

# 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  
**FREEDOMWORKS FOR AMERICA**

ADDRESS (number and street) 400 N CAPITOL STREET NW SUITE 765  
WASHINGTON DC 20001  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00499020 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 MELODIE JOHNSON

Signature of Treasurer MELODIE JOHNSON [Electronically Filed] Date 01 / 30 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FREEDOMWORKS FOR AMERICA**

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="2015"/>		417323.02
(b) Cash on Hand at Beginning of Reporting Period.....	392309.21	
(c) Total Receipts (from Line 19) .....	374415.70	449418.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	766724.91	866741.30
7. Total Disbursements (from Line 31).....	396678.52	496694.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	370046.39	370046.39
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FREEDOMWORKS FOR AMERICA

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	360437.00	377657.00
(ii) Unitemized .....	8817.12	51599.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	369254.12	429256.70
(b) Political Party Committees .....	0.00	0.00
(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) .....	369254.12	429256.70
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).....	5161.58	20161.58
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	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	374415.70	449418.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	374415.70	449418.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	115961.31	212712.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	115961.31	212712.70
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) .....	275817.21	275817.21
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	200.00	3465.00
(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)).....	200.00	3465.00
29. Other Disbursements .....	4700.00	4700.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	396678.52	496694.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	396678.52	496694.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	369254.12	429256.70
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	3465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	369054.12	425791.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	115961.31	212712.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5161.58	20161.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	110799.73	192551.12

**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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. FLORIAN ABERLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1832 BONN BLVD

City BISMARCK	State ND	Zip Code 58504-
------------------	-------------	--------------------

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

Name of Employer ADVANCED CUTTING	Occupation CUTTER
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

**Transaction ID : SA11.5563**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. FLORIAN ABERLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1832 BONN BLVD

City BISMARCK	State ND	Zip Code 58504-
------------------	-------------	--------------------

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

Name of Employer ADVANCED CUTTING	Occupation CUTTER
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

**Transaction ID : SA11.5564**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. FLORIAN ABERLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1832 BONN BLVD

City BISMARCK	State ND	Zip Code 58504-
------------------	-------------	--------------------

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

Name of Employer ADVANCED CUTTING	Occupation CUTTER
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

**Transaction ID : SA11.5565**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 7 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. FLORIAN ABERLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1832 BONN BLVD  
 City BISMARCK State ND Zip Code 58504-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED CUTTING Occupation CUTTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 14 / 2015  
**Transaction ID : SA11.5566**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. FLORIAN ABERLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1832 BONN BLVD  
 City BISMARCK State ND Zip Code 58504-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED CUTTING Occupation CUTTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 14 / 2015  
**Transaction ID : SA11.5567**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. FLORIAN ABERLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1832 BONN BLVD  
 City BISMARCK State ND Zip Code 58504-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED CUTTING Occupation CUTTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 14 / 2015  
**Transaction ID : SA11.5568**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ED ALDERFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2449 WINDHAM DR.  
 City MELBOURNE State FL Zip Code 32935-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2015  
**Transaction ID : SA11.5844**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**B. MR. ED ALDERFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2449 WINDHAM DR.  
 City MELBOURNE State FL Zip Code 32935-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11.5845**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. MR. ED ALDERFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2449 WINDHAM DR.  
 City MELBOURNE State FL Zip Code 32935-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : SA11.5846**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 9 OF 122  
(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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ED ALDERFER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2449 WINDHAM DR.  
City MELBOURNE State FL Zip Code 32935-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 04 / 2015  
**Transaction ID : SA11.5847**  
Amount of Each Receipt this Period  
20.00  
CONTRIBUTION

**B. MR. ED ALDERFER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2449 WINDHAM DR.  
City MELBOURNE State FL Zip Code 32935-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2015  
**Transaction ID : SA11.5848**  
Amount of Each Receipt this Period  
20.00  
CONTRIBUTION

**C. MR. ED ALDERFER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2449 WINDHAM DR.  
City MELBOURNE State FL Zip Code 32935-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015  
**Transaction ID : SA11.5849**  
Amount of Each Receipt this Period  
20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 10 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DAN ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 TOWN GARDEN DR. APT 12

City LIVERPOOL	State NY	Zip Code 13088-
-------------------	-------------	--------------------

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

Name of Employer ARMY	Occupation SOLDIER
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : SA11.6114**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**B. MR. DAN ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 TOWN GARDEN DR. APT 12

City LIVERPOOL	State NY	Zip Code 13088-
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FEC ID number of contributing federal political committee. **C**

Name of Employer ARMY	Occupation SOLDIER
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : SA11.6115**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**C. MR. DAN ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 TOWN GARDEN DR. APT 12

City LIVERPOOL	State NY	Zip Code 13088-
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FEC ID number of contributing federal political committee. **C**

Name of Employer ARMY	Occupation SOLDIER
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : SA11.6116**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> 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 11 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DAN ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 TOWN GARDEN DR. APT 12  
 City LIVERPOOL State NY Zip Code 13088-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARMY Occupation SOLDIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11.6117**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**B. MR. DAN ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 TOWN GARDEN DR. APT 12  
 City LIVERPOOL State NY Zip Code 13088-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARMY Occupation SOLDIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : SA11.6118**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MR. DAN ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 TOWN GARDEN DR. APT 12  
 City LIVERPOOL State NY Zip Code 13088-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARMY Occupation SOLDIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : SA11.6119**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**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 12 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MR. DAN ARNOLD**

Mailing Address 5 TOWN GARDEN DR. APT 12

City State Zip Code  
LIVERPOOL NY 13088-

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

Name of Employer Occupation  
ARMY SOLDIER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 /  /   
 10 / 10 / 2015  
**Transaction ID : SA11.6120**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAN ARNOLD**

Mailing Address 5 TOWN GARDEN DR. APT 12

City State Zip Code  
LIVERPOOL NY 13088-

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

Name of Employer Occupation  
ARMY SOLDIER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 /  /   
 10 / 10 / 2015  
**Transaction ID : SA11.6121**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAN ARNOLD**

Mailing Address 5 TOWN GARDEN DR. APT 12

City State Zip Code  
LIVERPOOL NY 13088-

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

Name of Employer Occupation  
ARMY SOLDIER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
 /  /   
 11 / 10 / 2015  
**Transaction ID : SA11.6122**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  105.00

**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 13 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DAN ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 TOWN GARDEN DR. APT 12

City LIVERPOOL	State NY	Zip Code 13088-
-------------------	-------------	--------------------

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

Name of Employer ARMY	Occupation SOLDIER
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

**Transaction ID : SA11.6123**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**B. MR. DAN ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 TOWN GARDEN DR. APT 12

City LIVERPOOL	State NY	Zip Code 13088-
-------------------	-------------	--------------------

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

Name of Employer ARMY	Occupation SOLDIER
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

**Transaction ID : SA11.6124**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**C. MR. DAN ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 TOWN GARDEN DR. APT 12

City LIVERPOOL	State NY	Zip Code 13088-
-------------------	-------------	--------------------

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

Name of Employer ARMY	Occupation SOLDIER
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

**Transaction ID : SA11.6125**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 14 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ROBERT D. ARNOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 NEWPORT CENTER DR. STE 900  
 City NEWPORT BEACH State CA Zip Code 92660-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RESEARCH AFFILIATES Occupation INVESTMENTS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100000.00**

Date of Receipt **09 / 28 / 2015**  
**Transaction ID : SA11.5689**  
 Amount of Each Receipt this Period **100000.00**  
 CONTRIBUTION

**B. MR. ROBERT BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 W BLACKBERRY DR.  
 City SARATOGA SPRINGS State UT Zip Code 84045-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 25 / 2015**  
**Transaction ID : SA11.6196**  
 Amount of Each Receipt this Period **20.00**  
 CONTRIBUTION

**C. MR. ROBERT BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 W BLACKBERRY DR.  
 City SARATOGA SPRINGS State UT Zip Code 84045-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 25 / 2015**  
**Transaction ID : SA11.6197**  
 Amount of Each Receipt this Period **20.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100040.00</b>
<b>TOTAL</b> 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 15 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ROBERT BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 W BLACKBERRY DR.

