2048:0M:MO:0M:00499709

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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Office Use Only

1. NAME C	OF ITEE (in full)	TYPE OR	PRINT ▼		mple: If typ r the lines.	oing, type	12FE4N	15		
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ADDRESS (r	number and street)	Pa	Box	332						
▼	eck if different	للللل								
	n previously orted. (ACC)	AJO		4-1-1-1	1 1 1		AZ	853	21-	لبيا
2. FEC ID	ENTIFICATION N	IUMBER ▼		CITY A			STATE A		ZIP COD	DE A
[c]		***************************************		3. IS THIS REPORT	D	NEW (N) OR	117	MENDED A)		
4. TYPE (Choose	OF REPORT One)		oort 🛁	Feb 20 (M2)		May 20 (M5) Au	g 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qua	arterly Reports:	Dui	e On:	Mar 20 (M3)		Jun 20 (M6)	Se	p 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report July 15	(C)	12-Day PRE-Election	Apr 20 (M4)	Primary (1	Jul 20 (M7) 2P)	Genera	t 20 (M10)	Care.	Jan 31 (YE) Runoff (12R)
ij	October 15		Report for the	-	Convention	n (12C)	Special	(12S)		
Ũ	Quarterly Report January 31 Year-End Report		E	lection on	W·W	/ 638 /	7 7 7 7 7	▼]	in the State of	
	July 31 Mid-Year Report (Non-elect Year Only) (MY)	tion (d)	30-Day POST-Electi	N. J.	General (3	0G)	Runoff	(30R)	G	Special (30S)
	Termination Repo (TER)	rt	·	Election on	TMT · M	/ [b -b] /	- Andrews		in the State of	
5. Covering Period 01 01 20 7 through 1.2 31 20 17										
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.										
Type or Print Name of Treasurer MARIE WAVEAUX										
Signature of Treasurer Main Waveaux Date 03 27 2018										
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.										
	ffice Jse]		1		FOR	

20-00 - 0M - MO - 0M - 00-097-0

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name	D . 8 A	
COMPER STATE	KURAL	
Report Covering the Period: From:	61 61 2017	· [] 3 [] [20.17]
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ABI, 7		32.00
(b) Cash on Hand at Beginning of Reporting Period	33,60	·
(c) Total Receipts (from Line 19)	2,456.09	2,4,5,6,00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,488.091	3,488.09
7. Total Disbursements (from Line 31)	2,4,15,30	2,4,15,30
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.2.19	73.7.
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name Report Covering the Period:

2018 : 0M : MO : 0M : 00199711

From:

To:

	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	Palar	Ø 2 / 6 F
	(i) Itemized (use Schedule A)	5,005	1 37 000
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶		83.1.03
	(b) Political Party Committees		
	(such as PACs)(d) Total Contributions (add Lines	645.00	1,625
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	2,456.05	24.56.05
	Party Committees		
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5)		
	to Federal Candidates and Other Political Committees		
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	.04	04
10.	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	and the state of t	
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2,456.09	2,456.09
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2,456.091	2,456.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

ursements

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)	The first of an in the second state of the second state of the second se	Control of the Contro
	(i) Federal Share		
	(ii) Non-Federal Share	hadratalisabeth Coloreda (Coloreda (
	(b) Other Federal Operating Expenditures	A STATE OF THE PARTY OF THE PAR	Antigential of the factor of the second of t
	(c) Total Operating Expenditures	to alternate when her should not a character which are approximately open specific some specific some	కారాయుందో కారకోకుండులు కోసాంటేస్తుందిన్నారు. దేవాయా కా గ్రామాన్యముల్లు ఉద్దర్యాగా ప్రకాస్తుందిన్నారు. ప్రామం
	(add 21(a)(i), (a)(ii), and (b))▶	Country to the description of the control of the property of the control of the c	ు - మీరులో స్టార్ స్టార్లో జాగ్రా కార్లు కొన్నులో స్టార్ కోస్టులో - మైకులో తెర్లికోల్లో క్యాక్ కార్లాతోన్నాయిన కృష్ణా స్టార్స్ స్టార్
22.	Transfers to Affiliated/Other Party Committees	j j	h
23.	Contributions to Federal Candidates/Committees and Other Political Committees	the state of the s	The Control of the Control of the State of t
24.	Independent Expenditures	Band-sabaddan bandadda darid attir da id progesiya geografiya yayan şaşıyar geogr	్ కి అందే ఆ గోజాలోనికి చేసుకున్ని చేసేకు చేసుకున్న చేసిన నట్టి ఇ - జాంత్యానిమ్మాన్ మై కుప్రాజమ్మాన్నా స్వాహి స్టాప్ స్ట్రామ్ క్లార్ స్ట్రామ్
	(use Schedule E)	2,4,15,3.6	2,415.30
	(use Schedule F)	Į į	R &
00	Lang Dansumanta Mada		
20.	Loan Repayments Made		
27. 28.	Loans Made		
	man Fontical Committees	ి ఈ ఆధికార్యంలోను సందర్భాత్వి స్ట్రామ్మార్లు అన్నారు. ఈ మామానా సమాధికా మామ్యార్లు మామ్యార్లు మామ్యార్లు) රා ආච්චාර්වර්කව්පත්වල වර්ගත්වයට/ රා. ලිය දුනා ලක්කදහාදනය හු _ ගුණා ලක් දුනය ලබා ලබා දැන
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		The section of the se
	(d) Total Contribution Refunds	Transfers Committee Contraction of the authority of the authority of	andreid attentional attention in 10 who
	(add Lines 28(a), (b), and (c))	Complete Complete Summy Complete Street Street	And the Company of the State of the Company of the
	(444 2.1100 20(4), (5), 414 (5),	المناز بخريج لك كفيف منافرة للمنطورة	the state of the s
29.	Other Disbursements (Including Non-Federal Donations)		గా మరణాలు సంజావుతారుమవుతున్నువు _{ప్} ర్సం. స్టామ్ గ్ర
	,	and the state of t	<u> </u>
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	The advance has the extension of residence in the first of the first o	The suggestion of the supplemental state of
	(i) I edelai Ghare	hardware to the second second	
	(ii) "Levin" Share		and the state of t
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add	Lander Carrier and and another the solution describes the solution of the solu	for a third experiment recommendation of the form of t
	Lines 30(a)(i), 30(a)(ii) and 30(b))	La e michaemin acaie	The National Caleberra is specially
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2,4.15.30	2,415,30
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 III. Net Contributions/ COLUMN A 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

