FEC FORM 3X

Office

Use

Only

2018:08:13:08:00226969

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

COLO AL Office ruse Phily 10: 42

FEC FORM 3X

Rev. 05/2016

NAME OF COMMITTEE (in ful	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
FIUTIORE IL	ELADIERS, HIP F	[[[Q Q]	
ADDRESS (number and s	treet) 4215 BR	LNDYWINE IST.	NW
▼ Check if differe than previously			
reported. (ACC		10,N	DG 200161-
2. FEC IDENTIFICAT	TION NUMBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C Ø Ø 6 5	2578	. IS THIS NEW NEPORT (N)	OR AMENDED (A)
January 31	Report (Q1) Report (Q2) Report (Q3) Report (YE) d-Year on-election (MY) Report Report (Q3) Report (YE)	e: Convention (12C) ection on General (30G) e:	(M6)
5. Covering Period	84/81/20	through	State of
I certify that I have exam	mined this Report and to the bes	st of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	Treasurer Tillman	Peele Lanyi	
Signature of Treasurer	to		Date 0 7 12 2018
NOTE: Submission of fals	se, erroneous, or incomplete inform	nation may subject the person sign	ning this Report to the penalties of 52 U.S.C. § 30109

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FUTURE LEADERSHIP FUND Report Covering the Period: From: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 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 1050 First Street, N.E. 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

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26971	

Write or Type Committee Name	LEADERSHIP FUND							
Report Covering the Period: From: 69 61 2018 To: 66 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)	90	1, <u>12,000.</u>						
(ii) Unitemized	\$0	4006						
(iii) TOTAL (add								
Lines 11(a)(i) and (ii)	L. J.C.	1, 1, 2, 29.5						
(b) Political Party Committees	80	40						
(c) Other Political Committees								
(such as PACs)	A O	90						
(d) Total Contributions (add Lines		•						
11(a)(iii), (b), and (c)) (Carry	70	40005						
Totals to Line 33, page 5)								
Party Committees	40	Bo						
13. All Loans Received	\$ 0	86						
	1							
14. Loan Repayments Received	La constant de la con	La constant de la con						
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)								
(Carry Totals to Line 37, page 5)	ϕ_D	σ₽						
16. Refunds of Contributions Made								
to Federal Candidates and Other	A A							
Political Committees	L. C.	Large and SU						
17. Other Federal Receipts (Dividends, Interest, etc.)	40	T ACO						
18. Transfers from Non-Federal and Levin Fund	s Line in the contract of the	Language Constitution (III)						
(a) Non-Federal Account								
(from Schedule H3)	4 - 17 - 1 - 17 - 17 - 17 - 17 - 17 - 17							
(b) Levin Funds (from Schedule H5)								
(c) Total Transfers (add 18(a) and 18(b))								
•	••							
10. Total Descints (add Lines 11/d)								
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	47	\$2006						
12, 10, 14, 10, 10, 17, and 10(0)/	L. P. U. L.	L. 13 4.7.54.7.7.						
20. Total Federal Receipts								
(subtráct Line 18(c) from Line 19)▶	\$0	12299						

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DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 05/2016)

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Allocated Federal/Non-Federal		outerroad real to Bute
	Activity (from Schedule H4)		
	(i) Federal Share		
•	(ii) Non-Federal Share		
	(b) Other Federal Operating		
,	Expenditures	145	1,90.
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4116	\$ 00
22.	Transfers to Affiliated/Other Party		
	Committees	\$ 500	\$10
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	1	<u> </u>
24. 	Independent Expenditures (use Schedule E)	¶O.	& O
25.	(52 U.S.C. § 30116(d))		
	(use Schedule F)	S O	\$0
26.	Loan Repayments Made	. 4 (A.P.
•			1 1 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
27. 28.	Loans Made	10.	<u> </u>
	(a) Individuals/Persons Other Than Political Committees	\$0	1
	(b) Political Party Committees	20	41
	(c) Other Political Committees		<u> </u>
	(such as PACs)	Q.P.	\$10
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	\$0	
29.	Other Disbursements (Including		
	Non-Federal Donations)	10 de	\$50
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	222 2 222 2 232	
	(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))	145	40
32.	Total Federal Disbursements	nonemental and the second	tementalem and a margini de la margini d La margini de la margini d
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	\$46	490
	en e		:
			·

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** III. Net Contributions/ **COLUMN B Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