City SARATOGA SPRINGS State UT Zip Code 84045-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
09 / 25 / 2015  
Transaction ID : SA11.6198

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**B. MR. ROBERT BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 W BLACKBERRY DR.

City SARATOGA SPRINGS State UT Zip Code 84045-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
10 / 25 / 2015  
Transaction ID : SA11.6199

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**C. MR. ROBERT BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 W BLACKBERRY DR.

City SARATOGA SPRINGS State UT Zip Code 84045-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 25 / 2015  
Transaction ID : SA11.6200

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 16 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ROBERT BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 W BLACKBERRY DR.  
 City SARATOGA SPRINGS State UT Zip Code 84045-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : SA11.6201**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**B. MRS. SHARON C. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 S 200 W  
 City KAYSVILLE State UT Zip Code 84037-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SHARON BELL MESSAGE THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2015  
**Transaction ID : SA11.6202**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MRS. SHARON C. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 S 200 W  
 City KAYSVILLE State UT Zip Code 84037-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SHARON BELL MESSAGE THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11.6203**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 17 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. SHARON C. BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 S 200 W

City KAYSVILLE State UT Zip Code 84037-

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

Name of Employer SHARON BELL Occupation MESSAGE THERAPIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : SA11.6204**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**B. MRS. SHARON C. BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 S 200 W

City KAYSVILLE State UT Zip Code 84037-

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

Name of Employer SHARON BELL Occupation MESSAGE THERAPIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2015

**Transaction ID : SA11.6205**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**C. MS. DONNA C. BENICHASA**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 GRAMATAN AVENUE APT 6N

City MOUNT VERNON State NY Zip Code 10552-

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

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  
 07 / 27 / 2015

**Transaction ID : SA11.5646**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 18 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. DONNA C. BENICHASA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 GRAMATAN AVENUE APT 6N  
 City MOUNT VERNON State NY Zip Code 10552-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **08 / 27 / 2015**  
**Transaction ID : SA11.5647**  
 Amount of Each Receipt this Period: **25.00**  
**CONTRIBUTION**

**B. MS. DONNA C. BENICHASA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 GRAMATAN AVENUE APT 6N  
 City MOUNT VERNON State NY Zip Code 10552-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **09 / 27 / 2015**  
**Transaction ID : SA11.5648**  
 Amount of Each Receipt this Period: **25.00**  
**CONTRIBUTION**

**C. MS. DONNA C. BENICHASA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 GRAMATAN AVENUE APT 6N  
 City MOUNT VERNON State NY Zip Code 10552-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **10 / 27 / 2015**  
**Transaction ID : SA11.5649**  
 Amount of Each Receipt this Period: **25.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**  
**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 19 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. DONNA C. BENICHASA**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 GRAMATAN AVENUE APT 6N

City MOUNT VERNON	State NY	Zip Code 10552-
----------------------	-------------	--------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

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	/	27	/	2015

**Transaction ID : SA11.5650**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											25.00

**CONTRIBUTION**

**B. MS. DONNA C. BENICHASA**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 GRAMATAN AVENUE APT 6N

City MOUNT VERNON	State NY	Zip Code 10552-
----------------------	-------------	--------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

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
12	/	27	/	2015

**Transaction ID : SA11.5651**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											25.00

**CONTRIBUTION**

**C. MR. ADAM BERTELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1428 E 1250 S

City OGDEN	State UT	Zip Code 84404-
---------------	-------------	--------------------

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

Name of Employer DOD	Occupation MECHANIC
-------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

**Transaction ID : SA11.5731**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											35.00

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> 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 20 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ADAM BERTELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1428 E 1250 S

City OGDEN	State UT	Zip Code 84404-
---------------	-------------	--------------------

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

Name of Employer DOD	Occupation MECHANIC
-------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : SA11.5732**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**B. MR. ADAM BERTELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1428 E 1250 S

City OGDEN	State UT	Zip Code 84404-
---------------	-------------	--------------------

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

Name of Employer DOD	Occupation MECHANIC
-------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2015

**Transaction ID : SA11.5733**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**C. MR. ADAM BERTELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1428 E 1250 S

City OGDEN	State UT	Zip Code 84404-
---------------	-------------	--------------------

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

Name of Employer DOD	Occupation MECHANIC
-------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

**Transaction ID : SA11.5734**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 21 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DAVID BOOTENHOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 E 122ND CT  
 City JENKS State OK Zip Code 74037-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAIN GUARD OF TULSA INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : SA11.5785**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. DAVID BOOTENHOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 E 122ND CT  
 City JENKS State OK Zip Code 74037-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAIN GUARD OF TULSA INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11.5786**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. DAVID BOOTENHOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 E 122ND CT  
 City JENKS State OK Zip Code 74037-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAIN GUARD OF TULSA INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : SA11.5787**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 22 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. KENNETH BOOTHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2015

**Transaction ID : SA11.6209**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**B. MR. KENNETH BOOTHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2015

**Transaction ID : SA11.6210**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**C. MR. KENNETH BOOTHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2015

**Transaction ID : SA11.6211**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 23 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. KENNETH BOOTHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015  
**Transaction ID : SA11.6212**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**B. MR. KENNETH BOOTHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2015  
**Transaction ID : SA11.6213**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**C. MR. KENNETH BOOTHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2015  
**Transaction ID : SA11.6214**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 24 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. DEKOTA CAGLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23277 TINY CHAPEL RD

City MADILL	State OK	Zip Code 73446-
----------------	-------------	--------------------

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

Name of Employer DEKOTA CAGLE	Occupation OIL AND GAS OPERATIONS
----------------------------------	--------------------------------------

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
07		27		2015

**Transaction ID : SA11.5758**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MS. DEKOTA CAGLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23277 TINY CHAPEL RD

City MADILL	State OK	Zip Code 73446-
----------------	-------------	--------------------

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

Name of Employer DEKOTA CAGLE	Occupation OIL AND GAS OPERATIONS
----------------------------------	--------------------------------------

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
08		27		2015

**Transaction ID : SA11.5759**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. THOMAS CHADWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 397

City HAMMONDSPORT	State NY	Zip Code 14840-
----------------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2015

**Transaction ID : SA11.5877**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 25 OF 122  
(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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. THOMAS CHADWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 397