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
		11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Statements n	nay not be sold or used by any ne	┖┈┖╼┖╼╸╶┢┈╓╘╸┈╍┖╼╙╼ ┷ ┈ ╾╼┪			
or for commercial purposes, other than using the name and					
NAME OF COMMITTEE (In Full)	^				
OPPER STATE	RURAL				
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name				
A. NOVEAUX MARIE F		Date of Receipt			
Mailing Address 301 F. 2nd Ave.		المستخدار المنقار الربيا			
0.	Zip Çode				
City A JO State AZ	85321	Amount of Each Receipt this Period			
FEC ID number of contributing	North Control Control Control	The magnetic for the agreement of the first section of the section			
federal political committee.	est at their all all	1.0.0.0.0			
Name of Employer (for Individual)	cupation (for Individual)	Memo Item			
	, 	Const			
	e Year-to-Date ▼	7			
Primary General 3	110,10	¹			
Journal (opcour)) V	end of military	.]			
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name				
B. SONO, KEIKO		Date of Receipt			
Mailing Address SHALE DR.		66/12/2017			
City	Zip Code				
BEARSVILLE N	12409	Amount of Each Receipt this Period			
FEC ID number of contributing	er in the description familiary	25.00			
federal political committee.	and the section of th	<u> </u>			
Name of Employer (for Individual) Oc	ccupation (for Individual)	Memo Item			
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Aggregati	e Year-to-Date ▼				
Other (specify) ▼	<u>λ. Α. Α. 5.0.0</u>				
Carry Carry		<u> </u>			
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name	Data of Receipt			
C. FIERO PATRICIA		Date of Receipt			
9 LAUREL HILL D	<u>, </u>	J 0.7; 16; 2017;			
City	Zip Code				
LEVERETTE MA	01054	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		25.00			
Name of Employer (for Individual)	ccupation (for Individual)	Memo Item			
Receipt For:	e Year-to-Date ▼				
Primary General					
Other (specify)					
					