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SCHEDULE A (FEC Form 3X)						FOR LINE NUMBER: PAGE OF					
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)					·	
			Detailed Summary Page		118	`	11b	11c	- 12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the						rpose o	f soliciting c	ontribut	ions	
	NAME OF COMMITTEE (In Full)										
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name		Date	of F	Receipt			-	
	Mailing Address				M	X	/ 10	/ 7	γ γ γ γ	Y	
	City	State	Zip Code		Amo	unt c	of Each i	Receipt this	Period		
	FEC ID number of contributing federal political committee.	C .				and Se					
	Name of Employer (for Individual)	Occi	upation (for Individual)		Memo Item						
	Receipt For: Primary General		Year-to-Date ▼	ang g							
	Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name		Date	of F	Receipt				
	Mailing Address				in the	М	/ O.W	0 / 74	7 77	T)	
	City	State	Zip Code		Amo	unt c	of Each I	Receipt this	Period		
	FEC ID number of contributing federal political committee.	C.									
	Name of Employer (for Individual)	Occ	upation (for Individual)			Men	no Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼			,					
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	rganization Name		D-4-	-4 5	int	·			
C.	Mailing Address				Date	OIF	Receipt	0 / Y 1	<u>የ</u> የ የ ህ	Y	
	City	State	Zip Code		Amo	unt c	of Fach I	Receipt this	Period		
	FEC ID number of contributing federal political committee.	C.				manage			ili oʻganing		
	Name of Employer (for Individual)	Occ	upation (for Individual)			Mer	no Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼								

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

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

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check onl	NUMBER: y one)		PAGE OF			
	for each category of the Detailed Summary Page	21b 28a	22 28b	23 28c	26 29	27 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	o and address of any politica	ar committee t	o sonon contr	iouions ifof	ii such C	ommittee.		
<u> </u>								
Full Name (Last, First, Middle Initial) A.			Date of C)isbursemen	t			
<u> </u>		Date of L	/ For o		/ • • • • 			
Mailing Address								
City	State Zip Code		FEC Iden	tification Nu	mber			
Purpose of Disbursement			C		1			
Candidate Name		Category/ Type				t this Period		
Office Sought: House Disbursen		·ype		52 2 2				
	Primary General Other (specify) ▼		-	o Item	اهم وس.			
State: District:			iviem					
Full Name (Last, First, Middle Initial) B.			Date of D)isbursemen		Y		
Mailing Address	 							
City	State Zip Code FEC Identification Numb							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount o	of Each Dist	oursemen	nt this Period		
Office Sought: House Disbursen	_	1,700	1 1	93-J-J				
President	Primary General Other (specify)			o Item				
State: District: Full Name (Last, First, Middle Initial)						· · · · · · · · · · · · · · · · · · ·		
C.			Date of [)isbursemen		·		
Mailing Address	· · · · · · · · · · · · · · · · · · ·		- I - M	/ b * b		, , ,		
City	State Zip Code		FEC Iden	itification Nu	ımber			
Purpose of Disbursement								
Candidate Name	1	of Each Dist		nt this Period				
Office Sought: House Disbursen	_	Туре						
President	Primary General Other (specify) ▼		NA	o Item				
State: District:	·							
SUBTOTAL of Disbursements This Page (optional)		>						
TOTAL This Period (last page this line number only)								

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SCHEDULE C (FEC Form 3X) PAGE OF Use separate schedule(s) LOANS for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Election: ☐ Memo Item LOAN SOURCE Full Name (Last, First, Middle Initial) Primary General Mailing Address Other (specify) ▼ ZIP Code City State Cumulative Payment To Date Original Amount of Loan Balance Outstanding at Close of This Period **TERMS** Date Incurred Date Due Interest Rate Secured: % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation State ZIP Code City Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation State ZIP Code City 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 State ZIP Code City Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS 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.