City HAMMONDSPORT	State NY	Zip Code 14840-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
08 / 12 / 2015  
Transaction ID : SA11.5878

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. THOMAS CHADWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 397

City HAMMONDSPORT	State NY	Zip Code 14840-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
09 / 12 / 2015  
Transaction ID : SA11.5879

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. THOMAS CHADWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 397

City HAMMONDSPORT	State NY	Zip Code 14840-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
10 / 12 / 2015  
Transaction ID : SA11.5880

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 26 OF 122  
(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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. THOMAS CHADWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 397

City HAMMONDSPORT	State NY	Zip Code 14840-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
11 / 12 / 2015  
**Transaction ID : SA11.5881**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. THOMAS CHADWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 397

City HAMMONDSPORT	State NY	Zip Code 14840-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
12 / 12 / 2015  
**Transaction ID : SA11.5882**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. WESLEY CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7424 BROOK HOLLOW LOOP RD

City PARK CITY	State UT	Zip Code 84098-
FEC ID number of contributing federal political committee. C		
Name of Employer NETJETS AVIATION, INC	Occupation CAPTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
07 / 14 / 2015  
**Transaction ID : SA11.5527**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 27 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. WESLEY CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7424 BROOK HOLLOW LOOP RD  
 City State Zip Code  
 PARK CITY UT 84098-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NETJETS AVIATION, INC CAPTAIN  
 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  
 08 / 14 / 2015  
**Transaction ID : SA11.5528**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. WESLEY CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7424 BROOK HOLLOW LOOP RD  
 City State Zip Code  
 PARK CITY UT 84098-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NETJETS AVIATION, INC CAPTAIN  
 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  
 09 / 14 / 2015  
**Transaction ID : SA11.5529**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. WESLEY CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7424 BROOK HOLLOW LOOP RD  
 City State Zip Code  
 PARK CITY UT 84098-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NETJETS AVIATION, INC CAPTAIN  
 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  
 10 / 14 / 2015  
**Transaction ID : SA11.5530**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 28 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. WESLEY CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7424 BROOK HOLLOW LOOP RD

City PARK CITY	State UT	Zip Code 84098-
-------------------	-------------	--------------------

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

Name of Employer NETJETS AVIATION, INC	Occupation CAPTAIN
---	-----------------------

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	/	2015

**Transaction ID : SA11.5531**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**B. MR. WESLEY CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7424 BROOK HOLLOW LOOP RD

City PARK CITY	State UT	Zip Code 84098-
-------------------	-------------	--------------------

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

Name of Employer NETJETS AVIATION, INC	Occupation CAPTAIN
---	-----------------------

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
12	/	14	/	2015

**Transaction ID : SA11.5532**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**C. MR. RONALD C. DONDANVILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 ANDREW AVE

City ENCINITAS	State CA	Zip Code 92024-
-------------------	-------------	--------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation UNEMPLOYED
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

**Transaction ID : SA11.6248**

Amount of Each Receipt this Period  

26.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.00</b>
<b>TOTAL</b> 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 29 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. RONALD C. DON DANVILLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 ANDREW AVE  
 City ENCINITAS State CA Zip Code 92024-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC UNEMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11.6249**  
 Amount of Each Receipt this Period  
 26.00  
 CONTRIBUTION

**B. MR. RONALD C. DON DANVILLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 ANDREW AVE  
 City ENCINITAS State CA Zip Code 92024-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC UNEMPLOYED  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : SA11.6250**  
 Amount of Each Receipt this Period  
 26.00  
 CONTRIBUTION

**C. MR. RONALD C. DON DANVILLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 ANDREW AVE  
 City ENCINITAS State CA Zip Code 92024-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC UNEMPLOYED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.6251**  
 Amount of Each Receipt this Period  
 26.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**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 30 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. RONALD C. DON DANVILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 ANDREW AVE

City ENCINITAS State CA Zip Code 92024-

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation UNEMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 21 / 2015  
**Transaction ID : SA11.6252**

Amount of Each Receipt this Period 26.00

CONTRIBUTION

**B. MR. RONALD C. DON DANVILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 ANDREW AVE

City ENCINITAS State CA Zip Code 92024-

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation UNEMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 17 / 2015  
**Transaction ID : SA11.6253**

Amount of Each Receipt this Period 26.00

CONTRIBUTION

**C. MR. JERRY DOSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1008 BLUE SPRING CAVERNS RD

City BEDFORD State IN Zip Code 47421-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : SA11.5921**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00

**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 31 OF 122  
(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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. JERRY DOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1008 BLUE SPRING CAVERNS RD

City BEDFORD	State IN	Zip Code 47421-
-----------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
08	/	07	/	2015

**Transaction ID : SA11.5922**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**B. MR. JERRY DOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1008 BLUE SPRING CAVERNS RD

City BEDFORD	State IN	Zip Code 47421-
-----------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
09	/	07	/	2015

**Transaction ID : SA11.5923**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**C. MR. JERRY DOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1008 BLUE SPRING CAVERNS RD

City BEDFORD	State IN	Zip Code 47421-
-----------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
10	/	07	/	2015

**Transaction ID : SA11.5924**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 32 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. JERRY DOSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1008 BLUE SPRING CAVERNS RD  
 City State Zip Code  
 BEDFORD IN 47421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 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 / 07 / 2015  
**Transaction ID : SA11.5925**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. JERRY DOSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1008 BLUE SPRING CAVERNS RD  
 City State Zip Code  
 BEDFORD IN 47421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 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  
 12 / 07 / 2015  
**Transaction ID : SA11.5926**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. JAMES ELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 CONRAD AVE  
 City State Zip Code  
 SAN DIEGO CA 92117-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : SA11.5939**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 33 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. JAMES ELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 CONRAD AVE  
 City SAN DIEGO State CA Zip Code 92117-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11.5940**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. MR. JAMES ELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 CONRAD AVE  
 City SAN DIEGO State CA Zip Code 92117-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2015  
**Transaction ID : SA11.5941**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MR. JAMES ELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 CONRAD AVE  
 City SAN DIEGO State CA Zip Code 92117-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.5942**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 34 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. JAMES ELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 CONRAD AVE  
 City SAN DIEGO State CA Zip Code 92117-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : SA11.5943**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. MR. JAMES ELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 CONRAD AVE  
 City SAN DIEGO State CA Zip Code 92117-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2015  
**Transaction ID : SA11.5944**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MR. MICHAEL R. FLIPPEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1047 PITTMAN DR.  
 City GALLATIN State TN Zip Code 37066-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2015  
**Transaction ID : SA11.5951**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**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 35 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. MICHAEL R. FLIPPEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1047 PITTMAN DR.

City GALLATIN State TN Zip Code 37066-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015

**Transaction ID : SA11.5952**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**B. MR. MICHAEL R. FLIPPEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1047 PITTMAN DR.

City GALLATIN State TN Zip Code 37066-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : SA11.5953**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**C. MR. MICHAEL R. FLIPPEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1047 PITTMAN DR.