SUBTOTAL of Receipts This Page (optional)	160.00				
The state of the s	SOBTOTAL OF RECEIPTS THIS Page (Optional)				
TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF		
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 Statement	is may not be sold or used by any pe			
or for commercial purposes, other than using the name a				
NAME OF COMMITTEE (In Full)				
COPPER STATE	RURAL			
Full Name of Individual (Last, First, Middle Initial) or F				
A. LEAKE MARY	Date of Receipt			
Mailing Address Po Box 172		THE WAY OF THE PROPERTY OF THE		
City State	e Zip Code			
CHESTERFIELD M		Amount of Each Receipt this Period		
FEC ID number of contributing	- Andrew Carter Carter St. of			
federal political committee.	Carried Carlond de-	25.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
	, 	Canal.		
	gate Year-to-Date ▼			
Primary General Other (specify) ▼	25.00			
Office (Specify) V				
Full Name of Individual (Last, First, Middle Initial) or F	ull Organization Name			
B. MYERS JUDITH		Date of Receipt		
Mailing Address FORESTVIEW R.	D.	07 22 20 1		
City	<u> </u>			
EVANSTON	L 60201	Amount of Each Receipt this Period		
FEC ID number of contributing	सम्प्राणा पुण ्यानुस्य सम्पर् गतः । पुण्यानु	(00,00		
federal political committee.	and made real residence describes and a self-	/60.0.0		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Passint For:				
	gate Year-to-Date ▼			
Other (specify) ▼	0.00,00			
F. 3				
Full Name of Individual (Last, First, Middle Initial) or F				
C. TURNER, CARTE Mailing Address	K	Date of Receipt		
	DR.	0.7 23 2017		
City Stat	e Zip Code			
	A 24153	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	The state of the company of the state of	25.00		
ieuerai ponnoai committee.	er Comber (Centre Comber - Comb			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For:		-		
Primary General Aggre	egate Year-to-Date ▼			
Other (specify)	25,000			
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SUPTOTAL of Pagainta This Paga (antique)		15000		
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TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 3 OF			
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 Statements	may not be sold or used by any ner				
or for commercial purposes, other than using the name and					
NAME OF COMMITTEE (In Full)	^				
OPPER STATE	KURAL				
Full Name of Individual (Last, First, Middle Initial) or Ful					
A. CLOETER, SUSAN		Date of Receipt			
Mailing Address	ħ0.	निकासी (कि.क.) कि.क्टक्टर्य			
City O State	Zip Code	0.71 83 1201.71			
KOANOKE		Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.		25.0.0			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
	ate Year-to-Date ▼				
Primary General Other (specify) ▼	25.00				
Full Name of Individual (Last, First, Middle Initial) or Ful					
B. STEWART, WEND	}	Date of Receipt			
Mailing Address 13580 TOLLGATE	RD.	1091 291 (201 h)			
City o	Zin Code				
PICKER INGTON OF	n 43147	Amount of Each Receipt this Period			
FEC ID number of contributing	Caracha and and and and and and	00.00			
federal political committee.					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Receipt For: Aggrega	ate Year-to-Date ▼	-			
Primary General	Control of the contro				
Other (specify) ▼	<u> </u>				
Full Name_of Individual (Last, First, Middle Initial) or Fu	l Organization Name	 			
C. BLANK MARCIA		Date of Receipt			
Mailing Address	1	Mary (Land (Land Advisor)			
City Da State	Zip Code	119 99 2011			
BROOKLINE N		Amount of Each Receipt this Period			
FEC ID number of contributing	taken taken trak				
federal political committee.	Se the state of many transfer of	backers dans Y,6.03			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Receipt For: Aggreg Primary General	ate Year-to-Date ▼				
Other (specify)	96.05				
Levi-Lance					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	421,03			
TOTAL This Period (last page this line number only)					

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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 4 OF		
ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)		
TIEWIZED RECEIF 13	for each category of the Detailed Summary Page	11a 11b 11c 12		
	L	13 14 15 16 17		
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a				
NAME OF COMMITTEE (In Full)				
COPPER STATE F				
Full Name of Individual (Last, First, Middle Initial) or Full CA. NAVEAUX, MARIE	Organization Name	Date of Receipt		
Mailing Address 301 E. 2nd AVE.		L1 27 2017		
City AJO State AZ	Zip Code 85321	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		0.0.00		
Name of Employer (for Individual)	supation (for Individual)	Memo Item		
	Year-to-Date ▼	-		
Primary General Other (specify) ▼	410.00			
Full Name of Individual (Last, First, Middle Initial) or Full C B. SHEET METAL WORKERS' INTER		Date of Receipt		
Mailing Address	PAL	العديد ، العدم ، المحمد بريا		
1750 NEW YORK AVE, NW		09 27 2017		
WASHINGTON State	Zip Code , 2006 - 5386	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	و ما در سنده هدای ایموری ایران این مختصری این و کاره ما امریم هستان مسالم میکند.	1,625.00		
Name of Employer (for Individual) Occ	cupation (for Individual)	Memo Item		
	Year-to-Date ▼			
Primary General Other (specify) ▼	1,6,25,00			
Full Name of Individual (Last, First, Middle Initial) or Full (C.	Organization Name	Date of Receipt		
Mailing Address		Date of Necestra		
City State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer (for Individual) Occ	cupation (for Individual)	Memo Item		
Receipt For: Aggregate Primary General	e Year-to-Date ▼			
Other (specify)				
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number eath)		20 25.0		
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 21b 22 23 26 27 28a 28b 28c 29 30b
		d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COPPER STATE		. Committee to Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) A. NA		Date of Disbursement
Mailing Address		A commence of a commence of
City	State Zip Code	FEC Identification Number
Purpose of Disbursement	*	
Candidate Name		Category/ Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	Suprime 2 - 100 material Control of the Control of
State: District:		Memo Item
Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		المراجعة المحاط
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		C
Candidate Name		Category/ Amount of Each Disbursement this Period Type
Office Sought: House Disbursen Senate President	Committee to the transfer of the Committee of the Committ	
State: District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement	F	[C]
Candidate Name		Category/ Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	Memo Item	
State: District:		
SUBTOTAL of Disbursements This Page (optional)	Particularly for the company of the	
TOTAL This Period (last page this line number only))	

CHEDULE C (FECTORING)	Form 3X)		Use separate schedule(s) PAGE OF for each category of the
			Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (IN FU COPPER	•	Rura	L
LOAN SOURCE Full Nam	e (Last, First, Mic	dle Initial)	Memo Item Election: Primary General
Mailing Address			☐ Other (specify) ▼
City		State	ZIP Code
Original Amount of Loan		Cumulative Paym	
Date Incurred Da			e Due Interest Rate Secured: // (apr) Yes
1. Full Name (Last, First, M			Name of Employer
Mailing Address			Occupation .
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, I	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, I	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period Thi	s Page (optional)		
OTALS This Period (last pa	ge in this line onl	y)	
arry outstanding balance o	nly to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summar

