

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3988.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9494.25"/>	<input type="text" value="22073.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="13482.28"/>	<input type="text" value="22073.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17993.64"/>	<input type="text" value="26584.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-4511.36"/>	<input type="text" value="-4511.36"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

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).....	3073.00	6287.49
(ii) Unitemized	6331.25	11410.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9404.25	17697.71
(b) Political Party Committees	90.00	90.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9494.25	17787.71
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	4285.46
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	4285.46
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9494.25	22073.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9494.25	17787.71

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	2371.03
(ii) Non-Federal Share.....	0.00	6096.91
(b) Other Federal Operating Expenditures	8045.23	8049.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8045.23	16517.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	9948.41	9948.41
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	118.46
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17993.64	26584.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17993.64	20487.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9494.25	17787.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9494.25	17787.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8045.23	10420.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8045.23	10420.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

A. Bolak, Diane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 Presidio Ct.

City Allen	State TX	Zip Code 75013
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wm. Bolak, DMD	Occupation (for Individual) Registered Nurse
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 3424 Nickel Creek Drive

City Plano	State TX	Zip Code 75025
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Global Life Sciences Company	Occupation (for Individual) Professional
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2016

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 4319 Creekmeadow Dr

City Dallas	State TX	Zip Code 75287
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ID Specialists PA	Occupation (for Individual) Medical Coder
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2016

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

A. Puckett, JC, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4319 Creekmeadow Dr

City Dallas	State TX	Zip Code 75287
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ID Specialists PA	Occupation (for Individual) Medical Coder
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2016

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 318 Northview

City Richardson	State TX	Zip Code 75080
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GXS	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
655.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2016

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
5.00

Memo Item

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

Mailing Address 318 Northview

City Richardson	State TX	Zip Code 75080
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GXS	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2808.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2016

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period
2153.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2183.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rawlins, Michael, , ,

Mailing Address 318 Northview

City Richardson	State TX	Zip Code 75080
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GXS	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2858.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	3073.00

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

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

FOR LINE NUMBER: PAGE 9 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Grayson County Democratic Party

Mailing Address P. O. Box 2141

City Sherman State TX Zip Code 75091-2141

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 ▼
 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : SA11B.4227

Amount of Each Receipt this Period
 90.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. First Bankcard

Mailing Address P.O. Box 2818

City
Omaha

State
NE

Zip Code
68103-2818

Purpose of Disbursement
pay bank for campaign materials charged to credit card during the prior period

006

Category/
Type

Candidate Name

CLINTON, HILLARY/KAINE, TIM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2016

FEC Identification Number

C P00003392

Transaction ID : SB21B.4276

Amount of Each Disbursement this Period

1170.38

Memo Item

Full Name (Last, First, Middle Initial)

B. ScooterPromo LLC dba DemSign

Mailing Address 1401 Harvest Glen Dr.

City
Plano

State
TX

Zip Code
75074

Purpose of Disbursement
yard signs and stakes and buttons

006

Category/
Type

Candidate Name

CLINTON, HILLARY/KAINE, TIM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2016

FEC Identification Number

C P00003392

Transaction ID : SB21B.4267

Amount of Each Disbursement this Period

2761.35

Memo Item

Full Name (Last, First, Middle Initial)

C. ScooterPromo LLC dba DemSign

Mailing Address 1401 Harvest Glen Dr.

City
Plano

State
TX

Zip Code
75074

Purpose of Disbursement
yard signs and stakes

006

Category/
Type

Candidate Name

CLINTON, HILLARY/KAINE, TIM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2016

FEC Identification Number

C P00003392

Transaction ID : SB21B.4268

Amount of Each Disbursement this Period

1190.75

Memo Item

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

5122.48

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. ScooterPromo LLC dba DemSign

Mailing Address 1401 Harvest Glen Dr.

