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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
1911 UNITED			
ADDRESS (number and street)	700 12TH STREET NW SU	IITE 700	
Check if different			
than previously reported. (ACC)	WASHINGTON		DC 20005 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00508200		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:	Mai	r 20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (0	23)	M = M / D = D	/ Y Y Y Y Y in the
January 31 Year-End Report (YE) Election	on on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 0	1 01 2018	through 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	nis Report and to the best of	f my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	Skinner, Sinclair, , , er		
Signature of Treasurer	ner, Sinclair, , ,	[Electronically Filed]	Date 04 / 02 / 2018
NOTE: Submission of false, erron	neous, or incomplete informatic	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **1911 UNITED** 01 2018 03 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 358.69 January 1, 2018 (b) Cash on Hand at 358.69 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 358.69 358.69 6(a) and 6(c) for Column B)..... 74.97 74.97 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 283.72 283.72 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 141913.27 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

1	91	1	U	NI	IT	F	
				ıvı			

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(II) 11 II II II II	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)▶	0.00	4 4
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	4 4	4
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	4 4	4 4
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other	4 4	42 42
Party Committees	0.00	0.00
Turty Committees	4 4	4 4
All Loans Received	0.00	0.00
7.11 254.16 115551754	4 4	4 4
Lean Denouments Descrived	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	4	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(ITOTIT GOTTEGUIC TTO)	45 45 45	3.00
4)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	3.00
(a) Total Transfers (add 10(a) and 10(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
	4 4	45 45
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	0.00

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
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Foul to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	74.97	74.97
(c) Total Operating Expenditures	74.07	74.0
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	74.97	74.97
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	74.97	74.97
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	74.97	74.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)	0.00	0.00	
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	74.97	74.97	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74.97	74.97	

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

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FOR LINE 13 OF FORM 3X

		Potation cultimary rago Port Elive 15 Of Portion 5X		
NAME OF COMMITTEE (In Full) 1911 UNITED		Transaction ID : SC/10.4100		
LOAN SOURCE Full Name (Last, Fir Liberty Industries LLC	st, Middle Initial)	N		
Mailing Address 700 12th Street NW Su	ite 700	Other (specify) ▼		
City State ZIP C		ZIP Code		
Washington	DC	20005		
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period		
10000.00		0.00 10000.00		
TERMS Date Incurred	Da	te Due Interest Rate Secured:		
M05	M M / D D	On Demand 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if a				
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial		Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (opti	ional)	10000.00		
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE	3 Schedule D for this	line If no Schedule D. carry forward to appropriate line of Summary		

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4100

Sinclair Skinner is the sole individual member for Liberty Industries LLC.

Form/Schedule: Transaction ID:

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

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FOR LINE 13 OF FORM 3X

			Potanoa Gammary Fago Fort Elive 15 of Fortivi 5X
AME OF COMMITTEE (In Full)			Transaction ID: SC/10.4367
LOAN SOURCE Full Name (Last, First, Middle Initial) Liberty Industries LLC			N
			General Other (consist)
Mailing Address 700 12th Stree	t NW Suite 70	0	☐ Other (specify) ▼
City	City State ZIP 0		ZIP Code
Washington		DC	20005
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7	5000.00		0.00 5000.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M M / D D / Y Y	Date Incurred M 03		On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarant	ors (if any)	to Loan Source	
1. Full Name (Last, First, Midd			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	le Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)	<u>'</u>	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	le Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	ige (ontional)		
			3000.00
TOTALS This Period (last page in			
Carry outstanding balance only t	o LINE 3, So	hedule D. for this	line If no Schedule D. carry forward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

			Potanoa carimary rago Pott Elive 15 of Pottivi 5X
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4415
TOTT OTTITLE			
LOAN SOURCE Full Name (Last, First, Middle Initial) Liberty Industries LLC			N ☐ Memo Item
Mailing Address 700 12th Street NW Suite 700			General Other (specify) ▼
700 1211 31166	it invv Suite 70	0	
City	ity State ZIP C		ZIP Code
Washington	Washington		20005
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7 7	1986.00		0.00 1986.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M M / D D / Y Y	013 Y	M = M / D = D	On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarant	tors (if any)	to Loan Source	
1. Full Name (Last, First, Midd			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	lle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	lle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	lle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	age (optional)		
			1300.00
TOTALS This Period (last page in	n this line on	ly)	······································
Carry outstanding balance only t	OLINE 3 Sc	hedule D. for this	line. If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) 1911 UNITED		Transaction ID : SC/10.4508
LOAN SOURCE Full Name (Last, First, M Liberty Industries LLC Mailing Address 700 12th Street NW Suite 700		N
700 12th Guest NW Guite 70	o .	
City State ZIP C		ZIP Code
Washington DC 2		20005
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
3000.00		0.00 3000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 05 M / D 01 D / Y 2014 Y	M = M / D = D	On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		3000.00
TOTALS This Period (last page in this line onl		
carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) 1911 UNITED		Transaction ID : SC/10.4102
LOAN SOURCE Full Name (Last, First, M Skinner, Sinclair, , , Mailing Address 700 12th Street NW Suite 70	,	N
City State ZIP C		ZIP Code
Washington	DC	20005
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10000.00		0.00 10000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
05 ^M / 18 ^D / 2012 Y	M = M / D = D	On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, 1000.00
TOTALS This Period (last page in this line on		
Carry outstanging palance only to LINE 3. So	nequie v. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) 1911 UNITED		Transaction ID : SC/10.4103
LOAN SOURCE Full Name (Last, First, Mi Skinner, Sinclair, , , Mi Mailing Address 700 12th Street NW Suite 700	,	N
700 12th Street NW Suite 700	, 	Curior (specify) •
City State ZIP C		ZIP Code
Washington	DC	20005
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M07 / 09 / Y 2012 Y	M = M / D = D	On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only		
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

			Potation cultility i ago 1 of telline 15 of 1 of this 5X
AME OF COMMITTEE (In Full 911 UNITED)		Transaction ID: SC/10.4368
LOAN SOURCE Full Name Skinner, Sinclair, , ,	(Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 700 12th Street NW Suite 700			General Other (specify) ▼
City	City State ZIP C		ZIP Code
Washington		DC	20005
Original Amount of Loan		Cumulative Pag	rment To Date Balance Outstanding at Close of This Period
	4614.77		0.00 4614.77
TERMS Date Incurred			ate Due Interest Rate Secured:
05 / 24 / Y	M M / D D / Y Y Y Y M M M		On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		4614.77
OTALS This Period (last page	e in this line on	y)	39600.77
Parry outstanding balance only	v to LINE 3 Sc	hadula D. for this	line If no Schedule D. carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

14

NAME OF COMMITTEE (In Full) **1911 UNITED** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Financial Compliance Burns, Whitney, , , Mailing Address P.O. Box 1174 State Zip Code Springfield VA 22151 Transaction ID: SD10.4104 Outstanding Balance Beginning This Period 2312.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2312.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Vehicle Rental Skinner, Sinclair, , , Mailing Address 700 12th Street NW Suite 700 City State Zip Code Washington 20005 Outstanding Balance Beginning This Period Transaction ID: SD10.4107 100000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 100000.00 0.00 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 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 102312.50 1) SUBTOTALS This Period This Page (optional)..... 102312.50 2) TOTALS This Period (last page this line number only)..... 39600.77 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 141913.27 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