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

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463			1 2 2 3
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
COPPER STATE Rui	RAL	C	0.0.6.1.7.75.3
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name N/A			%
Mailing Address	Date Incurred or Established	TWEE M	/ LP_10_ / Lettand.
City State Zip Code	Date Due	Mary Mary	, 500 , 700 , 700
A. Has loan been restructured? No Yes	If yes, date originally incurred	17 - N	· [• • • • • • • • • • • • • • • • • •
B. If line of credit, Amount of this Draw:	Ralance:		
C. Are other parties secondarily liable for the debt incurr	red? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	loan: real estate, personal f deposit, chattel papers, r similar traditional collateral?		ender have a perfected security
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, so the loan is a second or future receipts of intercollateral for the loan?	est income, pledged as specify:	What is the	estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
TATE (PROTECT)	City, State, Zip:		
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER		DATE	
Typed Name MARIE NAVEAUX Signature Make Naveau		03	21/20.18
H. Attach a signed copy of the loan agreement.	- 		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the to are accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of this institution is aware of the requirement that complied with the requirements set forth at 11 (in the institution is aware.)	ncluding interest rate) no more favor of comparable credit worthiness. a loan must be made on a basis	orable at the	ne time than those imposed for pures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name Signature	itle	, ti sins	/ POTO / POTO - TO TO
			

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Evoluding Loons

(Use separate schedule(s) for each numbered line) PAGE OF FOR LINE NUMBER: (check only one)

xcluding Loans			numbered		(crieck only o		10_
NAME OF COMMITTEE (In Full) COPPER STAT	E RUI	RAL					
A. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor		Natu	ire of D	ebt (Purpose):		
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period		ment This Period		edmet	ng Balance at (
B. Full Name (Last, First, Middle Initial) of Debt Mailing Address	or or Creditor		Nato	ure of D	ebt (Purpose):		
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	La Carect - Clinic	ment This Period		en groot in	ng Balance at (پنجدان ستيمان و
C. Full Name (Last, First, Middle Initial) of Del Mailing Address	otor or Creditor		Nati	ure of D	ebt (Purpose):		
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	Pay		ಕ್ಷಾಗಳು ಕೃತಿ ಕೃತಿ	utstandi - డి. ఆర్టు	ng Balance at (۾ ڪهيءَ ۽ هي اه ا
1) SUBTOTALS This Period This Page (optional)			>		anganenga engeneng Albandonasila (2) Maga maganaganagan		
2) TOTALS This Period (last page this line numb	per only)		<u> </u>	ارات سرست داده معالمین			
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page o	nly)			యాగ్రామంలో ఉన్నే మేద్య ఆడ్మిములో ఉన్నియుడ్ అమ్మములోనికి స్వామిక్స్		
4) ADD 2) and 3) and carry forward to appropria	te line of Summa	ary Page (last page	only) ▶ k		and the second s	,	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

FEMIZED INDEPENDENT EXPENDITURES				PAGE) OF 4
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COPPER STATE	RURAL	-		060617753
Check if 24-hour report 48-hour report	New repo	ort XAmends repo	rt filed on	ba' åå' 2618:
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination
DELINKE			ļ	06/11/2017
Mailing Address 3680 VICTORIA	STREET	NORTH	1	Amount
City	State	Zip Code	;	12/99
SHOREVIEW	MN	55126-296	6	Date of Disbursement or Obligation
Purpose of Expenditure PURCHASE BANK	CHECKS	Category/ Type		106 14 2017
Name of Federal Candidate:		Support	Office S	Sought: House District:
		Oppose	_	resident Senate State:
Calendar Year-To-Date		ACHERON ACT ASPARE	Disburs	ement For: Primary General
Per Election for Office Sought	علائم قدم الحالات	dans Santan		Other (specify) ►
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
MATTHEW L BAI	RON			091 27 2017
Mailing Address				
54 STAGE RD.		,		Amount
City	State MA	Zip Code		26.5.6
WILLIAMSBURGH Purpose of Expenditure	INT	01096	(Date of Disbursement or Obligation
AB RESEARCH		Category/ Type OO		09/39/2017
Name of Federal Candidate:		Support	Office S	Sought: House District:
		Oppose	P	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	enter de la seconomie de la compansión de La compansión de la compa	The second se	Disburs	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5		• • }	148.55
			1	The state of the s
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		> ;	ചരിച്ചത്തെ പ്രധാനം വി
(c) TOTAL Independent Expenditures			► d	and the second s
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were I committee or agent	not mad of either,	le in cooperation, consultation, or concert or (if the reporting entity is not a political
Signature Naleans	<	Date	0.3	2018

