# 2017 - 12 - 26 - 68 - 661001014

FEC FORM 3X

OfÀce

Use

Only

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 DEG: 25 Us AMILI: 55

FEC FORM 3X

Rev. 05/2016

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ADDRE	ESS (number and street)	12	ارد	Bioleri	3,3,2, ,	1 1 1		1111			
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	than previously reported. (ACC)	A.	JIOI				لـــــا	AZI	18,5,3,	<u>3</u> ]]-	لسبا
2. FE	EC IDENTIFICATION N	UMBE	R▼		CITY A			STATE A		ZIP COD	DE A
11 C	0,0,0,4,1,7,7	<i>5</i> .3	j		3. IS THIS REPORT	X	NEW (N) OR	<b>y</b>	AMENDED (A)		
	YPE OF REPORT hoose One)	(t	) Mon Repo	ort L	Feb 20 (M2		May 20 (M5)	125.2°3 1764	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a	) Quarterly Reports:				Mar 20 (M3	)	Jun 20 (M6)	i S	ep 20 (M9)	# # 3x5 .223	Dec 20 (M12) (Non-Election Year Only)
	April 15	(04)			Apr 20 (M4	)	Jul 20 (M7)	∯ d C	Oct 20 (M10)	12.3	Jan 31 (YE)
	Quarterly Report ( July 15 Quarterly Report (		(c)	12-Day PRE-Election	on .	Primary (1	2P)	Gene	ral (12G)		Runoff (12R)
	October 15			Report for t	the:	Convention	n (12C)	Speci	al (12S)		
	Quarterly Report ( January 31 Year-End Report (				Election on		- H		•	in the State of	parinan 1 1 1 aailmi
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion	(d)	30-Day POST-Elect	اليسا	General (3	30G)	Runo	ff (30R)		Special (30S)
	Termination Report (TER)	rt		Report for t	tne: Election on	W C M	/ 646 /			in the State of	و معمد
5. C	overing Period	7)	0	11/20	517	through	09	30	20	17	
	y that I have examined		<b>A</b>					rue, correct	and complet	te.	<del> </del>
Туре	or Print Name of Treasur	rer	14/	ARIE	IVAI	EAUX					
Signat	ure of Treasurer	<u>N</u>	Jar	M_/	VaVea	ux_		Date t	2 1	8	2017
NOTE:	Submission of false, erro	neous,	or inco	omplete info	rmation may	subject the p	person_signing	this Report	to the penalti	es of 52	U.S.C. § 3010

## 2017 - 12 - 26 - 03 - 00182915

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name	0.22	
COPPER STA	TE RURAL	
Report Covering the Period: From:	5 6 20 7	09/30/2011
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  January 1,		
(b) Cash on Hand at Beginning of Reporting Period	32.0.1	
(c) Total Receipts (from Line 19)	2,2,42.1.1)	23,7.7.1.1
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,2,7,4.1,2	2,40,9.1.2
7. Total Disbursements (from Line 31)	$\sigma$	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2274.13	2,40,9.1,2
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0	
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on     Schedule C and/or Schedule D)	0	
This committee has qualified as a multic	andidate 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

2017 - 12 - 26 - 03 - 00102016

W	rite or Type Committee Name	^	
	COPPER STATE	RURAL	
Re	eport Covering the Period: From:	7 20 7	· 09 30 20 19
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15.	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2242.09	23.7.7.0.9
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶  Total Federal Receipts	2,2,42,111	2,3,7,7,1.1
	(subtract Line 18(c) from Line 19)	4 2 42 11	2 2 M 7 1 1

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements Page 4 COLUMN A COLUMN B Total This Period Calendar Year-to-Date \_12\J=41\\_ 

II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ...........................▶ 22. Transfers to AfAiated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees... THE OWNER OF THE PARTY OF THE P 24. Independent Expenditures 26. Loan Repayments Made..... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...........ь 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

## DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Hev. 05/2016)		raye J
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) (from Line 11(d), page 3)		
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
. •		
		22.54.0. 22.54.0. 4.55.0.
	III. Net Contributions/ Operating Expenditures  Total Contributions (other than loans) (from Line 11(d), page 3)	III. Net Contributions/ Operating Expenditures  Total Contributions (other than loans) (from Line 11(d), page 3) Total Contribution Refunds (from Line 28(d)) Net Contributions (other than loans) (subtract Line 34 from Line 33) Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) Offsets to Operating Expenditures (from Line 15, page 3) Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X)	Γ		FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	İ	Use separate schedule(s) for each category of the	(check only one)
TEMPLES TIESEN TO		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and ac	y not be sold or used by any paddress of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		^	
COPPER S	STATE	KURAL	¬
Full Name of Individual (Last, First, Middle A.	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address			MYM) / TOUTH / Tricker with
City	State	Zip Code	
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	C)	en e	The state of the s
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	Para Caracan	n de la company de la comp	
Guidi (speedily) V	Leudes ⊈ la		<i>₫</i>
Full Name of Individual (Last, First, Middle B.	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address			EMERY / EDUBA / EACHERMENT
City	State	Zip Code	— Last hered because a disconnection
	J.a.o		Amount of Each Receipt this Period
FEC ID number of contributing	$\mathcal{C}^{T}$	eg unio ingresion disembles g	gradient de la companya del companya del companya de la companya d
federal political committee.		ele Best este berteil	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	"	CHESTAL OF CHICATOR CONT.	3
Other (specify)	1:2	No way way	<u></u>
Full Name of Individual (Last, First, Middle C.	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address			المحمديدة المصموع العربيا
City	State	Zip Code	betted betted besteve of
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	eria de servicio de la companya della companya de la companya della companya dell	King Bandan Sandar Sandar Sandar Sandar
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	e instruct	ব্ৰহ্ম কৰা সহস্যাত কৰা । গোলা হৈ	٦
Other (specify)	- 1 1 - 1 - 2 S	AND A CENTER LANDER	ali
	<del></del>		general countries and course
SUBTOTAL of Receipts This Page (optional)	····		🚩 - Santagoria <u>an ing palagon p</u> alagon.

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: PAGE OF (check only one)  21b 22 23 26 27 28a 28b 28c 29 30b
or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  COPPER STATE	E RURAL	•
Full Name (Last, First, Middle Initial) A.		Date of Disbursement
Mailing Address		FINE WAY / TO DOW / LYNN WYNY
City	State Zip Code	FEC IdentiÀcation Number
Purpose of Disbursement		
Candidate Name		Category/ Type  Amount of Each Disbursement this Period
OfAce Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	See all and a second a second and a second and a second and a second and a second a
State: District:	Citics (Specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B.	,	Date of Disbursement
Mailing Address		Beach and Davidson Law De 200 (1)
City	State Zip Code	FEC IdentiÀcation Number
Purpose of Disbursement		
Candidate Name		Category/ Type  Amount of Each Disbursement this Period
OfAce Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Laba dispendian some del molla
State: District:		Memo Item
Full Name (Last, First, Middle Initial) C.		Date of Disbursement ্ৰিক্ষালক বুলি নিচাৰী লোক বিজ্ঞান সংগ্ৰাহ
Mailing Address		
City	State Zip Code	FEC IdentiÀcation Number
Purpose of Disbursement	T T	
Candidate Name		Category/ Amount of Each Disbursement this Period
Senate	ment For:  Primary General	EN E
State: District:	Other (specify) ▼	Memo Item
SUBTOTAL of Disbursements This Page (optional)		The state of the s
TOTAL This Period (last page this line number only	')	

