

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2018 AUG 13 Office Use Only 10:42

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

FUTURE LEADERSHIP FUND

ADDRESS (number and street) **4215 BRANDYWINE ST. NW**

Check if different than previously reported. (ACC) **WASHINGTON DC 20016-**

2. **FEC IDENTIFICATION NUMBER** **C060652578** **CITY** **STATE** **ZIP CODE**

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

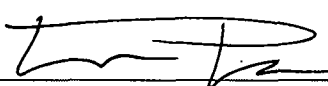
- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period **04 / 01 / 2018** through **06 / 30 / 2018**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Tillman ~~Lang~~ Peele Lang**

Signature of Treasurer  Date **07 / 12 / 2018**

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

2018 AUG 13 10:42

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FUTURE LEADERSHIP FUND

Report Covering the Period: From:

04 01 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).....

\$0

\$2,000

(ii) Unitemized.....

\$0

\$295

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$0

\$2,295

(b) Political Party Committees.....

\$0

\$0

(c) Other Political Committees (such as PACs).....

\$0

\$0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$0

\$2,295

12. Transfers From Affiliated/Other Party Committees.....

\$0

\$0

13. All Loans Received.....

\$0

\$0

14. Loan Repayments Received.....

\$0

\$0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

\$0

\$0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

\$0

\$0

17. Other Federal Receipts (Dividends, Interest, etc.).....

\$0

\$0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

~~_____~~

~~_____~~

(b) Levin Funds (from Schedule H5).....

~~_____~~

~~_____~~

(c) Total Transfers (add 18(a) and 18(b)).....

~~_____~~

~~_____~~

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

\$0

\$2,295

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

\$0

\$2,295

NON-FEDERAL AND LEVIN FUNDS

**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 OF

<input 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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

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

A.

Mailing Address

City State Zip Code

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 ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

B.

Mailing Address

City State Zip Code

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 ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

C.

Mailing Address

City State Zip Code

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 ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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

20160508 11:00 AM

**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)					PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

UNION: GOVERNMENT: COMMUNICATIONS

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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.

2010-08-11 09:00:00 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

1) **SUBTOTALS** This Period This Page (optional).....▶

[Empty box for Subtotals]

2) **TOTALS** This Period (last page this line number only).....▶

[Empty box for Totals]

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....▶

[Empty box for Total Outstanding Loans]

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)▶

[Empty box for Add 2 and 3]

2025 RELEASE UNDER E.O. 14176

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)

NAME OF COMMITTEE (In Full)			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address				Category/Type
City	State	Zip Code	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address				Category/Type
City	State	Zip Code	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address				Category/Type
City	State	Zip Code	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

2016-05-01 11:00 AM

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

Indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

20160510 10:00 AM

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
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)	

2015-10-10 10:00:00 AM

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

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement: Category/Type

Activity or Event Identifier: Date

Allocated Activity or Event Year-To-Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement: Category/Type

Activity or Event Identifier: Date

Allocated Activity or Event Year-To-Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement: Category/Type

Activity or Event Identifier: Date

Allocated Activity or Event Year-To-Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

20160501 10:00 AM

**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)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code			Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
TOTAL This Period for the Levin Share						

20160501 10:00 AM

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

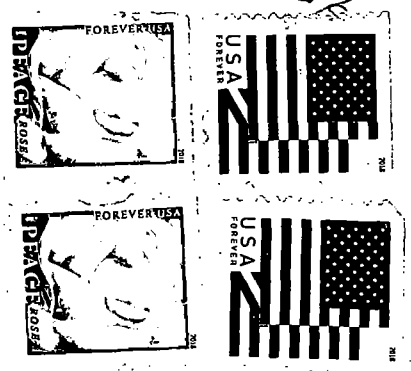
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter 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)		

20160501 10:00 AM

FUTURE LEADERSHIP FUND
4215 BRANDYWINE ST. NW
WASHINGTON, DC 20016
26016

RECEIVED
FLC MAIL CENTER
2018 AUG 13 AM 10:42

FEDERAL ELECTION COMMISSION
1050 FIRST STREET NE
WASHINGTON, DC 20463



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt 8-13-18
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>mf</i> PREPARER	8-13-18
(3/2015)	DATE PREPARED

1-800-438-3030