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		•		PAGE 2 OF T
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COPPER STATE A	LURAL			Clo.617753
Check if 24-hour report 48-hour report	> New repo	ort XAmends repo	rt filed or	02/22/2018:
Full Name of Payee		☐ Memo	item [Date of Public Distribution/Dissemination
ANA ADVERTISIN	16 SE	RVICES, I	vc -	10 62 2017
1001 N. CENTRALA	ave, ST	F. 670	,	Amount
City	State	Zip Code		4.8.7.50
PHOENIX	AZ	85004-194	7	Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type 0.0		10/02/2017
Name of Federal Candidate:		Support	Office :	Sought: House District:
		Oppose	F	President Senate State:
Calendar Year-To-Date			Disburs	sement For: Primary General
Per Election for Office Sought			[Other (specify) ▶
Full Name of Payee		☐ Memo	item	Date of Public Distribution/Dissemination
STEREO 97 INC. PAUL	FOSTON	<u> </u>		1.0 02 2017
Mailing Address PO BOX 18899				Amount
City	State	Zip Code		85,7.75
TUCSON	AZ	85731-88	99	S. M. William C. Commission and Commission C
Purpose of Expenditure	<u> </u>	Category/	77	Date of Disbursement or Obligation
RADIO		Туре ОО	<u> </u>	10 62 2017
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose	F	President Senate State:
Calendar Year-To-Date		· · · · · · · · · · · · · · · · · · ·	Disburs	sement For: Primary General
Per Election for Office Sought				Other (specify) ▶
			ย็	
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶ ਹੈ	1,3.45.25
(b) SUBTOTAL of Unitemized Independent Expenditu	res			ger y segenig migamiy an iyeswiyaniyaniyaniyaniyani -}
			· .	
(c) TOTAL Independent Expenditures			· • •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidiparty committee) any political party committee or its	ate or authorized	reported herein were I committee or agent	not mad of either,	de in cooperation, consultation, or concert or (if the reporting entity is not a political
Me a Nolla			L TOTAL	አማ / የ ማማር ምህ / የተ ጭማሚ ማመር ማህ!
Mail Na Veau	<u> </u>	Date	03	1 2018

SCHEDU	LE	E	(FEC	Form	3X)
ITEMIZED	INDI	EPEI	NDENT	EXPE	NDITURES

PAGE 3 OF 4 FOR LINE 24 OF FORM 3X

AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
COPPER STATE RURAL		C00617753
theck if 24-hour report 48-hour report New report	Amends report file	ed on "02 22 2018"
Full Name of Payee GOOD NEWS COMMUNICATION	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 3222 S. Richey AVE.		Amount 340,00
Tucson State AZ	Zip Code \$5713-5498	Date of Disbursement or Obligation
Purpose of Expenditure AUS	Category/ Type OO H	10 06 2017
Name of Federal Candidate:		House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary : General Other (specify) ▶
Full Name of Payee EARSHOT AUDIO POST LLC	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 720 N. PARB AVE.		Amount 284. 50
City INDIANAPOLIS IN	zip Code 46202-343	Date of Disbursement or Obligation
Purpose of Expenditure RADIO AD PRODUCTION	Category/ Type 00 4	10 23 2017
Name of Federal Candidate:		ffice Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought , ,	D	isbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		, ,624.50
(b) SUBTOTAL of Unitermized Independent Expenditures		
(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 authorized party committee) any political party committee or its agent.	s reported herein were no d committee or agent of e	t made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
mais Naleaux	Date	Ö3' 21" 2618" '

SCHEDU	LE	E (FEC	Form	3X)
ITEMIZED	IND	EPE	NDENT	EXPE	NDITURES

THILLES HISELENGER EXPENSIONES	•			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	_			FEC IDENTIFICATION NUMBER ▼
COPPER STATE	Rur	IAL		C00617753
Check if 24-hour report 48-hour report	New repo	ort XAmends repor	nt filed on	02 22 2018
Full Name of Payee EARSHOT ANDIO	POST	. Мето	Item Date	of Public Distribution/Dissemination
Mailing Address 720 N. PARK A	γE.		Amo	unt
	State	Zip Code 46202-34	3/ Date	of Disbursement or Obligation
Purpose of Expenditure RADIO AD PRODUCTI	VIO	Category/ Type OO	4 11	1 02 2017
Name of Federal Candidate:		Support Oppose	Į.	ght: House District:
Calendar Year-To-Date Per Election for Office Sought	: ,	•	1	ent For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address			Amo	bunt
City	State	Zip Code	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		A Committee of the Comm
Name of Federal Candidate:		Support Oppose	Office Sou	ight: House District:
Calendar Year-To-Date Per Election for Office Sought	1)		Disbursem	ent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	, ,297.00
(b) SUBTOTAL of Unitermized Independent Expendi	tures		·· •	, j
(c) TOTAL Independent Expenditures			·· •	, 2415.30
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize	s reported herein were d committee or agent	e not made i of either, or	n cooperation, consultation, or concert (if the reporting entity is not a political
Signature Mair Na	Veaux	Dat	e 03	a j 2018