SCHEDULE C	(FEC	Form	3X)
LOANS			

OANS	•			Use separate schedule for each category of the Detailed Summary Page	ne
AME OF COMMITTEE (In Full	1	·	]	Detailed Guillillary Fag	FOR LINE 13 OF FURIN 3X
<b>N</b>	ر 		$\cap$	0.01	
COPPER		HTE	1	IRAL	I Classical
LOAN SOURCE Full Name	(Last, First, Mic	ddle Initial)		☐ Memo Item	n Election: Primary
	NIA				General
Mailing Address					Other (specify) ▼
City		State	ZIP Coc	le	
Original Amount of Loan		Cumulative Pay			lance Outstanding at Close of This Period
The state of the s	 المريك <u>مناه مناه س</u> ام راي	t Ser New 1 3 1282	ingeneral de la 1921 Parriado de la 1921	ية ألماه يعتبوه عير	ing the state of the control of the state of
TERMS					
Date Incurred	l <del>ያዋጭቸውም</del> ህ ያ	D <del>የም</del> ም / <b>/ የም</b> ም	ate Due	Interest Ra	nte Secured:
M M F / D D J / I Y		M - M - / 1 U - U			% (apr) Yes No
List All Endorsers or Guara	entore (if any) t	o Loan Source			
Full Name (Last, First, Mineral Name)		Jouice		Name of Employer	
	,			L - 7 -	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	and the second s
2. Full Name (Last, First, M	iddle Initial)	<del></del>		Name of Employer	
				· ·	
Mailing Address				Occupation	
City	State	ZIP Code		- Tillount	woman analysis of the state of
				Guaranteed Outstanding: 1 - 5=	Landing of Strangers of Strains
3. Full Name (Last, First, M	iddle Initial)	<del></del>		Name of Employer	
Mailing Addge	<u></u>				
Mailing Address				Occupation	
City	State	ZIP Code		Amount 1= %-	- ಆ ಬಕ್ಕಾ ಆಗಾಗಲ್- ೨ ಕೃತ್ಯಾ
				Guaranteed Outstanding:	Service of the operation of the experience
4. Full Name (Last, First, M	iddle Initial)	<u></u>		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount	
Oity	State	ZIF Code		Amount Guaranteed Outstanding:	
-				P	
SUBTOTALS This Period This	Page (optional)			······	
TOTALS This Period (last page	e in this line onl	y)			
Ones a data to a data					all the the last beneficial day in
Carry outstanding balance on	iy to LINE 3, Scl	nedule D, for this	s line. If i	no Schedule D, carry fo	orward to appropriate line of Summary.

## 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, Wash	ington, D.C. 20463			rage broonedate o
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER
COPPER S	STATE R	URAL	C,	00617753
LENDING INSTITUTION (LENDER	(1)	Amount of Loan		Interest Rate (APR)
	'/A	17:50-0		%
Mailing Address		Date Incurred or Established	- Minimin	/ 15257 / FYLY (Y-Y)
City	State Zip Code	Date Due	MAM	PROPERTY OF
A. Has loan been restructured	? No Yes	If yes, date originally incurred	d	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
B. If line of credit,  Amount of this Draw:		Total Outstanding Balance:		particular of the transfer of the second
C. Are other parties secondari	•	curred? must be reported on Schedule C.)		
D. Are any of the following ple property, goods, negotiable stocks, accounts receivable	instruments, certiAcates			value of this collateral?
No Yes If ye	es, specify:		Does the le	ender have a perfected security
E. Are any future contributions collateral for the loan?		· -	ing an garangan ng G	t? No Yes
A depository account must to 11 CFR 100.82(e)(2) an		Location of account:		
Date account estab		Address:	<del></del>	<del></del>
<i>বিলেকা । তেওঁত</i>	li t	City, State, Zip:	<del></del>	<del>-   -  </del>
F. If neither of the types of co	ollateral described above	was pledged for this loan, or if the basis on with the basis of th	amount pled hich it assure	Iged does not equal or exceed as repayment.
G. COMMITTEE TREASURER  Typed Name MAR  Signature Man	. // 1 /	9UX T	DATE	[8] 2017
H. Attach a signed copy of the				
are accurate as state  II. The loan was made similar extensions of III. This institution is awa	stitution's knowledge, the ed above. on terms and conditions credit to other borrower are of the requirement the	e terms of the loan and other information of the loan and other information of the loan more factorial to the loan must be made on a bas	avorable at this which assu	ne time than those imposed for ures repayment, and has
AUTHORIZED REPRESENTATIVE		1 CFR 100.82 and 100.142 in mak	ing this loan.  DATE	
Typed Name Signature		Title	— FM™ M™	TOTAL CARREST
ı		i		

### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

E

(Use separate schedule(s) for each

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

xcluding Loans			numb	pered line)		10
IAME OF COMMITTEE (In Full)		\			<del> </del>	
COPPER STATE	E	LURAL			_	
A. Full Name (Last, First, Middle Initial) of Debtor				Nature of D	ebt (Purpose):	
ALIA						
Mailing Address						
City	State	Zip Code				
			,			
Outstanding Balance Beginning This Period						
Amount Incurred This Period		yment This Period		Outstandi	ng Balance at Close	of This Period
	~~~~		المدرد	g.		
					)	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of E	Debt (Purpose):	
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period						
Amount Incurred This Period		yment This Period	~=·=-		ing Balance at Close	
				]		, l
C. Full Name (Last, First, Middle Initial) of Debtor					Debt (Purpose):	
o. Tom reason (Least, 1 list, whoule littled) of Debtol	or orealion			Traine Of L	5551 (1 u1p088).	
Mailing Address						
Mailing Address						
City	State	Zip Code		]		
Outstanding Self.				<u> </u>		
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Pa	yment This Period	<del></del>		ing Balance at Close	
			لياد يوه		المراجعة والمساوية والماسان والماسان والماسان	
1) SUBTOTALS This Period This Page (optional)			▶		<u> </u>	
2) TOTALS This Period (last page this line areaster	only	<del></del>				
2) TOTALS This Period (last page this line number	Orny)		······· <b>P</b>			
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page o	only)	>			
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page	only) ►			00

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

TEMIZED INDEPENDENT EXPENDITURES	;			PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	·			FEC IDENTIFICATION NUMBER ▼
COPPER STAT	E Q	URAL		CIO 6 6 1 7 7 5 3
Check if 24-hour report 48-hour report	New repo		rt Àled	On hard hard harden
Full Name of Payee	<del></del>	П <b>М</b> ето	Item	Date of Public Distribution/Dissemination
NIA		Wichio	10	[Mana] / [Drog] / Larage / 24 ;
Mailing Address				tien el Carell Eurocoureact
				Amount
City	State	Zip Code		
Purpose of Expenditure	1	Category/		Date of Disbursement or Obligation
		Type		
Name of Federal Candidate:		Support	OfÀce	Sought: House District:
		Oppose	$  \ \Box$	President Senate State:
Calendar Year-To-Date	<del></del>	<del></del>	Disbu	rsement For: Primary General
Per Election for OfAce Sought	<u> </u>			Other (specify) >
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
				<b>™</b> - אוּיִן יִסֿיּס יִיִּסֿיּיִן יִיִּיִּסּיּיִם יִיִּיִּסִיּיִם יִיִּיִּסִיּיִם יִיִּיִּסִיּיִם יִיִּיִּיִּם יִיִּיִּ
Mailing Address		<del></del>		had bed bearing
				Amount
City	State	Zip Code		hand a final time and the first of the first of
				Date of Disbursement or Obligation
Purpose of Expenditure		Category/	***	AN ANT A REPORT OF A LABOR AND
		Туре		
Name of Federal Candidate:		Support	OfÀce	e Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date			Disbu	ursement For: Primary General
Per Election for OfAce Sought	<u> </u>	tallamilians (1904) est est.		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		. ▶	
(b) SUBTOTAL of Uniternized Independent Expendite	ures		. •	් යේ රාග්තාවනක් රාග්තාවක් රාග්රා රාග්
(c) TOTAL Independent Expenditures				triba i un un apria i un ain un un un il
(c) TOTAL independent Expenditures			. ▶	Sant with the theeless this to and
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized	reported herein were d committee or agent	of eithe	er, or (if the reporting entity is not a political
Signature NaVL	ayx	_ Date	e [ ]	2 18 2017

## 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

PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? NO YES Mailing Address If YES, name the designating committee: City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee ☐ Memo Item Purpose of Expenditure Category/ Type Mailing Address City State Zip Code Name of Federal Candidate Supported OfAce Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate TO AD ARREST AND 1921 OF Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported OfAce Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure ☐ Memo Item Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported OfAce Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE H1 (FEC Form 3X)

### METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)  COPPER STATE RURAL
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees  Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)  Presidential and Senate Election Year (36% Federal)  Senate-Only Election Year (21% Federal)  Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees  Indicate ratio below
Federal

# 2017 - 12 - 26 - 0M - 00182927

## SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUII)  COPPER STATE RURAL	<del>-</del>	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	·
Methods of allocation:		
I. FUNDRAISING activities are allocated using the "funds received meth	nod" where the federal pro	portion of