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

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NA	ME	OF COMMITTEE (In Full)					FE	C IDENTIFIC	ATION NUMBER
LE	NDIN	NG INSTITUTION (LENDER)			Amount of	Loan		Interest	Rate (APR)
	l Na								· · · · · · · · · · · · · · · · · · ·
Ма	iling	Address							
		•			Date Incu	red or Established	M V W	/ 0 0	,
Cit	y		State	Zip Code	Date Due		n v n	/ 000	
		Has loan been restructured?		lo Yes	If yes, da	e originally incurre	d L	, 0.0	
	•	If line of credit, Amount of this Draw:				Total Outstanding Balance:			
	C.	Are other parties secondarily No Yes (End				ed on Schedule C.))	-	·
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected see									
		Are any future contributions collateral for the loan?	or futui No		erest income, p	ledged as		it? No e estimated v	alue?
		A depository account must be to 11 CFR 100.82(e)(2) and	oe esta 100.14	blished pursuant 12(e)(2).	Location	of account:			
		Date account establis			Address				
					City, Sta	te, Zip:			
*	F.	If neither of the types of colla the loan amount, state the b	ateral d asis up	escribed above on which this lo	was pledged for an was made a	this loan, or if the nd the basis on w	amount ple hich it assur	dged does no es repayment	t equal or exceed
	G.	COMMITTEE TREASURER					DATE		· ·
		Typed Name Signature					- M-VW	/ 0.00	,
			•						-
	Н.	Attach a signed copy of the				· · · · · · · · · · · · · · · · · · ·			
	 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. 						nsion of the loan		
		II. The loan was made or similar extensions of cr III. This institution is aware complied with the requ	n terms redit to e of the	and conditions other borrowers requirement th	of comparable at a loan must	credit worthiness. be made on a bas	is which ass	ures repayme	·
ΑL	THC	DRIZED REPRESENTATIVE					DATE		
Ţ	ped	Name						7 / 6 7 6 7	/
Si	gnat	ure			Title				

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

(Use separate schedule(s)

PAGE OF: FOR LINE NUMBER:

xcluding Loans				each red line)	(check only one)	9
NAME OF COMMITTEE (In Full)		*.				
A. Full Name (Last, First, Middle Initial) of Do	ebtor or Creditor	·	N	lature of D	ebt (Purpose):	
Mailing Address						
City	State	Zip Code				
				· —	· · · · · · · · · · · · · · · · · · ·	
Outstanding Balance Beginning This Period						
Amount Incurred This Period		yment This Period			ng Balance at Close	
				L		
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor		\ \	lature of D	ebt (Purpose):	
Mailing Address				٠		
City	State	Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	nyment This Period		Outstandi	ng Balance at Close	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor		N	lature of D	ebt (Purpose):	
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period						
Amount Incurred This Period		nyment This Period			ng Balance at Close	
1) SUBTOTALS This Period This Page (optional	ai)		>			
2) TOTALS This Period (last page this line num	nber only)		>			4.
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last page o	only)	>			
4) ADD 2) and 3) and carry forward to appropri	riate line of Summ	ary Page (last nage	only) ►			