City Plano State TX Zip Code 75074

Purpose of Disbursement yard signs and stakes

001
 002
 003
 004
 005
 006
 007
 008
 009
 010
Category/Type

Candidate Name **CLINTON, HILLARY/KAINE, TIM, , ,**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

FEC Identification Number

P00003392

Transaction ID : SB21B.4269

Amount of Each Disbursement this Period

2922.75

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

001
 002
 003
 004
 005
 006
 007
 008
 009
 010
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

001
 002
 003
 004
 005
 006
 007
 008
 009
 010
Category/Type

Candidate Name

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

State: District:

Date of Disbursement

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

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)..... ▶

2922.75

8045.23

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Bankcard			Nature of Debt (Purpose): Credit Card purchases
Mailing Address P.O. Box 2818			
City Omaha	State NE	Zip Code 68103-2818	

Outstanding Balance Beginning This Period <input type="text" value="1170.38"/>	Transaction ID : SD10.4204	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1170.38"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Bankcard			Nature of Debt (Purpose): Credit Card Purchase of Cable TV Advertising
Mailing Address P.O. Box 2818			
City Omaha	State NE	Zip Code 68103-2818	

Outstanding Balance Beginning This Period <input type="text" value="4999.70"/>	Transaction ID : SD10.4219	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4999.70"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00624411 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item DSPolitical	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1250 H Street, NW, Suite 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3000.00 </div>
City Washington State DC Zip Code 20005	Transaction ID : SE.4254 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016
Purpose of Expenditure digital advertising Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY/KAINE, TIM, , , Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item DSPolitical	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 1250 H Street, NW, Suite 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1000.00 </div>
City Washington State DC Zip Code 20005	Transaction ID : SE.4255 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
Purpose of Expenditure digital advertising Category/Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY/KAINE, TIM, , , Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Button, Robert, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00624411
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Facebook, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1601 Willow Road	Amount <input type="text"/> 667.26
City Menlo Park State CA Zip Code 94025-1452	
Purpose of Expenditure digital advertising Category/Type 004	Transaction ID : SE.4258 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY/KAINE, TIM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4667.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Facebook, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1601 Willow Road	Amount <input type="text"/> 83.82
City Menlo Park State CA Zip Code 94025-1452	
Purpose of Expenditure digital advertising Category/Type 004	Transaction ID : SE.4259 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY/KAINE, TIM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4751.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 751.08
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Date 12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00624411 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Facebook, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y						
Mailing Address 1601 Willow Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">121.96</div> Transaction ID : SE.4260 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Menlo Park</td> <td>CA</td> <td>94025-1452</td> </tr> </table>		City	State	Zip Code	Menlo Park	CA	94025-1452
City		State	Zip Code				
Menlo Park	CA	94025-1452					
Purpose of Expenditure digital advertising							
Name of Federal Candidate: CLINTON, HILLARY/KAINE, TIM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						
4873.04	2016						

Full Name of Payee <input type="checkbox"/> Memo Item Facebook, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y						
Mailing Address 1601 Willow Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75.67</div> Transaction ID : SE.4261 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Menlo Park</td> <td>CA</td> <td>94025-1452</td> </tr> </table>		City	State	Zip Code	Menlo Park	CA	94025-1452
City		State	Zip Code				
Menlo Park	CA	94025-1452					
Purpose of Expenditure digital advertising							
Name of Federal Candidate: CLINTON, HILLARY/KAINE, TIM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						
4948.71	2016						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">197.63</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

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Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00624411 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item First Bankcard	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address P.O. Box 2818	Amount 4999.70
City State Zip Code Omaha NE 68103-2818	Transaction ID : SE.4277 Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure pay bank for cable TV ad purchase put on credit card during prior period	Category/Type 004
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY/KAINE, TIM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 9948.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Time Warner Cable	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address 14219 Reese Blvd	Amount -151.30
City State Zip Code Charlotte NC 28078	Transaction ID : SE.4272 Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure refund for unused cable TV ad time issued to credit card	Category/Type 004
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY/KAINE, TIM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 9948.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	4999.70
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	9948.41

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.

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Signature