expenses must equal the federal proportion of monies raised.  II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the beneA tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	t derived by federal candid nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER N/A	FEDERAL %	NONEEDERAL 9/
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support		%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL 9/	NONEEDED AL 9/
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising  Direct Candidate Support		0/
CHECK IF THE RATIO IS:	70	
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	PEDERAL //	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		<del></del> -
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
CHECK IF THE RATIO IS:	%	<u> </u>
New Revised Same as Previously Reported		

# 2017 - 12 - 26 - 0M - 00182928

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

PAGI		С	F		
FOR	LINE	18a	OF	FORM	ЗХ

IAME OF COMMITTEE (In Full)
COPPER STATE QUARL
NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED
N/A
BREAKDOWN OF TRANSFER RECEIVED
i) Total Administrative
ii) Generic Voter Drive
iii) Exempt Activities
iv) Direct Fundraising (List Activity or Event IdentiÀer)
a)
b)
c) Total Amount Transferred For Direct Fundraising
v) Direct Candidate Support (List Activity or Event IdentiÀer)
a)
b)
c) Total Amount Transferred For Direct Candidate Support
vi) Public Communications Referring Only to Party (Made by PAC)
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED
TOTAL This Period (Administrative)
TOTAL This Period (Generic Voter Drive)
TOTAL This Period (Exempt Activities)
TOTAL This Period (Direct Fundraising)
TOTAL This Period (Direct Candidate Support)
TOTAL This Period (Public Communications Referring Only to Party)
TOTAL This Period (Total Amount Transferred)

## 2017 - 12 - 26 - 05 - 00182929

### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF

					I ON LINE 21a OF TOHW 3X
NA	ME OF COMMITTEE (In Full)		$\bigcap$	1	
	COPPER ST	ATE	KURA	· <u>L</u>	
Α.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Oity	Joine	210 0000		
	Purpose of Disbursement:		i		Allocated Activity or Event Year-To-Date
	Activity or Event IdentiÅer:				
	·			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		<u> </u>		<u> </u>	
B.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Maining Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event IdentiAer:			Category/	[M V M ] / F V V V V V V V V V V V V V V V V V V
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·	
<u>C.</u>	Full Name (Last, First, Middle Initial)		0220	☐ Memo Item	Allocated Activity or Event:
O.	Tuli Name (Last, Flist, Middle Hillar)			□ Memo item	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				<del></del>	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event IdentiÀer:				
	·			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del>⟨</del> ₩	
s	UBTOTAL of Allocated Federal and NonFederal	Activity This	Page		
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
		fi .	er Marines Cornella		
T	OTAL This Period (last page for each line only)(f				
	FEDERAL SHARE	<del>Paragrame</del> s	NONFEDERAL		TOTAL AMOUNT
				_=	

### 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)

1	PAGE		OF		
	FOR	LINE	18b OF	FORM	3>

NAME OF COMMITTEE (In Full)	
COPPER STATE RURAL	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
N/A	
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGISTR	RATION
Total Amount Transferred for Voter Registration	
Towards and the state of the st	OTER ID
ii) Voter ID	Charles Are Area
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
Community Dec	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
[लिटका / विकास करें के के किए का	
BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGIST	RATION
Total Amount Transferred for Voter Registration	
The contract of the contract o	(OTER UP
	VOTER ID
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV  Total Amount Transferred for GOTV	
Iolal Alliounic Wallstelled for GOTV	Control of the Contro
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (I	ast Page Only)
TOTAL This Period (Voter Registration)	
	to the state of th
TOTAL This Period (Voter ID)	
- Language	
TOTAL This Period (GOTV)	
1011C 11110 1 C1100 (CO117)	
TOTAL This Poriod (Constit Compaign Artifity)	
TOTAL This Period (Generic Campaign Activity)	
TOTAL TIL BULLET	
TOTAL This Period (Total Amount of Transfers Received)	

## 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 OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)		<del></del>		,
NAME OF COMMITTEE (III Full)		D		
COPPER S	THTE	KURAL	_	
A. Full Name (Last, First, Middle Initial)	•		Memo Item	Type of Allocated Activity or Event:
A. Full Name (Last, Flist, Middle Initial)	, , i uli Olgan ,	ization Name		Voter Registration GOTV
n//	A			Voter ID Generic Campaign
10)	11			
Mailing Address	· · · · · · · · · · · · · · · · · · ·			Allocated Activity or Event Year-To-Date
, maining , tooloos				
City	State	Zip Code	المطعطيين	
1		·		
Purpose of Disbursement			Category/	MAN / LOVED , LANDANA
			Type	Date []