SCHEDULE E	(FEC Form 3X)
ITEMIZED INDEPE	ENDENT EXPENDITURES

Amends report Rec Detrituion/Dissemination Date of Public Distribution/Dissemination Distribution/Dissemination Distribution/Dissemination Distribution/Dissemination Distribution/Dissemination Date of Public Distribution/Dissemination Distribution/Dissemination Date of Disbursement Distribution/Dissemination Disbursement Dis	TE	MIZED INDEPENDENT EXPENDITURES	8			PAGE OF FOR LINE 24 OF FORM 3X
Theck if 24-hour report 48-hour report New report Amends report filed on Fulls: District Date of Public District Date of Public District Date of Public District Date of Disbursement or Obligation Purpose of Expenditure Cutegory/ Name of Federal Candidate: Calendar Year-To-Date Per Election for Office Sought Full Name of Peyee Mailing Address Category/ Disbursement For: Oppose President Senate State: Category/ Disbursement For: Oppose Mailing Address Amount City State Zip Code Disbursement For: Disbursement or Obligation Date of Public District Distribution/Dissemination Category/ Typ Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Typ Name of Federal Candidate: Category/ Typ Office Sought: House District: Oppose Category/ Typ Office Sought: House District: Oppose Category/ Typ Office Sought: Oppose Category/ Typ Office Sought: Oppose Oppose Office Sought: Oppose Op	V.A	ME OF COMMITTEE (In Full)				
Name of Payee				. ·		
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Name of Federal Candidate: Category/ Type Category/ Cother (specify) ▶ Category/ Type Category/ Type Category/ Cother (specify) ▶ Category/ Type Category/ Cother (specify) ▶ Category/ Cother (specify) ▶ Category/ Type Category/ Cother (specify) ▶ Category/ Cother	- Cł	neck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on Mum / Dub / Yuyuyuy
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support State: Disbursement For: Primary General Per Election for Office Sought Full Name of Payee Memoritary State Zip Code City State Zip Code Date of Disbursement For: Primary General Purpose of Expenditure City State Zip Code Date of Disbursement or Obligation Amount City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Office Sought: House District: Primary General Purpose of Expenditure Category/ Type Date of Disbursement or Obligation Date of Disbursement or Obligation Office Sought: Office Sought		Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
City State Zip Code Date of Disbursement or Obligation Oppose President Senate State State Disbursement For Primary General Per Election for Office Sought Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Disbursement or Obligation Date of Disbursement or Disbursement or Obligation Date of Disbursement or Date of Da		` _				MAM / DAD / AAAAAA
City State Zip Code Date of Disbursement or Obligation		Mailing Address				Amount
Purpose of Expenditure Category Type Category			la:	i = -		
Purpose of Expenditure Category Support Office Sought: House District: Oppose President Senate State: Other (specify) ▶		City	State	Zip Code		
Name of Federal Candidate: Support Office Sought: House District: Oppose President Senate State: Other (specify) Full Name of Payee Memo Item Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement For Obligation Purpose of Expenditure Category/		Durnage of Evranditure				Date of Disbursement or Obligation
Name of Federal Candidate: Support Optice Sought: House District: Oppose President Senate State: Calendar Year-To-Date President Senate State: Disbursement For: Primary General Other (specify) Full Name of Payee Memo Item Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type President Senate State: Oppose President Senate State: Calendar Year-To-Date President Senate State: Per Election for Office Sought Other (specify) Other (specify) Calendar Year-To-Date Disbursement For: Primary General Calenda		Purpose of Experialture	•			May , Dad , Assassa
Oppose President Senate State State State Primary General	_	Name of Endoral Condidate:	· · · · ·			the state of the s
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Memo Item		Name of Federal Candidate.		<u> </u>	Office	
Per Election for Office Sought Full Name of Payee Memo Item			<u> </u>	Oppose		
Full Name of Payee		l .	_0\		DISDU	
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Galendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (b) Substraction for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Cother (specify) Cother (specify) 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.		Full Name of Payee	of Payee			
Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures (a) SUBTOTAL of Unitemized 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.		·				WAM , DED , AAAAAA
City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Optice Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures. (a) SUBTOTAL of Unitemized 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.		Mailing Address		· · · · · · · · · · · · · · · · · · ·		
City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Office Sought: Oppose President Senate State: Oppose Disbursement For: Primary General Other (specify)▶ (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized 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.						•
Purpose of Expenditure Category/ Type		City	State	Zip Code		
Name of Federal Candidate: Support Support Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify)		·		·		Date of Disbursement or Obligation
Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. (a) SUBTOTAL of Unitemized Independent Expenditures. (a) 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.		Purpose of Expenditure				
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (b) 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.		Name of Federal Candidate:		Support	Office	Sought: House District:
(a) SUBTOTAL of Itemized Independent Expenditures				Oppose		· -
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) 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.		Calendar Year-To-Date			Disbu	rsement For: Primary General
(a) SUBTOTAL of Unitemized Independent Expenditures (a) 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.		Per Election for Office Sought				Other (specify) ▶
(a) SUBTOTAL of Unitemized Independent Expenditures (a) 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.						
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.		(a) SUBTOTAL of Itemized Independent Expenditure	es		. •	
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.		(a) CURTOTAL of United and Independent Symposis				
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.		(a) SUBTOTAL OF OFFICE INTERPRETATION CAPENDIC	ures			
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. Date		(a) TOTAL Independent Expenditures	······································		•	
		with, or at the request or suggestion of, any candid	date or authorize			
					TM-	
		Signature		Date	e	