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FED	ERAL OFFICE	PAGE OF
(To be used only	by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)		
COPPER STATE	RURAL	
Has your committee been designated to make	Full Name of Subordinate Committee	
coordinated expenditures by a political party committee?	NM	
YES NO If YES, name the designating committee:	Mailing Address	
1. 125, Hallo the designating definitions		
	City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
Full Name (Last, First, Middle Initial) of Each Fayee	Memo rem	rulpose of Experiolitate
	· _ · _ ·	Category/
Mailing Address		Date Type
City State	Zip Code	Man / Brg / Landard
Non- of Endoor Condidate Conserved		
Name of Federal Candidate Supported Office Sough	t: House State: District:	Amount
	Presidential Pistrici:	
Aggregate General Election		handrad Sandrad Sandrad Sandrad Sandrad
Expenditure for this Candidate		
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
Mailing Address		Category/
	· · · · · · · · · · · · · · · · · · ·	Date
City	Zip Code	The same of the sa
Name of Federal Candidate Supported Office Sough		Amount
	Senate District:	
Aggregate General Election		
Expenditure for this Candidate		
Full Name (Last, First, Middle Initial) of Each Payee	☐ Memo Item	Purpose of Expenditure
Mailing Address		Category/ Type
Maining Address		Date
City State	Zip Code	Langua / Lan
Name of Federal Candidate Supported Office Sough	nt: House State:	hand been becaused
The coug	Senate District:	Amount
	Presidential	
Aggregate General Election Expenditure for this Candidate	Anna Company of the C	Beer Committee C
Experiorities of this Cardinate P		
SUBTOTAL of Expenditures This Page (optional)	•	
TOTAL This Period (last page this line number only)		

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)	2 STATE	RURAL
	USE ONLY ONE	SECTION, A or B
A. State and Loca	al Party Committed	es
——— Presidenti	ial-Only Election Year (28% ial and Senate Election Year inly Election Year (21% Fedition Item)	ar (36% Federal)
B. Separate Segr	_	Nonconnected Committees
Nonfede	to (check all that apply): Generic Voter Drive	
		_

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUII) COPPER STATE RURAL		, L.
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commission federal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	fit derived by federal candid nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
NIT	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	1	,
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	1	<u> </u>
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL W	NONEEDEDAL OF
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL &	NONSEDEDALO
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL	NONETER
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

PAGE	t	0	F		
FOR LIN	ĮE 1	8a	OF	FORM	зх

IAME OF COMMITTEE (In Full)	0.10.Az					
COPPER ST	THE RURAL					
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
N/A						
BREAKDOWN OF TRANSFER RECEIVED	<u></u>					
i) Total Administrative		and the same of				
		. ම්ලේකයට රට වන වන වන වැන්නේ කරන වන වන වැන්නේ දැක්වෙන්. ඉති. දැක්කෙල් වෙන වැන වැන දැක්කෙල් වැන්නේ දැක්වෙන්.				
ii) Generic Voter Drive						
		Seed and and and and the Control of the sea and replaced in				
III) Exempt Activities		by advantaged the demonstrate party at the description				
iv) Direct Fundralsing (List Activity or Event Ide	ntifier)					
a)						
,	ించి, మాజికి కోసుకున్ని అనికుం ది. మాజికి సాధి స్వేహిక్స్ లోకి - గ్రామ్ గ్రామ్ కార్య్ కార్య్ స్వాహిక్స్ కార్య్ స్వేహిక్స్ కార్య్ స్వేహిక్స్ కార్య్ స్వేహిక్స్ కార్య్ స్వేహిక్స					
b)	Proceedings of the State of the					
		Penalizandasarine etamahar-fransferrator safera eta 1.5				
c) Total Amount Transferred For Direct Fundra	aising	September (North Charles) and the Control of the Co				
v) Direct Candidate Support (List Activity or Ex	rent Identifier)					
2)	garager (2) ap lager galangerapangan pinaga					
a)						
b)						
,		The second secon				
c) Total Amount Transferred For Direct Candid	date Support					
vi) Public Communications Referring Only to	Party (Made by PAC)					
	OR BREAKDOWN OF TRANSFER RECEIV					
	hamanan an anna	and the state of t				
TOTAL This Period (Administrative)		Nac coorse				
TOTAL This Period (Generic Voter Drive)		And the second of the second o				
70 172 1110 7 01100 (00110110 70101 21170)	Secretaria de la companya del companya de la companya del companya de la companya	රාක්ෂිය වේ යාධ ක්රී (ප්රක්ෂක) තුරක්තුර දෙක් වූ සහයක් දැක්කුය කු				
TOTAL This Period (Exempt Activities)		electic Standards allocated				
		and the single of the state of the single of				
TOTAL This Period (Direct Fundraising)						
TOTAL This Period (Direct Candidate Support)						
TOTAL This Period (Public Communications Referring	Only to Party)					
		The state of the s				
TOTAL This Period (Total Amount Transferred)		has the street of a track the street of the street				

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SCHEDULE H4 (FEC Form 3X)

Full Name (Last, First, Middle Initial)

NAME OF COMMITTEE (In Full)

Purpose of Disbursement:

Activity or Event Identifier:

Mailing Address

Mailing Address

Mailing Address

Purpose of Disbursement:

Activity or Event Identifier:

City

Purpose of Disbursement:

Activity or Event Identifier:

City

City

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

COUPER

FEDERAL SHARE

FEDERAL SHARE

Full Name (Last, First, Middle Initial)

Full Name (Last, First, Middle Initial)

3X)				
OCAT				PAGE OF
TIVIT	Υ			FOR LINE 21a OF FORM 3X
STA	TE F	lural		
			Memo Item	Allocated Activity or Event:
				Administrative Fundraising Exempt
				Voter Drive Direct Candidate Support
	State	Zip Code		Public Comm (ref to party only) by PAC
l				Allocated Activity or Event Year-To-Date
				
			Category/ Type	Date
	+ NO	DNFEDERAL	SHARE	⇒ TOTAL AMOUNT
J	gent a ten com an		. ਜਾਣੂ ਮਾੜੂ ਜਾਣੂ <i>ਜ</i> ਾ	fremen salamentendentenden i salami
				المناب التعالي التعالي المناب المناب المنابع ا
			Memo Item	Allocated Activity or Event:
				Administrative Fundraising Exempt
				Voter Drive Direct Candidate Support
	State	Zip Code		Public Comm (ref to party only) by PAC
	l			Allocated Activity or Event Year-To-Date
			Property of the same	gazzge w _e mengamegamegan gastop begin opinist o
			the second	Translation (Van Sandra Wheelmade March an
			Category/ Type	Date
	+ NO	ONFEDERAL	SHARE	= TOTAL AMOUNT
	المعطمعين	er eres er	gamganijang	
<u> </u>	a mai Tana in Maria Maria Maria		☐ Memo Item	Allocated Activity or Event:
				Administrative Fundraising Exempt
J.				Voter Drive Direct Candidate Support
	State	Zip Code		Public Comm (ref to party only) by PAC
		<u> </u>		Allocated Activity or Event Year-To-Date
			The Committee of	The state of the s
			المستضيط ال	Land a March of add to the start of
			Category/ Type	Date
	+ N	ONFEDERAL	SHARE	= TOTAL AMOUNT
~~~	leadocolasola	a - "-: <del>- Alemalana</del> c		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

**FEDERAL SHARE** 

FEDERAL SHARE	+	NONFEDERAL SHARE		
A Committee of the Comm	1	handrandambarahandambarahand - 1/201 bara	1	Annual annual subsequences described by the last last last last last last last last
4	ŝ			i)
		and with the control of the control	ð	Sandard and Deck makes (Rock of the Shadow
TOTAL This Period (last page for each line only	/)(Fe	deral share to 21(a)(i) and NonFederal share	re t	o 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE

## 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	I	0	F	-	[	
FOR L	NE	18b	OF	7	ORM	3>

COPPER STA	TE RURAL	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NA	MAN 1 1 0000 1 PORTON	
BREAKDOWN OF THIS TRANSFER	VOTED DECORE	MTON
i) Voter Registration	VOTER REGISTE	ATION
Total Amount Transferred for Voter		್ಲಿ ಆರ್. ೧೯೬೬ ಇತ್ತಿ OTER ID
ii) Voter ID		ကြောင်းရှိသည်။ ကြောင်းရှိသည်။
Total Amount Transferred for Voter	ID	ta-Windumostrata d
III) GOTV		GOTV
Total Amount Transferred for GOT	<u> </u>	africal references
	in san Tomorii in	OENERIO CAMPAION ACTIVITY
iv) Generic Campaign Activity	f _l -m	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gene	ric Campaign Activity	ا روجود المراجع في المستعمل والمناطقة المراجع المستعمل المراجع المستعمل المراجع المستعمل المراجع المراجع المراجع
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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	landered breathers for	المستعدد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد
BREAKDOWN OF THIS TRANSFER	<del></del>	
i) Voter Registration	VOTER REGISTE	RATION १९८७ - चुट अक्टुब्स्ट्राक्ट स्
Total Amount Transferred for Voter	Registration	
		ಿಯಲ್ಲಿಯ ಹಾಡಿದ್ದಾರೆ. /OTER ID
ii) Voter ID	g and the contract of the cont	and an alternative section with the contract of
Total Amount Transferred for Voter	ID	eth thether in the thether
iii) GOTV		GOTV
Total Amount Transferred for GOT	v	and the state of t
ista Amount municipal to Go		Single Andrew Section Construction
iv) Generic Campaign Activity	من ا	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gene	ric Campaign Activity	
TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
TOTAL This Period (Voter Registration)	g to the section of t	ا پېدىن چېرىن د ا
TOTAL This Period (Voter ID)	ganganger george 	
	ಭಾಗವಾಹಕ್ಕಾರು ಭಾರವಭಾ ಕಂತಹೆಮುಂದಿ ೧೮೭೮ ಬಿಂ	est se titalista et estata estata esta esta esta esta
	and the second s	And the state of t
TOTAL THIS FERIOU (OUTV)	jirok vi Noderio	The Cott of the control to the control of the contr
	<u>9</u> €	新山、東京衛生 <b>用作を本</b> 、 1.1 (1.10年12年12日)。 3.20年12日2日 (東洋共和日)
IDIAL This Period (Generic Campaign A	ctivity)	na di manda na 1865 a la la manda di manda na m Na manda na 1865 a la la manda na manda
		paragram, ju negata paragrampan juranjuranjuran juranjuran
TOTAL This Period (Total Amount of Tran	nsfers Received)	

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

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

PAGE	1	OF	1	
FOR LINE	30a	OF	FORM	3X

IAME OF COMMITTEE (IN Full)  COPPER STA	 TE	RURAL		
A. Full Name (Last, First, Middle Initial)			☐ Memo Item	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		