FEDERAL SHARE	+	LEVIN SH	IARE	= TOTAL AMOUNT
Andread and and and and and and				
			in de la companya de	
D. E. II Marrie (Lant. Eliza Mittalia 1979)	. ( 5 () 0	to a Maria Maria		Type of Allocated Activity or Event:
B. Full Name (Last, First, Middle Initial)	) / Full Organ	ization Name	Memo Item	Voter Registration GOTV
				Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
Walling Address				
City	State	Zip Code		
	0.0.0			
Purpose of Disbursement	<u>I</u>		Category/	LANDON LAND , LANDON
i '			Type	Date
FEDERAL SHARE	+	LEVIN SH	IARE	= TOTAL AMOUNT
	م الحمد			
				- And the second
			□ Maria Hari	Type of Allegated Activity or Event
C. Full Name (Last, First, Middle Initial	) / Full Organ	ization Name	☐ Memo Item	Type of Allocated Activity or Event:  Voter Registration GOTV
				Voter ID Generic Campaign
				consider a sumparigni
Mailing Address				Allocated Activity or Event Year-To-Date
Ivialing Address				
City	State	Zip Code		
	0.0.0	2.5 0000		
Purpose of Disbursement	.l	·	Category/	· (Mogy) , Lead , Lassy
			Type	Date
FEDERAL SHARE	+	LEVIN SI	<del></del>	= TOTAL AMOUNT
TOOLING OF THE OWNER				
	11 [1		الله المراجعة المراج	
	سيلا (ليسمس	ار میانی <u>سان برزیستران</u>		
SUBTOTAL of Shared Federal and Levin	Activity This	······································		
FEDERAL SHARE	+	Page LEVIN SH	HARE	= TOTAL AMOUNT
	+	Page LEVIN SH		= TOTAL AMOUNT
FEDERAL SHARE		Page LEVIN SH	HARE	= TOTAL AMOUNT
FEDERAL SHARE  TOTAL This Period (last page for each lin		Page LEVIN SH	HARE	= TOTAL AMOUNT
FEDERAL SHARE  TOTAL This Period (last page for each lin	te only)(Feder	Page LEVIN SH	HARE	TOTAL AMOUNT  30(a)(ii))  TOTAL AMOUNT
FEDERAL SHARE  TOTAL This Period (last page for each lin	te only)(Feder	Page LEVIN SH al share to 30(a)(i) a	HARE and Levin share to	= TOTAL AMOUNT 30(a)(ii))
FEDERAL SHARE  TOTAL This Period (last page for each lin	e only)(Feder	Page LEVIN SH	HARE and Levin share to	TOTAL AMOUNT  30(a)(ii))  TOTAL AMOUNT
TOTAL This Period (last page for each lin	e only)(Feder	Page LEVIN SH al share to 30(a)(i) a	HARE and Levin share to	TOTAL AMOUNT  30(a)(ii))  TOTAL AMOUNT

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

NAME	OF COMMITTEE (In Full)	0 0	
NAME	E OF ACCOUNT	STATE RURAY	
TVAIVIE	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		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		9351
	(b) Voter ID		A
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
	(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	The state of the s	
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)		

# 2017 - 12 - 26 - 03 - 00182983

## 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

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or	for commercial purposes, other than using the name and	address of a	ny political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  COPPER STATE	RURA	L	
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Mailing Address	Organization	Name Memo Item	Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)  Occupation (for Individual)			Aggregate Year-to-Date
	Full Name of Individual (Last, First, Middle Initial) or Full	Organization	Name  Memo Item	Date of Receipt
В.	Mailing Address			M-M / B-B / M-7-7-V
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)  Occupation (for Individual)			Aggregate Year-to-Date
 C.	Full Name of Individual (Last, First, Middle Initial) or Full	Organization	Name  Memo Item	Date of Receipt
Ų.	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)  Occupation (for Individual)			Aggregate Year-to-Date
	Full Name of Individual (Last, First, Middle Initial) or Full	Organization	Name  Memo Item	Date of Receipt
D.	Mailing Address	<del></del>		Land , Lond , Land
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)			Aggregate Year-to-Date
_	Occupation (for Individual)		····	
$\vdash$	SUBTOTAL of Receipts This Page (optional)			
1	FOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:	PAG	ìΕ	OF
(check only one)	4a 4b	4c 4d	5

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) RURAL STATE 'OPPER Full Name (Last, First, Middle Initial) / Full Organization Name ☐ Memo Item Α. 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 B. 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 C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement D. 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 E, 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).....

Copper State Rural
PO Box 332
Ajo, AZ 85321
Phone: 520 400:9000
Ww.copperstationural.com

0509 T225 9000 0490 5T02

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Federal Election Com ENVELOPE REPLACEMENT PAGE FOF The FEC added this page to the end of this filir	R INCOMING DOCUMENTS		
Hand Delivered	Date of Receipt		
Postmarked USPS First Class Mail	Date of Receipt		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
	Next Business Day Delivery		
Date of Receipt Received from House Records & Registration Office			
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
PREPARER (2/0045)	12/26/17 DATE PREPARED		
(3/2015)			