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X

PAGE OF

NΑ	ME OF COMMITTEE (In Full)								· · · · · · · · · · · · · · · · · · ·
	s your committee been designated to mal		tee?	Full f	Name of Sub	ordinate Committe	ee		· .
	YES NO f YES, name the designating committee:			Mailing Address				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>			State	ZIP Code	
·]	Full Name (Last, First, Middle Initial) of	Fach Pa	avee	·-·	 	☐ Memo Iten	Purpose	of Expenditure	
								or Enponditure	Category/
	Mailing Address						Date	· · · · · · · · · · · · · · · · · · ·	Туре
	City		State		Zip Code				
	Name of Federal Candidate Supported	Office	Sough	it:	House Senate Presidential	State: District:	- Amour	nt	
	Aggregate General Election Expenditure for this Candidate	<u> </u>		^_					
	Full Name (Last, First, Middle Initial) of	Each Pa	ayee			☐ Memo Iter	n Purpose	of Expenditure	Category/
	Mailing Address						Date		Туре
	City		State		Zip Code		N Tr	7 6 6 7	
	Name of Federal Candidate Supported	Office	Sough	nt:	House Senate Presidential	State:	Amoui	nt	
	Aggregate General Election Expenditure for this Candidate ▶		-7						
	Full Name (Last, First, Middle Initial) of	Each P	ayee			☐ Memo Iter	n Purpose	of Expenditure	. Category/
	Mailing Address						Date		Туре
	City		State		Zip Code		Mun	/ 10 20 /	
	Name of Federal Candidate Supported	Office	Sough	nt:	House Senate Presidential	State:	- Amour	nt	
	Aggregate General Election Expenditure for this Candidate	1	-77		<i>3</i> 7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4				
s	UBTOTAL of Expenditures This Page (op	tional)					. L		
T	OTAL This Period (last page this line num	nber on	ly))			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

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

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SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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

Methods of allocation:

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

are allocated using a time/space method.	elerence to a political par	ty. Such expenses
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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

PAGE	OF	
		

				FOR L	INE 18a OF FORM 3X
NAME OF COMMITT	ree (In Full)				
NAME OF ACCOU	JNT	DATE OF RECEI	 РТ	TOTAL AMOUNT	TRANSFERRED
BREAKDOWN O	F TRANSFER RECEIVED				
i) Total Admin	nistrative :				
	,	•	•		
ii) Generic Vot	ter Drive		·	A	
ill) Exempt Act	livities		·		3-1-1-1-1
iv) Direct Fund	draising (List Activity or Event Id	dentifier)			,
a)					
b)			<u> </u>		İ
	•				
c) Total Amo	ount Transferred For Direct Fund	draising		A	<i>51</i> 2
v) Direct Cand	didate Support (List Activity or I	Event Identifier)			
a)			4 4 4 4 5 5 6		
Ì				and a	·
b)			- <u>a-1-4-4-5-4</u>		
•					
c) Total Amo	ount Transferred For Direct Cand	didate Support	······		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
vi) Public Com	nmunications Referring Only to				
	TOTALS I	FOR BREAKDOWN (OF TRANSFER RECEIV	·	
TOTAL This Period	(Administrative)				
TOTAL This Period	(Generic Voter Drive)			<u> </u>	
					and
TOTAL This Period	(Exempt Activities)			<u> </u>	
TOTAL This Period	(Direct Fundraising)				
			and the same of th	andrew alternations and an anti-	
TOTAL This Period	(Direct Candidate Support)				
TOTAL This Period	(Public Communications Referring	ng Only to Party)	· · · · · · · · · · · · · · · · · · ·		
	(T. 1.4				
IUIAL This Period	(Total Amount Transferred)			<u> </u>	513-A-C-523-A

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

PAGE	OF	
FOR LINE	212 OF FOR	M 3Y

_					
A.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address	Administrative Fundraising Exempt 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 Identifier:		• :	Category/ Type	Date Date
,	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
 В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Marillan Addana				Administrative Fundraising Exempt
	Mailing 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
	- alpose of Blooding.ii.				
	Activity or Event Identifier:		Category/ Type	Date Date	
	FEDERAL SHARE	+ .	NONFEDERAL	SHARE	= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)		· · ·	☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	1			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
	Activity or Event Identifier:			Category/ Type	
	Activity or Event Identifier: FEDERAL SHARE	+	NONFEDERAL	Category/ Type	MAN / LOZOJ / LAGASA
		+	NONFEDERAL	Category/ Type	Date Date
SI	FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	Activity This	Page	Category/ Type SHARE	Date TOTAL AMOUNT
SI	FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	Page . NONFEDERAL	Category/ Type SHARE SHARE	Date Date
	FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	Activity This	Page NONFEDERAL	Category/ Type SHARE SHARE	Date TOTAL AMOUNT TOTAL AMOUNT
	FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This + Federal share	Page NONFEDERAL	Category/ Type SHARE SHARE I NonFederal sha	Date TOTAL AMOUNT 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)