Purpose of Disbursement		Zip Gode		1 Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tarpose of bisbursoment		<del></del>	Category/ Type	Date
FEDERAL SHARE	·	LEVIN S	SHARE	= TOTAL AMOUNT
P. Full Name (Lost First Middle Initial)	/ Evil Ora	anization Name	☐ Memo Item	Type of Allocated Activity or Event:
B. Full Name (Last, First, Middle Initial)	7 Full Org	anization Name	Memo item	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date
FEDERAL SHARE	+ 	LEVIN S	SHARE	= TOTAL AMOUNT
		ende wheeler	alauda da ka	
C. Full Name (Last, First, Middle Initial)	/ Full Org	anization Name	☐ Memo Item	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		
Purpose of Disbursement	<u></u>		Category/ Type	Date / Date
FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin A	Activity Thi	s Page LEVIN	CHADE	⇒ TOTAL AMOUNT
Landar of contact of the state		CCANA.		
TOTAL This Period (last page for each lin FEDERAL SHARE	e only)(Fed	deral share to 30(a)(i)	and Levin share to	30(a)(ii))  TOTAL AMOUNT
TOTAL This Period for the Levin Share		LEVIN	agamigangaa ganaja	

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

NAME	OF COMMITTEE (In Full)		
	COPPER	STATE RURAL	
NAME	OF ACCOUNT NA		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		్ట్ - ఈ ఇ మెజ్ఞూర్ నాడుకొండారు. ఇకటుంచికి ఉందిందారు. చేసుకు కేరుంటే గ్రామం, గ్రామం, గ్రామం క్రామం, మార్చి మార్
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
_	(e) Total		
5.	OTHER DISBURSEMENTS		g Complete (CD) of the CD of the CD of the CD of the CD print (CD) of the CD
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)		e ang ingrapo gengniga gangangang k Unda salankinda e balandandan nal

# 2048 : 0M : MO : 0M : 004997M4

## 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)

1a	2

(OF)

PAGE

	for commercial purposes, other than using the name and					
$\setminus$	NAME OF COMMITTEE (In Full)	\				
_	COPPER STATE F					
— А.	Full Name of Individual (Last, First, Middle Initial) or Full	Organization I	Name	Date of Receipt		
	N/A	<del></del> _				
	Mailing Address			Committee Commit		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)					
	Occupation that Individually			Aggregate Year-to-Date		
	Occupation (for Individual)			Leady of a Wall and addition of the Control		
<del>-</del>	Full Name of Individual (Last, First, Middle Initial) or Full	Organization i	Name  Memo Item	Date of Receipt		
	Mailing Address	lailing Address				
	City	State	Zip Code	Amount of Each Receipt this Period		
		<u></u>				
	Name of Employer (for Individual)			Aggregate Year-to-Date		
	Occupation (for Individual)					
	Full Name of Individual (Last First Middle Initial) Full	Organization 1	Name [] Mama II	Date of Receipt		
C.	Full Name of Individual (Last, First, Middle Initial) or Full	Organization	raine 🔛 iviemo item	Date of Receipt		
	Mailing Address			been been been been		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer flor Individual					
	Name of Employer (for Individual)			Aggregate Year-to-Date		
	Occupation (for Individual)			A SERVICE TO A SERVICE OF THE PROPERTY OF THE		
	Full Name of Individual (Last, First, Middle Initial) or Full	Organization	Name Memo Item	Date of Receipt		
D.	. S. Hame of moreoval (East, 1 list, Middle lillia) of Full	JiganizaliOH	ame 🗀 WEINO ILEM	Date of Heceipt		
	Mailing Address	beard beard becaused				
	City	State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer (for Individual)	Aggregate Vegs to Date				
	Occupation (for Individual)	Aggregate Year-to-Date				
	,	The transfer of the state of th				
  s	SUBTOTAL of Receipts This Page (optional)			The Company of the Company of the Company		
┢				an in the same of the office of the same o		
T	FOTAL This Period (last page this line number only)			¥		

# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FLINDS

Aggregation Page OF LEVIN FUNDS 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 OPPER Kural Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item В. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement 2. 2-22.2 2 22.2 Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item C. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period ROBING AND RESIDENCE Purpose of Disbursement ాయాగా కరాగా ఉయ్యాగికా మిజియిన ఉన్నారి. జీ Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

RECEIVED FEC MAIL CENTER

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DATE OF DELIVERY SPECIFIED*

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INSURANCE INCLUDED

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Washington, DC 20463

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**EP14F July 2013** 

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UNITED STATES

Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOM  The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 3/26/18
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
ES .	3/30/18
(3/2015)	DATE PREPARED