City GALLATIN State TN Zip Code 37066-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2015

**Transaction ID : SA11.5954**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 36 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ROBERT HENNESSY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 293 CLEARVIEW RD  
 City ALIQUIPPA State PA Zip Code 15001-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : SA11.6293**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. ROBERT HENNESSY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 293 CLEARVIEW RD  
 City ALIQUIPPA State PA Zip Code 15001-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11.6294**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. ROBERT HENNESSY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 293 CLEARVIEW RD  
 City ALIQUIPPA State PA Zip Code 15001-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2015  
**Transaction ID : SA11.6295**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 37 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ROBERT HENNESSY**  
Full Name (Last, First, Middle Initial)

Mailing Address 293 CLEARVIEW RD

City ALIQUIPPA State PA Zip Code 15001-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 06 / 2015  
Transaction ID : SA11.6296

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. MR. ROBERT HENNESSY**  
Full Name (Last, First, Middle Initial)

Mailing Address 293 CLEARVIEW RD

City ALIQUIPPA State PA Zip Code 15001-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
11 / 06 / 2015  
Transaction ID : SA11.6297

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MR. ROBERT HENNESSY**  
Full Name (Last, First, Middle Initial)

Mailing Address 293 CLEARVIEW RD

City ALIQUIPPA State PA Zip Code 15001-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 06 / 2015  
Transaction ID : SA11.6298

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 38 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. DR. CANDACE HINKLE CONN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13466 DOOR KEY RD

City SAN ANGELO	State TX	Zip Code 76904-
--------------------	-------------	--------------------

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

Name of Employer CANDACE HINKLE CONN	Occupation CHEESEMAKER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

**Transaction ID : SA11.5533**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**B. DR. CANDACE HINKLE CONN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13466 DOOR KEY RD

City SAN ANGELO	State TX	Zip Code 76904-
--------------------	-------------	--------------------

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

Name of Employer CANDACE HINKLE CONN	Occupation CHEESEMAKER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

**Transaction ID : SA11.5534**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**C. DR. CANDACE HINKLE CONN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13466 DOOR KEY RD

City SAN ANGELO	State TX	Zip Code 76904-
--------------------	-------------	--------------------

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

Name of Employer CANDACE HINKLE CONN	Occupation CHEESEMAKER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2015

**Transaction ID : SA11.5535**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 39 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. DR. CANDACE HINKLE CONN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13466 DOOR KEY RD  
 City SAN ANGELO State TX Zip Code 76904-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CANDACE HINKLE CONN Occupation CHEESEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 06 / 2015  
**Transaction ID : SA11.5536**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. DR. CANDACE HINKLE CONN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13466 DOOR KEY RD  
 City SAN ANGELO State TX Zip Code 76904-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CANDACE HINKLE CONN Occupation CHEESEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 06 / 2015  
**Transaction ID : SA11.5537**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. DR. CANDACE HINKLE CONN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13466 DOOR KEY RD  
 City SAN ANGELO State TX Zip Code 76904-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CANDACE HINKLE CONN Occupation CHEESEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 06 / 2015  
**Transaction ID : SA11.5538**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 40 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : SA11.5580**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**B. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : SA11.5581**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 07 / 2015  
**Transaction ID : SA11.5582**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 41 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 30 / 2015  
**Transaction ID : SA11.5583**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**B. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 07 / 2015  
**Transaction ID : SA11.5584**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA11.5585**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 42 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 07 / 2015  
**Transaction ID : SA11.5586**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**B. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2015  
**Transaction ID : SA11.5587**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. MRS. VICKIE HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3489 EAGLE DR.  
 City CHAMBERSBURG State PA Zip Code 17202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : SA11.5588**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 43 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MRS. VICKIE HOLLOWAY</b>		Date of Receipt
Mailing Address 3489 EAGLE DR.		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHAMBERSBURG	PA	17202-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.5589</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
DISABLED	DISABLED	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MS. HEIDI HOLMES</b>		Date of Receipt
Mailing Address 211 W ELWOOD DR.		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
BOISE	ID	83706-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.5963</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MS. HEIDI HOLMES</b>		Date of Receipt
Mailing Address 211 W ELWOOD DR.		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
BOISE	ID	83706-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.5964</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 44 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. HEIDI HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 W ELWOOD DR.  
 City BOISE State ID Zip Code 83706-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2015  
**Transaction ID : SA11.5965**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MS. HEIDI HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 W ELWOOD DR.  
 City BOISE State ID Zip Code 83706-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2015  
**Transaction ID : SA11.5966**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MS. HEIDI HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 W ELWOOD DR.  
 City BOISE State ID Zip Code 83706-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2015  
**Transaction ID : SA11.5967**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 45 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MS. HEIDI HOLMES**

Mailing Address 211 W ELWOOD DR.

City BOISE State ID Zip Code 83706-

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

Name of Employer RETIRED Occupation RETIRED

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  
 12 / 18 / 2015  
**Transaction ID : SA11.5968**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ANDRE HUAMAN**

Mailing Address 1800 FRANKLIN ST APT 306

City SAN FRANCISCO State CA Zip Code 94109-

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

Name of Employer THREE BELL CAPITAL LLC Occupation PARTNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11.5770**

Amount of Each Receipt this Period  
 201.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ALLISSA HUNT**

Mailing Address 3466 BEAR CANYON LN

City CEDAR HILLS State UT Zip Code 84062-

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2015  
**Transaction ID : SA11.5672**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.00

**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 46 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. ALLISSA HUNT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3466 BEAR CANYON LN  
 City CEDAR HILLS State UT Zip Code 84062-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 08 / 04 / 2015  
**Transaction ID : SA11.5673**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MS. ALLISSA HUNT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3466 BEAR CANYON LN  
 City CEDAR HILLS State UT Zip Code 84062-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 09 / 04 / 2015  
**Transaction ID : SA11.5674**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. WILLIAM H. KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2402 SW BROOKFIELD ST  
 City TOPEKA State KS Zip Code 66614-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 07 / 28 / 2015  
**Transaction ID : SA11.6321**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 47 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. BARBARA KLEIMOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 GOLF CLUB LN  
 City CROSSVILLE State TN Zip Code 38571-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 16 / 2015  
**Transaction ID : SA11.5982**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MRS. BARBARA KLEIMOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 GOLF CLUB LN  
 City CROSSVILLE State TN Zip Code 38571-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 16 / 2015  
**Transaction ID : SA11.5983**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MRS. BARBARA KLEIMOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 GOLF CLUB LN  
 City CROSSVILLE State TN Zip Code 38571-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : SA11.5984**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 48 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. BARBARA KLEIMOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1149 GOLF CLUB LN

City CROSSVILLE State TN Zip Code 38571-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11.5985**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. MRS. BARBARA KLEIMOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1149 GOLF CLUB LN

City CROSSVILLE State TN Zip Code 38571-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : SA11.5986**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C. MS. JOYCE KRAMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15560 CHINA RAPIDS DR.

