

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
35TH, INC.

ADDRESS (number and street) **C/O CLARK HILL PLC**
1290 SUNCREST TOWNE CENTER
 Check if different than previously reported. (ACC) **MORGANTOWN WV 26505**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00635607 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Gantt, Charles, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Gantt, Charles, , ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

35TH, INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		468507.84
(b) Cash on Hand at Beginning of Reporting Period.....	396811.91	
(c) Total Receipts (from Line 19)	173500.00	836300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	570311.91	1304807.84
7. Total Disbursements (from Line 31).....	510405.33	1244901.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59906.58	59906.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name
35TH, INC.

Report Covering the Period: From: 04 / 19 / 2018 To: 06 / 30 / 2018

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).....	173500.00	836300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	173500.00	836300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	173500.00	836300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	173500.00	836300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	173500.00	836300.00

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	58084.73	130513.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	58084.73	130513.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	447320.60	1104387.45
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	5000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. 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.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	510405.33	1244901.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	510405.33	1244901.26

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)	173500.00	836300.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	168500.00	831300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	58084.73	130513.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58084.73	130513.81

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 6 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
35TH, INC.

A. AMERICAN BAIL COALITION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 352

City FRANKLINVILLE	State NJ	Zip Code 08322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period
5000.00

Memo Item

B. CITIZENS FOR A WORKING AMERICA, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 429 NORTH ST. ASAPH STREET
ASAPH STREET

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period
37500.00

Memo Item

C. COX OIL LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4514 COLE AVE
STE 1175

City DALLAS	State TX	Zip Code 75205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2018

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	47500.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 27
<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

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NAME OF COMMITTEE (In Full)
35TH, INC.

A. COX OIL LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 COLE AVE
 STE 1175
 City DALLAS State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018
Transaction ID : SA11AI.4341
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. GLOBAL ENERGY PRODUCERS LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7670 LACORNICHE CIRCLE
 City BOCA RATON State FL Zip Code 33434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018
Transaction ID : SA11AI.4339
 Amount of Each Receipt this Period
 15000.00
 Memo Item

C. HABEMATOLEL POMO OF UPPER LAKE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 516
 City UPPER LAKE State CA Zip Code 95485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2018
Transaction ID : SA11AI.4333
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	25000.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 27
<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

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NAME OF COMMITTEE (In Full)
35TH, INC.

A. KOCH INDUSTRIES INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4111 EAST 37TH STREET NORTH

City WICHITA	State KS	Zip Code 67220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period
25000.00

Memo Item

B. KOCH INDUSTRIES INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4111 EAST 37TH STREET NORTH

City WICHITA	State KS	Zip Code 67220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period
50000.00

Memo Item

C. RULAND, JAMES, K, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 790

City CHARLES TOWN	State WV	Zip Code 25414
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2018

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 27
(check only one)

<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
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NAME OF COMMITTEE (In Full)
35TH, INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WRIGHT, KAREN, BUCHWALD, ,

Mailing Address **PO BOX 243**

City MOUNT VERNON	State OH	Zip Code 43050
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARIEL CORPORATION	Occupation (for Individual) PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
04 / 20 / 2018

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period
25000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	173500.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. 1735 GROUP, LLC		Date of Disbursement MM / DD / YYYY 04 / 24 / 2018	
Mailing Address 4628 RIVER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4301 Amount of Each Disbursement this Period 25000.00	
City BETHESDA	State MD	Zip Code 20816	Category/ Type
Purpose of Disbursement FUNDRAISING CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ALCIVAR GROUP, LLC		Date of Disbursement MM / DD / YYYY 05 / 07 / 2018	
Mailing Address 209 FRANKLIN STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4317 Amount of Each Disbursement this Period 8050.00	
City ALEXANDRIA	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement COMMUNICATIONS CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement MM / DD / YYYY 04 / 19 / 2018	
Mailing Address 138 Conant Street, 2nd Flr 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4302 Amount of Each Disbursement this Period 412.00	
City Beverly	State MA	Zip Code 01915	Category/ Type
Purpose of Disbursement MERCHANT FEES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	33462.00
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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	8

