# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

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

NEWS CORPORATION POLITICAL ACTION COMMITTEE (NEWS CORP PAC)

ADDRESS (number and street) ▼

1211 AVENUE OF THE AMERICAS

C/O NEWS CORPORATION

☐ Check if different than previously reported. (ACC)

| CITY ▲ | STATE ▲ | ZIP CODE ▲ |
|---|---|---|
| New York | NY | 10036 – |

2. **FEC IDENTIFICATION NUMBER ▼** C C00546101

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

**4. TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|---|---|---|---|
| ☐ Feb 20 (M2) | ☐ May 20 (M5) | ☐ Aug 20 (M8) | ☐ Nov 20 (M11) (Non-Election Year Only) |
| ☐ Mar 20 (M3) | ☐ Jun 20 (M6) | ☐ Sep 20 (M9) | ☐ Dec 20 (M12) (Non-Election Year Only) |
| ☐ Apr 20 (M4) | ☐ Jul 20 (M7) | ☐ Oct 20 (M10) | ☐ Jan 31 (YE) |

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM 11 / DD 06 / YYYY 2018 in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2018 through MM 10 / DD 17 / YYYY 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 Bush, Antoinette, C, ,

Signature of Treasurer *Bush, Antoinette, C, ,* ***[Electronically Filed]*** Date MM 10 / DD 22 / YYYY 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.

| Office Use Only | | | | | | | |
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