City RED BLUFF State CA Zip Code 96080-

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11.6329**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 49 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. JOYCE KRAMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15560 CHINA RAPIDS DR.  
 City State Zip Code  
 RED BLUFF CA 96080-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2015  
**Transaction ID : SA11.6330**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MS. JOYCE KRAMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15560 CHINA RAPIDS DR.  
 City State Zip Code  
 RED BLUFF CA 96080-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : SA11.6331**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. JOYCE KRAMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15560 CHINA RAPIDS DR.  
 City State Zip Code  
 RED BLUFF CA 96080-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11.6332**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 50 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. JOYCE KRAMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15560 CHINA RAPIDS DR.  
City RED BLUFF State CA Zip Code 96080-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 08 / 2015  
**Transaction ID : SA11.6333**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. MS. JOYCE KRAMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15560 CHINA RAPIDS DR.  
City RED BLUFF State CA Zip Code 96080-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 08 / 2015  
**Transaction ID : SA11.6334**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. MRS. ETHEL M. LANGFORD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1725 10 RD  
City MACK State CO Zip Code 81525-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 11 / 2015  
**Transaction ID : SA11.5987**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**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 51 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. ETHEL M. LANGFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 10 RD  
 City MACK State CO Zip Code 81525-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 11 / 2015  
**Transaction ID : SA11.5988**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**B. MRS. ETHEL M. LANGFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 10 RD  
 City MACK State CO Zip Code 81525-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA11.5989**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**C. MRS. ETHEL M. LANGFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 10 RD  
 City MACK State CO Zip Code 81525-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 11 / 2015  
**Transaction ID : SA11.5990**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**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 52 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. ETHEL M. LANGFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 10 RD

City MACK State CO Zip Code 81525-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 11 / 11 / 2015  
**Transaction ID : SA11.5991**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**B. MRS. ETHEL M. LANGFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 10 RD

City MACK State CO Zip Code 81525-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 12 / 11 / 2015  
**Transaction ID : SA11.5992**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**C. MS. FRANCES LEIFHEIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1102 W NORTH AVE APT 1

City PITTSBURGH State PA Zip Code 15233-

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 07 / 30 / 2015  
**Transaction ID : SA11.6161**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 53 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. FRANCES LEIFHEIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1102 W NORTH AVE APT 1  
 City State Zip Code  
 PITTSBURGH PA 15233-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2015  
**Transaction ID : SA11.6162**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. ZACHERY MARVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 IDAHO ST APT 100  
 City State Zip Code  
 GOODING ID 83330-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : SA11.6163**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MR. ZACHERY MARVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 IDAHO ST APT 100  
 City State Zip Code  
 GOODING ID 83330-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2015  
**Transaction ID : SA11.6164**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**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 54 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ZACHERY MARVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 IDAHO ST APT 100  
 City GOODING State ID Zip Code 83330-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 09 / 08 / 2015  
**Transaction ID : SA11.6165**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. ZACHERY MARVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 IDAHO ST APT 100  
 City GOODING State ID Zip Code 83330-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 10 / 08 / 2015  
**Transaction ID : SA11.6166**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MR. ZACHERY MARVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 IDAHO ST APT 100  
 City GOODING State ID Zip Code 83330-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 11 / 08 / 2015  
**Transaction ID : SA11.6167**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 105.00  
**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 55 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. ZACHERY MARVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 IDAHO ST APT 100  
 City GOODING State ID Zip Code 83330-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : SA11.6168**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MR. GREGORY MORROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17111 111TH ST E  
 City BONNEY LAKE State WA Zip Code 98391-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC UNEMPLOYED  
 EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : SA11.6362**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MR. GREGORY MORROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17111 111TH ST E  
 City BONNEY LAKE State WA Zip Code 98391-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2015  
**Transaction ID : SA11.6363**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**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 56 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DAVE LELAND MYERS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 JOHN BART RD  
 City LEBANON State IN Zip Code 46052-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYERS AG SOLUTIONS LLC Occupation CROP CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : SA11.5551**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. MR. DAVE LELAND MYERS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 JOHN BART RD  
 City LEBANON State IN Zip Code 46052-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYERS AG SOLUTIONS LLC Occupation CROP CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 30 / 2015  
**Transaction ID : SA11.5552**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MR. DAVE LELAND MYERS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 JOHN BART RD  
 City LEBANON State IN Zip Code 46052-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYERS AG SOLUTIONS LLC Occupation CROP CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA11.5553**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 57 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DAVE LELAND MYERS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 JOHN BART RD  
 City State Zip Code  
 LEBANON IN 46052-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MYERS AG SOLUTIONS LLC CROP CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11.5554**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. DAVE LELAND MYERS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 JOHN BART RD  
 City State Zip Code  
 LEBANON IN 46052-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MYERS AG SOLUTIONS LLC CROP CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : SA11.5555**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. DAVE LELAND MYERS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 JOHN BART RD  
 City State Zip Code  
 LEBANON IN 46052-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MYERS AG SOLUTIONS LLC CROP CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : SA11.5556**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 58 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. JEANNIE NAPOLITANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 G AVE  
 City CORONADO State CA Zip Code 92118-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2015  
**Transaction ID : SA11.6370**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**B. MS. JEANNIE NAPOLITANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 G AVE  
 City CORONADO State CA Zip Code 92118-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : SA11.6371**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. MS. JEANNIE NAPOLITANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 G AVE  
 City CORONADO State CA Zip Code 92118-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2015  
**Transaction ID : SA11.6372**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 59 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. JEANNIE NAPOLITANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 G AVE  
 City CORONADO State CA Zip Code 92118-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 26 / 2015**  
**Transaction ID : SA11.6373**  
 Amount of Each Receipt this Period **350.00**  
 CONTRIBUTION

**B. MS. PUREZA D. NASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2139 S CANTON  
 City MESA State AZ Zip Code 85202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALASKA AIRLINES Occupation CUSTOMER SERVICE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 06 / 2015**  
**Transaction ID : SA11.5557**  
 Amount of Each Receipt this Period **50.00**  
 CONTRIBUTION

**C. MS. PUREZA D. NASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2139 S CANTON  
 City MESA State AZ Zip Code 85202-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALASKA AIRLINES Occupation CUSTOMER SERVICE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 06 / 2015**  
**Transaction ID : SA11.5558**  
 Amount of Each Receipt this Period **50.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**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 60 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. PUREZA D. NASH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2139 S CANTON

City MESA	State AZ	Zip Code 85202-
FEC ID number of contributing federal political committee. C		
Name of Employer ALASKA AIRLINES	Occupation CUSTOMER SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
09 / 06 / 2015  
Transaction ID : SA11.5559

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MS. PUREZA D. NASH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2139 S CANTON

City MESA	State AZ	Zip Code 85202-
FEC ID number of contributing federal political committee. C		
Name of Employer ALASKA AIRLINES	Occupation CUSTOMER SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
10 / 06 / 2015  
Transaction ID : SA11.5560

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MS. PUREZA D. NASH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2139 S CANTON

City MESA	State AZ	Zip Code 85202-
FEC ID number of contributing federal political committee. C		
Name of Employer ALASKA AIRLINES	Occupation CUSTOMER SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
11 / 06 / 2015  
Transaction ID : SA11.5561

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 61 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. PUREZA D. NASH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2139 S CANTON

City MESA State AZ Zip Code 85202-

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

Name of Employer ALASKA AIRLINES Occupation CUSTOMER SERVICE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2015

**Transaction ID : SA11.5562**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. ALBERT H. NOTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2961 JUANITA PLACE

City FULLERTON State CA Zip Code 92835-

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SA11.6386**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. ALBERT H. NOTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2961 JUANITA PLACE

City FULLERTON State CA Zip Code 92835-

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2015

**Transaction ID : SA11.6387**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**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 62 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. REBEKAH O'SHEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 JENNIFER LN