Mailing Address 138 Conant Street, 2nd Flr
2ND FLOOR

City Beverly State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4303

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

Mailing Address 138 Conant Street, 2nd Flr
2ND FLOOR

City Beverly State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

[REDACTED] 200.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

Mailing Address 138 Conant Street, 2nd Flr
2ND FLOOR

City Beverly State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

[REDACTED] 600.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

[REDACTED] 2800.00

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

[REDACTED]

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 04 / 26 / 2018
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4304
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [REDACTED] 4.23
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 05 / 08 / 2018
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4320
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [REDACTED] 1500.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 04 / 19 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4305
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

1524.23

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial)
A. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4306

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4307

Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4308

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 04 / 25 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.4309 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 04 / 26 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.4310 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.4311 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.4312 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 03 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.4321 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 03 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.4322 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

60.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1445-A LAUGHLIN AVE			
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C Transaction ID : SB21B.4323 Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018	
Mailing Address 1445-A LAUGHLIN AVE			
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C Transaction ID : SB21B.4324 Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 07 / 2018	
Mailing Address 1445-A LAUGHLIN AVE			
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C Transaction ID : SB21B.4325 Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 07 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4326
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 05 / 08 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4327
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period [REDACTED] 20.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CLARK HILL		Date of Disbursement MM / DD / YYYY 04 / 26 / 2018
Mailing Address 1001 PENNSYLVANIA AVENUE, NW SUITE 1300 SOUTH		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4313
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period [REDACTED] 2287.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 2327.00

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

[REDACTED]

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial)

A. CLARK HILL

Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 1300 SOUTH

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4328
Amount of Each Disbursement this Period
 2731.50

Memo Item

Full Name (Last, First, Middle Initial)

B. DJE CONSULTING, LLC

Mailing Address 211 SOUTH FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4331
Amount of Each Disbursement this Period
 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

17731.50
 58084.73

**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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
35TH, INC.

Full Name (Last, First, Middle Initial)
A. COX OIL LLC

Mailing Address 4514 COLE AVE
STE 1175

City DALLAS State TX Zip Code 75205

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB28A.4330

Amount of Each Disbursement this Period: 5000.00

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
IMGE LLC
Mailing Address
108 SOUTH WASHINGTON ST.
3RD FLOOR
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
05 / 03 / 2018
Amount
10000.00
Transaction ID : SE.4284
Date of Disbursement or Obligation
05 / 03 / 2018

Name of Federal Candidate:
MORRISEY, PATRICK MR., ,
Support
Oppose
Office Sought:
House
Senate
District:
State: WV
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
IMGE LLC
Mailing Address
108 SOUTH WASHINGTON ST.
3RD FLOOR
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
05 / 04 / 2018
Amount
10000.00
Transaction ID : SE.4287
Date of Disbursement or Obligation
05 / 04 / 2018

Name of Federal Candidate:
MORRISEY, PATRICK MR., ,
Support
Oppose
Office Sought:
House
Senate
District:
State: WV
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

Gantt, Charles, ,

[Electronically Filed]

Date

07 / 06 / 2018

Signature

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

NAME OF COMMITTEE (In Full) 35TH, INC.	FEC IDENTIFICATION NUMBER ▼ C C00635607
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item IMGE LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4293		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MORRISEY, PATRICK MR., ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 154 ROUTE 79 NORTH			Amount <input type="text"/>		
City MARLBORO	State NJ	Zip Code 07746	Transaction ID : SE.4233		
Purpose of Expenditure PLACED MEDIA AND PRODUCTION COST		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: JENKINS, EVAN H., ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

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

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.

Gantt, Charles, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
JAMESTOWN ASSOCIATES
Mailing Address
154 ROUTE 79 NORTH
City
MARLBORO State
NJ Zip Code
07746
Purpose of Expenditure
PLACED MEDIA AND PRODUCTION COST
Category/Type
Date of Public Distribution/Dissemination
04 / 30 / 2018
Amount
48110.00
Transaction ID : SE.4272
Date of Disbursement or Obligation
04 / 26 / 2018

