro

Mailing Address
2104 Esthcol Ave

City **Zion** State **IL** Zip Code **60099**

FEC ID number of contributing federal political committee. **C00632017**

Name of Employer (for Individual) **IL Sec of State** Occupation (for Individual) **MA IV**

Receipt For:
 Primary General
 Other (specify) **In Kind**

Aggregate Year-to-Date **30000**

Date of Receipt
01 / 20 / 2017

Amount of Each Receipt this Period
30000

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Steve Temkin

Mailing Address
3059 Priscilla Ave

City **Highland Park** State **IL** Zip Code **60035**

FEC ID number of contributing federal political committee. **C00632017**

Name of Employer (for Individual) **Retired** Occupation (for Individual) **Retired**

Receipt For:
 Primary General
 Other (specify) **In Kind**

Aggregate Year-to-Date **20000**

Date of Receipt
01 / 20 / 2017

Amount of Each Receipt this Period
20000

Memo Item

C. Full Name of Individual (Last, First, Middle Initial), or Full Organization Name
Temkin + Temkin

Mailing Address
3059 Priscilla Ave

City **Highland Park** State **IL** Zip Code **60035**

FEC ID number of contributing federal political committee. **C00632017**

Name of Employer (for Individual) **In Kind Web Design** Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) **In Kind**

Aggregate Year-to-Date **10000**

Date of Receipt
01 / 20 / 2017

Amount of Each Receipt this Period
10000

Memo Item

SUBTOTAL of Receipts This Page (optional) **15000**

TOTAL This Period (last page this line number only) **15000**

2017-01-20 10:00:00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 2		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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

NAME OF COMMITTEE (In Full)
Resist For America

A. Full Name (Last, First, Middle Initial) **PR Webb**

Mailing Address **12051 Indian Creek Crt.**

City **Beltsville** State **MD** Zip Code **20705**

Purpose of Disbursement **Press**

Candidate Name **None** Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Date of Disbursement **01 / 20 / 2017**

FEC Identification Number **C00632017**

Amount of Each Disbursement this Period **50.00**

Memo Item

B. Full Name (Last, First, Middle Initial) **Democracy Engine**

Mailing Address **850 Quincy NW # 402**

City **Washington** State **DC** Zip Code **20011**

Purpose of Disbursement **Fund raising**

Candidate Name **N/A** Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **SRV Fee**

State: _____ District: _____

Date of Disbursement **06 / 30 / 2017**

FEC Identification Number **C00632017**

Amount of Each Disbursement this Period **107.00**

Memo Item

C. Full Name (Last, First, Middle Initial) **IL Resource Fair**

Mailing Address **1901 W. Carroll**

City **Chicago** State **IL** Zip Code **60612**

Purpose of Disbursement **Trade show**

Candidate Name **None** Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Trade Show**

State: _____ District: _____

Date of Disbursement **03 / 30 / 2017**

FEC Identification Number **C00632017**

Amount of Each Disbursement this Period **4000**

Memo Item

SUBTOTAL of Disbursements This Page (optional) **197.00**

TOTAL This Period (last page this line number only) **197.00**

2017-07-10 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Resist For America

Full Name (Last, First, Middle Initial)

A. Indigouise

Mailing Address 1600 Randall Rd #B10

City Aurora State IL Zip Code 60506

Purpose of Disbursement Web Design

Candidate Name N/A Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) web page

State: District:

Date of Disbursement: 04/10/2017

FEC Identification Number: 000632017

Amount of Each Disbursement this Period: 405.00

Memo Item

B. PNC Bank

Mailing Address 2400 Sheridan Rd.

City Zion State IL Zip Code 60099

Purpose of Disbursement Bank Fees

Candidate Name N/A Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Bank Fees

State: District:

Date of Disbursement: 06/01/2017

FEC Identification Number: 000632017

Amount of Each Disbursement this Period: 37.00

Memo Item

C. Jemkin & Temkin

Mailing Address 3059 Priscilla Ave.

City Highland Park State IL Zip Code 60035

Purpose of Disbursement In-kind web page work

Candidate Name WY Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) web page

State: District:

Date of Disbursement: MM/DD/YYYY

FEC Identification Number: 000632017

Amount of Each Disbursement this Period: 1,000.00

Memo Item

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

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

1,439.00
1,439.00

20170501-11:00:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Resist For America

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

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

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

2017-07-07 10:00 AM 001080884

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Resist For America	FEC IDENTIFICATION NUMBER C
--	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name N/A	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y	Date Due M M / D D / Y Y Y Y Y Y
City	State	Zip Code

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

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

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____
 Does the lender have a perfected security interest in it? No Yes

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

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Date account established: M M / D D / Y Y Y Y Y Y Address: _____
 City, State, Zip: _____

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

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
---	---------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
Title	

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

NAME OF COMMITTEE (In Full)
Resist For America

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
<i>N/A</i>			
Mailing Address			
City	State	Zip Code	

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

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

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

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

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

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

2017107:MINI-BL0000000000

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

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Resist For America	FEC IDENTIFICATION NUMBER C
--	---------------------------------------

Check if 24-hour report 48-hour report **>** New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee W/A <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y
Mailing Address	
City	State
Zip Code	
Purpose of Expenditure	Category/Type <input type="checkbox"/>
Date of Disbursement or Obligation <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y	

Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y
Mailing Address	
City	State
Zip Code	
Purpose of Expenditure	Category/Type <input type="checkbox"/>
Date of Disbursement or Obligation <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y	

Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

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

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

Signature _____ Date M M / D D / Y Y Y Y Y Y

NON-CONFIDENTIAL

**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 used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
Resist For America

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

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

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

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

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

2017-01-10 10:00:00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

2017-07-07 10:00:00

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Resist For America

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

Methods of allocation:

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

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

NON-FEDERAL CANDIDATE SUPPORT

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

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full) Resist For America

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

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

NON-FEDERAL CONTRIBUTION

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

NAME OF COMMITTEE (In Full)

Resist For America

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

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

Mailing Address: *W/A*

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

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

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

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

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____

Date: M M / D D / Y Y 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

_____ _____ _____

2017-01-01 10:00:00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF
FOR LINE 18b OF FORM 3X

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

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

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **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).....

NON-PROFIT CORPORATION

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

NAME OF COMMITTEE (In Full)
Resist For America

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

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

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

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

2018-01-01 10:00:00

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Resist For America

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
(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)		

110000010001 WD 1001-10000

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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

NAME OF COMMITTEE (In Full)
Resist For America

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

2017-01-01 10:00:00 AM

**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: PAGE OF
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)

Resist For America

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item <i>N/A</i>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement			
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement			
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement			
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement			
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (optional).....▶		
TOTAL This Period (last page this line number only).....▶		

2017-07-10 11:00 AM - 10:00 AM

U.S. POSTAGE
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CHICAGO, IL
60601
JUL 28, 17
AMOUNT

\$2.85

R2304W121668-15



20463



1025

FEC

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Washington DC 20463

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.

20170731 09:01:00

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <u>7/28/17</u> Date of Receipt <u>7/31/17</u>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER

(3/2015)

7/31/17
DATE PREPARED