City State Zip Code  
NORMAL IL 61761-

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

Name of Employer Occupation  
REBEKAH O'SHEA FAMILY CHILD CARE PROVIDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 17 / 2015  
**Transaction ID : SA11.5613**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. MS. REBEKAH O'SHEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 JENNIFER LN

City State Zip Code  
NORMAL IL 61761-

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

Name of Employer Occupation  
REBEKAH O'SHEA FAMILY CHILD CARE PROVIDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : SA11.5614**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MS. REBEKAH O'SHEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 JENNIFER LN

City State Zip Code  
NORMAL IL 61761-

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

Name of Employer Occupation  
REBEKAH O'SHEA FAMILY CHILD CARE PROVIDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 17 / 2015  
**Transaction ID : SA11.5615**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 63 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. REBEKAH O'SHEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 JENNIFER LN

City State Zip Code  
NORMAL IL 61761-

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

Name of Employer Occupation  
REBEKAH O'SHEA FAMILY CHILD CARE PROVIDER

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  
10 / 17 / 2015

**Transaction ID : SA11.5616**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. MS. REBEKAH O'SHEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 JENNIFER LN

City State Zip Code  
NORMAL IL 61761-

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

Name of Employer Occupation  
REBEKAH O'SHEA FAMILY CHILD CARE PROVIDER

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 / 17 / 2015

**Transaction ID : SA11.5617**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MS. REBEKAH O'SHEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 JENNIFER LN

City State Zip Code  
NORMAL IL 61761-

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

Name of Employer Occupation  
REBEKAH O'SHEA FAMILY CHILD CARE PROVIDER

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  
12 / 17 / 2015

**Transaction ID : SA11.5618**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 64 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. WILLIAM PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11372 LANDING CT  
 City BILOXI State MS Zip Code 39532-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUNNINGTON/INGALLS Occupation JOINER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : SA11.5690**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MR. WILLIAM PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11372 LANDING CT  
 City BILOXI State MS Zip Code 39532-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUNNINGTON/INGALLS Occupation JOINER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11.5691**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MR. WILLIAM PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11372 LANDING CT  
 City BILOXI State MS Zip Code 39532-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUNNINGTON/INGALLS Occupation JOINER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : SA11.5692**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 65 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. WILLIAM PARKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 11372 LANDING CT

City BILOXI State MS Zip Code 39532-

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

Name of Employer HUNNINGTON/INGALLS Occupation JOINER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : SA11.5693**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. MRS. CAROLYN PIERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 ELK RUN LN

City TROUT CREEK State MT Zip Code 59874-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2015  
**Transaction ID : SA11.6019**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**C. MRS. CAROLYN PIERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 ELK RUN LN

City TROUT CREEK State MT Zip Code 59874-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11.6020**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 66 OF 122  
(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)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. CAROLYN PIERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 ELK RUN LN

City TROUT CREEK	State MT	Zip Code 59874-
---------------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : SA11.6021**

Amount of Each Receipt this Period  

25.00
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**CONTRIBUTION**

**B. MRS. CAROLYN PIERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 ELK RUN LN

City TROUT CREEK	State MT	Zip Code 59874-
---------------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2015

**Transaction ID : SA11.6022**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

**C. MRS. CAROLYN PIERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 ELK RUN LN

City TROUT CREEK	State MT	Zip Code 59874-
---------------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

**Transaction ID : SA11.6023**

Amount of Each Receipt this Period  

25.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 67 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES PRATT**

Mailing Address 6355 W DLD RD

City JUNIATA      State NE      Zip Code 68955-

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

Name of Employer JAMES PRATT      Occupation FARMING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : SA11.5625**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES PRATT**

Mailing Address 6355 W DLD RD

City JUNIATA      State NE      Zip Code 68955-

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

Name of Employer JAMES PRATT      Occupation FARMING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11.5626**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES PRATT**

Mailing Address 6355 W DLD RD

City JUNIATA      State NE      Zip Code 68955-

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

Name of Employer JAMES PRATT      Occupation FARMING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2015  
**Transaction ID : SA11.5627**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 68 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MS. JEANIE PRETZ**

Mailing Address 7SKYVIEW RD

City LAKE TOXAWAY      State NC      Zip Code 28747-

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**07 / 31 / 2015**  
**Transaction ID : SA11.6024**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JEANIE PRETZ**

Mailing Address 7SKYVIEW RD

City LAKE TOXAWAY      State NC      Zip Code 28747-

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**08 / 31 / 2015**  
**Transaction ID : SA11.6025**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JEANIE PRETZ**

Mailing Address 7SKYVIEW RD

City LAKE TOXAWAY      State NC      Zip Code 28747-

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**09 / 30 / 2015**  
**Transaction ID : SA11.6026**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**

**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 69 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. DONALD RANDOLPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 S SANTA CRUZ AVE STE D

City MODESTO	State CA	Zip Code 95354-
-----------------	-------------	--------------------

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

Name of Employer DONALD RANDOLPH	Occupation OWNER
-------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

**Transaction ID : SA11.5760**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

**B. MR. DONALD RANDOLPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 S SANTA CRUZ AVE STE D

City MODESTO	State CA	Zip Code 95354-
-----------------	-------------	--------------------

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

Name of Employer DONALD RANDOLPH	Occupation OWNER
-------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

**Transaction ID : SA11.5761**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**C. MR. DONALD RANDOLPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 S SANTA CRUZ AVE STE D

City MODESTO	State CA	Zip Code 95354-
-----------------	-------------	--------------------

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

Name of Employer DONALD RANDOLPH	Occupation OWNER
-------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

**Transaction ID : SA11.5762**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 70 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. DR. THOMAS RATHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 E GREENS DR.  
City BATON ROUGE State LA Zip Code 70810-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THOMAS RATHMANN Occupation CHIROPRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015  
**Transaction ID : SA11.5539**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B. DR. THOMAS RATHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 E GREENS DR.  
City BATON ROUGE State LA Zip Code 70810-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THOMAS RATHMANN Occupation CHIROPRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2015  
**Transaction ID : SA11.5540**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C. DR. THOMAS RATHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 E GREENS DR.  
City BATON ROUGE State LA Zip Code 70810-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THOMAS RATHMANN Occupation CHIROPRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2015  
**Transaction ID : SA11.5541**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 71 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. DR. THOMAS RATHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 E GREENS DR.  
City BATON ROUGE State LA Zip Code 70810-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THOMAS RATHMANN Occupation CHIROPRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 13 / 2015  
**Transaction ID : SA11.5542**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. DR. THOMAS RATHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 E GREENS DR.  
City BATON ROUGE State LA Zip Code 70810-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THOMAS RATHMANN Occupation CHIROPRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : SA11.5543**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. DR. THOMAS RATHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 E GREENS DR.  
City BATON ROUGE State LA Zip Code 70810-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THOMAS RATHMANN Occupation CHIROPRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 13 / 2015  
**Transaction ID : SA11.5544**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 72 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. JOHN RISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 CRESTWOOD DR.

City KERRVILLE	State TX	Zip Code 78028-
-------------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2015

**Transaction ID : SA11.6027**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**B. MR. JOHN RISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 CRESTWOOD DR.