Name of Federal Candidate:
JENKINS, EVAN H, ,
Support Oppose
Office Sought:
House Senate
District:
State: WV
Calendar Year-To-Date
Per Election for Office Sought
889376.28
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
JAMESTOWN ASSOCIATES
Mailing Address
154 ROUTE 79 NORTH
City
MARLBORO State
NJ Zip Code
07746
Purpose of Expenditure
PLACED MEDIA AND PRODUCTION COST
Category/Type
Date of Public Distribution/Dissemination
05 / 03 / 2018
Amount
125500.00
Transaction ID : SE.4282
Date of Disbursement or Obligation
05 / 04 / 2018

Name of Federal Candidate:
MORRISEY, PATRICK MR, ,
Support Oppose
Office Sought:
House Senate
District:
State: WV
Calendar Year-To-Date
Per Election for Office Sought
1064146.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 173610.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

Gantt, Charles, , [Electronically Filed] Date 07 / 06 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: JENKINS, EVAN H, ,
Calendar Year-To-Date Per Election for Office Sought 688484.13
Disbursement For: Primary

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Name of Federal Candidate: MORRISEY, PATRICK MR, ,
Calendar Year-To-Date Per Election for Office Sought 794096.85
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 43571.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Gantt, Charles, ,

[Electronically Filed]

Date 07 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 04/26/2018
Amount 31417.28
Transaction ID: SE.4264
Date of Disbursement or Obligation 04/25/2018

Name of Federal Candidate: JENKINS, EVAN H, ,
Support Oppose
Office Sought: House Senate State: WV
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 04/27/2018
Amount 15752.15
Transaction ID: SE.4267
Date of Disbursement or Obligation 04/25/2018

Name of Federal Candidate: MORRISEY, PATRICK MR, ,
Support Oppose
Office Sought: House Senate State: WV
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 47169.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Gantt, Charles, ,

[Electronically Filed]

Date 07/06/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 04/30/2018
Amount 25517.13
Transaction ID : SE.4270
Date of Disbursement or Obligation 04/27/2018

Name of Federal Candidate: JENKINS, EVAN H, ,
Support Oppose
Office Sought: House Senate State: WV
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee POLITICAL INK, INC
Mailing Address 1200 18TH STREET NW SUITE#700
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 05/01/2018
Amount 12153.72
Transaction ID : SE.4278
Date of Disbursement or Obligation 04/30/2018

Name of Federal Candidate: MORRISEY, PATRICK MR, ,
Support Oppose
Office Sought: House Senate State: WV
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37670.85
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Gantt, Charles, , [Electronically Filed] Date 07/06/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
35TH, INC.
FEC IDENTIFICATION NUMBER
C C00635607

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee RING LIMITED LLC
Mailing Address PO BOX 207
City DUBLIN State OH Zip Code 43017
Purpose of Expenditure TELEMARKETING AND DATA MANAGEMENT SERVICES
Name of Federal Candidate: JENKINS, EVAN H, ,
Calendar Year-To-Date Per Election for Office Sought 928646.78
Disbursement For: Primary

Full Name of Payee RING LIMITED LLC
Mailing Address PO BOX 207
City DUBLIN State OH Zip Code 43017
Purpose of Expenditure TELEMARKETING AND DATA MANAGEMENT SERVICES
Name of Federal Candidate: JENKINS, EVAN H, ,
Calendar Year-To-Date Per Election for Office Sought 1084260.73
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 11713.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Gantt, Charles, ,

[Electronically Filed]

Date 07 / 06 / 2018

Signature

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

NAME OF COMMITTEE (In Full) 35TH, INC.	FEC IDENTIFICATION NUMBER ▼ C C00635607
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RING LIMITED LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 207	Amount <input type="text"/>
City DUBLIN State OH Zip Code 43017	Transaction ID : SE.4295 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure TELEMARKETING AND DATA MANAGEMENT SERVICES Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MORRISEY, PATRICK MR, , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1101394.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item RING LIMITED LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 207	Amount <input type="text"/>
City DUBLIN State OH Zip Code 43017	Transaction ID : SE.4298 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure TELEMARKETING AND DATA MANAGEMENT SERVICES Category/Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MORRISEY, PATRICK MR, , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1104387.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 15126.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 447320.60

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.

Gantt, Charles, , ,

[Electronically Filed]

Date / /

Signature