PAGI	<u> </u>	O	F		
FOR	LINE	18b	OF	FORM	3X

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT.	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		·
i) Voter Registration Total Amount Transferred for Voter		
il) Voter ID Total Amount Transferred for Voter		OTER ID
III) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Gener	ic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for Voter	VOTER REGISTI	PATION
ii) Voter ID Total Amount Transferred for Voter		/OTER ID
III) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Gener	ric Campaign Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BRE	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter ID)		
TOTAL This Períod (GOTV)		
TOTAL This Period (Generic Campaign Ac	ctivity)	
TOTAL This Period (Total Amount of Trans	sfers Received)	

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

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

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)				
A. Full Name (Last, First, Middle Initia	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date / Page / Pa
FEDERAL SHARE	+	LEVIN S	SHARE.	= TOTAL AMOUNT
		· · · · · · · · · · · · · · · · · · ·	27	
B. Full Name (Last, First, Middle Initia	al) / Full Org	anization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		<u> </u>	·	Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement	Purpose of Disbursement			Date/
FEDERAL SHARE	+	SHARE	= TOTAL AMOUNT	
C. Full Name (Last, First, Middle Initia	al) / Full Org	anization Name	☐ Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date / D D / T P P P P P P P P P P P P P P P P P P
FEDERAL SHARE	+	LEVIN		= TOTAL AMOUNT
		A		
SUBTOTAL of Shared Federal and Levir	Activity Thi	_		
FEDERAL SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each li	ne only)(Fed	deral share to 30(a)(i)	and Levin share to	30(a)(ii))
FEDERAL SHARE		, , , ,		TOTAL AMOUNT
and the second s		LEVIN	SHARE	
TOTAL This Period for the Levin Share				

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

NAM	E OF COMMITTEE (In Full)		
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3 .	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
•	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
		·	

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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)

PAGE

	2

		·	Aggreg	ation Page	(check only one)
	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and a				
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
Α.	Full Name of Individual (Last, First, Middle Initial) or Full O	Date of Receipt			
	Mailing Address				
	City	State		Zip Code	Amount of Each Receipt this Period
	Name of Employer (for Individual)				Aggregate Year-to-Date
	Occupation (for Individual)				
В.	Full Name of Individual (Last, First, Middle Initial) or Full C	Date of Receipt			
	Mailing Address				Amount of Each Receipt this Period
	City	State		Zip Code	A R A R A R A R A R A R A R A R A R A R
	Name of Employer (for Individual) Occupation (for Individual)				Aggregate Year-to-Date
		Date of Receipt			
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item				Date of Heceipt
	Mailing Address				Amount of Each Receipt this Period
•	City Name of Employer (for Individual)	State		Zip Code	
					Aggregate Year-to-Date
					Date of Receipt
D.					Date of Necept
	Mailing Address			Amount of Each Receipt this Period	
	Name of Employer (for Individual)	State	<u>-</u>	Zip Code	
	Occupation (for Individual)				Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)					
T	OTAL This Period (last page this line number only)				

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

Use separate schedule(s)

FOR LINE NUMBER	ER:	PAG	E		OF_	
(check only one)	_		_	1		1
	Ш	4a		4c	L_	5
•		4h		4d		

OF LEVIN FUNDS			for each category of the Aggregation Page	4a 4c 5 4b 4d
An or	r information copied from such Reports and State for commercial purposes, other than using the na	ements may r	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
Δ.	Full Name (Last, First, Middle Initial) / Full Organ	Date of Disbursement		
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<u> </u>		
В.	Full Name (Last, First, Middle Initial) / Full Organ	□ Memo Item	Date of Disbursement	
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	The same of the sa		
<u> </u>	Full Name (Last, First, Middle Initial) / Full Orga	Date of Disbursement		
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement			
D .	Full Name (Last, First, Middle Initial) / Full Orga	nization Name	⊖ ☐ Memo Item	Date of Disbursement
•	Mailing Address	MAW / DED / ARAGARA		
	City	State	Zip Code	Amount of Each Disbursement this Period
ų.	Purpose of Disbursement			
Ε.	Full Name (Last, First, Middle Initial) / Full Orga	nization Name	e	Date of Disbursement
	Mailing Address			
	City	State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		·	
s	UBTOTAL of Disbursements This Page (optional)		
т	OTAL This Period (last page this line number on	ly)		

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
Postmarked	Date of Receipt				
USPS First Class Mail	8-13-18				
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				
Ne	ext Business Day Delivery				
Received from House Records & Registration (Date of Receipt 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				
nf	8-13-18				
PREPARER	DATE PREPARED				

(3/2015)