City KERRVILLE	State TX	Zip Code 78028-
-------------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

**Transaction ID : SA11.6028**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

**C. MRS. KAREN J RUDEBECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1198 WHEATLEY DR. SW

City LILBURN	State GA	Zip Code 30047-
-----------------	-------------	--------------------

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

Name of Employer ST. JOHN NEUMANN REGIONAL CATHOLIC S	Occupation EDP DIRECTOR
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2015

**Transaction ID : SA11.5590**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> 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 73 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MRS. KAREN J RUDEBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1198 WHEATLEY DR. SW  
 City LILBURN State GA Zip Code 30047-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. JOHN NEUMANN REGIONAL CATHOLIC S Occupation EDP DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2015  
**Transaction ID : SA11.5591**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MRS. KAREN J RUDEBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1198 WHEATLEY DR. SW  
 City LILBURN State GA Zip Code 30047-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. JOHN NEUMANN REGIONAL CATHOLIC SCH Occupation EDP DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : SA11.5592**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MRS. KAREN J RUDEBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1198 WHEATLEY DR. SW  
 City LILBURN State GA Zip Code 30047-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. JOHN NEUMANN REGIONAL CATHOLIC S Occupation EDP DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : SA11.5593**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 74 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. STEVEN SCHUMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 COUNTY ROAD 600N

City NEOGA	State IL	Zip Code 62447-
---------------	-------------	--------------------

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

Name of Employer EFFINGHAM TAXI	Occupation BUSINESS OWNER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2015

**Transaction ID : SA11.5521**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. STEVEN SCHUMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 COUNTY ROAD 600N

City NEOGA	State IL	Zip Code 62447-
---------------	-------------	--------------------

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

Name of Employer EFFINGHAM TAXI	Occupation BUSINESS OWNER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2015

**Transaction ID : SA11.5522**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. STEVEN SCHUMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 COUNTY ROAD 600N

City NEOGA	State IL	Zip Code 62447-
---------------	-------------	--------------------

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

Name of Employer EFFINGHAM TAXI	Occupation BUSINESS OWNER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

**Transaction ID : SA11.5523**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 75 OF 122
<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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. STEVEN SCHUMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 COUNTY ROAD 600N

City NEOGA	State IL	Zip Code 62447-
---------------	-------------	--------------------

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

Name of Employer EFFINGHAM TAXI	Occupation BUSINESS OWNER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : SA11.5524**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**B. MR. STEVEN SCHUMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 COUNTY ROAD 600N

City NEOGA	State IL	Zip Code 62447-
---------------	-------------	--------------------

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

Name of Employer EFFINGHAM TAXI	Occupation BUSINESS OWNER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

**Transaction ID : SA11.5525**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**C. MR. STEVEN SCHUMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 COUNTY ROAD 600N

City NEOGA	State IL	Zip Code 62447-
---------------	-------------	--------------------

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

Name of Employer EFFINGHAM TAXI	Occupation BUSINESS OWNER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

**Transaction ID : SA11.5526**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 76 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. JOE SWENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 N PINE LAKE RDG  
 City State Zip Code  
 SIOUX FALLS SD 57110-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : SA11.6442**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. JOE SWENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 N PINE LAKE RDG  
 City State Zip Code  
 SIOUX FALLS SD 57110-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2015  
**Transaction ID : SA11.6443**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. JOE SWENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 N PINE LAKE RDG  
 City State Zip Code  
 SIOUX FALLS SD 57110-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : SA11.6444**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 77 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. KARL THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1724 CHEMAWA RD NE  
 City State Zip Code  
 KEIZER OR 97303-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HIGHWAY SPECIALTIES LLC ESTIMATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11.5606**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. KARL THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1724 CHEMAWA RD NE  
 City State Zip Code  
 KEIZER OR 97303-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HIGHWAY SPECIALTIES LLC ESTIMATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2015  
**Transaction ID : SA11.5607**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MR. KARL THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1724 CHEMAWA RD NE  
 City State Zip Code  
 KEIZER OR 97303-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HIGHWAY SPECIALTIES LLC ESTIMATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015  
**Transaction ID : SA11.5608**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 78 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. KARL THATCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1724 CHEMAWA RD NE

City State Zip Code  
KEIZER OR 97303-

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

Name of Employer Occupation  
HIGHWAY SPECIALTIES LLC ESTIMATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015  
**Transaction ID : SA11.5609**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. MR. KARL THATCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1724 CHEMAWA RD NE

City State Zip Code  
KEIZER OR 97303-

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

Name of Employer Occupation  
HIGHWAY SPECIALTIES LLC ESTIMATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2015  
**Transaction ID : SA11.5610**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C. MR. KARL THATCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1724 CHEMAWA RD NE

City State Zip Code  
KEIZER OR 97303-

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

Name of Employer Occupation  
HIGHWAY SPECIALTIES LLC ESTIMATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015  
**Transaction ID : SA11.5611**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 79 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. RALPH TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2539 SEVEN PINES RD

City GREENVILLE	State NC	Zip Code 27834-
--------------------	-------------	--------------------

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

Name of Employer RALPH TUCKER	Occupation FARMER
----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

**Transaction ID : SA11.5619**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**B. MR. RALPH TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2539 SEVEN PINES RD

City GREENVILLE	State NC	Zip Code 27834-
--------------------	-------------	--------------------

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

Name of Employer RALPH TUCKER	Occupation FARMER
----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

**Transaction ID : SA11.5620**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

**C. MR. RALPH TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2539 SEVEN PINES RD

City GREENVILLE	State NC	Zip Code 27834-
--------------------	-------------	--------------------

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

Name of Employer RALPH TUCKER	Occupation FARMER
----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2015

**Transaction ID : SA11.5621**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 80 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MR. RALPH TUCKER**

Mailing Address 2539 SEVEN PINES RD

City State Zip Code  
GREENVILLE NC 27834-

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

Name of Employer Occupation  
RALPH TUCKER FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11.5622**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RALPH TUCKER**

Mailing Address 2539 SEVEN PINES RD

City State Zip Code  
GREENVILLE NC 27834-

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

Name of Employer Occupation  
RALPH TUCKER FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : SA11.5623**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RALPH TUCKER**

Mailing Address 2539 SEVEN PINES RD

City State Zip Code  
GREENVILLE NC 27834-

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

Name of Employer Occupation  
RALPH TUCKER FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2015  
**Transaction ID : SA11.5624**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 81 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. RICHARD E. UIHLEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1396 N WAUKEGAN RD  
 City LAKE FOREST State IL Zip Code 60045-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ULINE Occupation OWNER/COO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11.5763**  
 Amount of Each Receipt this Period 250000.00  
 CONTRIBUTION

**B. MR. ARTHUR VIANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12201 SW 131ST AVE  
 City MIAMI State FL Zip Code 33186-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARTHUR VIANI Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 07 / 06 / 2015  
**Transaction ID : SA11.6452**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MR. ARTHUR VIANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12201 SW 131ST AVE  
 City MIAMI State FL Zip Code 33186-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARTHUR VIANI Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 08 / 06 / 2015  
**Transaction ID : SA11.6453**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250200.00
<b>TOTAL</b> 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 82 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MR. ARTHUR VIANI**

Mailing Address 12201 SW 131ST AVE

City State Zip Code  
MIAMI FL 33186-

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

Name of Employer Occupation  
ARTHUR VIANI BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2015

**Transaction ID : SA11.6454**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. LYNETTE WAKS**

Mailing Address 2726 BENNINGTON DR.

City State Zip Code  
HEPHZIBAH GA 30815-

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2015

**Transaction ID : SA11.6455**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PAUL WALEK**

Mailing Address 917 PADDOCK DR.

City State Zip Code  
CAROL STREAM IL 60188-

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

Name of Employer Occupation  
MCNA INC. STATIONARY ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : SA11.6127**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

**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 83 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. PAUL WALEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 PADDOCK DR.

City CAROL STREAM	State IL	Zip Code 60188-
----------------------	-------------	--------------------

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

Name of Employer MCNA INC.	Occupation STATIONARY ENGINEER
-------------------------------	-----------------------------------

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
08	/	24	/	2015

**Transaction ID : SA11.6128**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B. MR. PAUL WALEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 PADDOCK DR.

City CAROL STREAM	State IL	Zip Code 60188-
----------------------	-------------	--------------------

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

Name of Employer MCNA INC.	Occupation STATIONARY ENGINEER
-------------------------------	-----------------------------------

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
09	/	24	/	2015

**Transaction ID : SA11.6129**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C. MR. PAUL WALEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 PADDOCK DR.

City CAROL STREAM	State IL	Zip Code 60188-
----------------------	-------------	--------------------

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

Name of Employer MCNA INC.	Occupation STATIONARY ENGINEER
-------------------------------	-----------------------------------

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
10	/	24	/	2015

**Transaction ID : SA11.6130**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 84 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. PAUL WALEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 PADDOCK DR.  
 City State Zip Code  
 CAROL STREAM IL 60188-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MCNA INC. STATIONARY ENGINEER  
 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 / 24 / 2015  
**Transaction ID : SA11.6131**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MR. PAUL WALEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 PADDOCK DR.  
 City State Zip Code  
 CAROL STREAM IL 60188-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MCNA INC. STATIONARY ENGINEER  
 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  
 12 / 24 / 2015  
**Transaction ID : SA11.6132**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MR. SCOTT WILCOX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3618 RAMPART ST  
 City State Zip Code  
 BAKERSFIELD CA 93306-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HEATHER WILCOX PERSONAL CAREGIVER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : SA11.5775**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 85 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MR. SCOTT WILCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3618 RAMPART ST

City BAKERSFIELD	State CA	Zip Code 93306-
---------------------	-------------	--------------------

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

Name of Employer HEATHER WILCOX	Occupation PERSONAL CAREGIVER
------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015

**Transaction ID : SA11.5776**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. MR. SCOTT WILCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3618 RAMPART ST

City BAKERSFIELD	State CA	Zip Code 93306-
---------------------	-------------	--------------------

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

Name of Employer HEATHER WILCOX	Occupation PERSONAL CAREGIVER
------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11.5777**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C. MS. ELIZABETH N. WISWALL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 201

City CASTINE	State ME	Zip Code 04421-
-----------------	-------------	--------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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  
 07 / 30 / 2015

**Transaction ID : SA11.6066**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 86 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. ELIZABETH N. WISWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 201  
 City CASTINE State ME Zip Code 04421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 08 / 30 / 2015  
**Transaction ID : SA11.6067**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. MS. ELIZABETH N. WISWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 201  
 City CASTINE State ME Zip Code 04421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 09 / 30 / 2015  
**Transaction ID : SA11.6068**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. MS. ELIZABETH N. WISWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 201  
 City CASTINE State ME Zip Code 04421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 10 / 30 / 2015  
**Transaction ID : SA11.6069**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 87 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

**A. MS. ELIZABETH N. WISWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 201  
 City CASTINE State ME Zip Code 04421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : SA11.6070**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. MS. ELIZABETH N. WISWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 201  
 City CASTINE State ME Zip Code 04421-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : SA11.6071**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	360437.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 88 OF 122	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**FREEDOMWORKS FOR AMERICA**

**A. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 2825 LONE PKWY

City EAGAN	State MN	Zip Code 55121
---------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

**Transaction ID : SA15-1.001**

Amount of Each Receipt this Period  

5161.58
---------

**REFUND - POSTAGE**

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

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

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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  

--

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

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

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5161.58
<b>TOTAL</b> This Period (last page this line number only).....▶	5161.58



**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS CREDIT CARD**

Mailing Address PO BOX 360001

City State Zip Code  
FT LAUDERDALE FL 33336

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Transaction ID : SB21-1.0013

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS CREDIT CARD**

Mailing Address PO BOX 360001

City State Zip Code  
FT LAUDERDALE FL 33336

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2015

Transaction ID : SB21-1.0029

Amount of Each Disbursement this Period

2750.00
---------

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS CREDIT CARD**

Mailing Address PO BOX 360001

City State Zip Code  
FT LAUDERDALE FL 33336

Purpose of Disbursement  
MERCHANT PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SB21-1.0039

Amount of Each Disbursement this Period

30.00
-------

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

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

3280.00
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**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS CREDIT CARD**

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SB21-1.0081

Amount of Each Disbursement this Period

1886.89

Full Name (Last, First, Middle Initial)

**B. ANYBILL**

Mailing Address PO BOX 34781

City BETHESDA State MD Zip Code 20827

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : SB21-1.0024

Amount of Each Disbursement this Period

437.00

Full Name (Last, First, Middle Initial)

**C. AUTHORIZE.NET**

Mailing Address 915 SOUTH 500 EAST

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : SB21-1.0008

Amount of Each Disbursement this Period

54.90

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

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

2378.79

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 200 WEST 2ND ST

City WINSTON-SALEM State NC Zip Code 27101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

Transaction ID : SB21-1.0010

Amount of Each Disbursement this Period

45.90

Full Name (Last, First, Middle Initial)

**B. BLUE POINT LLC**

Mailing Address 35311 N 92ND WAY

City SCOTTSDALE State AZ Zip Code 85262

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : SB21-1.0068

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING OF VA, LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : SB21-1.0014

Amount of Each Disbursement this Period

2000.00

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

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

9545.90

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING OF VA, LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2015

Transaction ID : SB21-1.0019

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. COMPLIANCE CONSULTING OF VA, LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : SB21-1.0038

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING OF VA, LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : SB21-1.0047

Amount of Each Disbursement this Period

3000.00

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

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

7000.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING OF VA, LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : SB21-1.0057

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. COMPLIANCE CONSULTING OF VA, LLC**

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21-1.0074

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL PROCESSORS, INC**

Mailing Address 1150 CONRAD CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
BATCHING & CAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2015

Transaction ID : SB21-1.0052

Amount of Each Disbursement this Period

905.00

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

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

6905.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : SB21-1.0003

Amount of Each Disbursement this Period

2	8	6	6	.	7	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : SB21-1.0025

Amount of Each Disbursement this Period

1	0	2	8	.	0	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : SB21-1.0034

Amount of Each Disbursement this Period

5	0	7	0	.	5	0
---	---	---	---	---	---	---

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

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

8	9	6	5	.	3	6
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**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015

Transaction ID : SB21-1.0049

Amount of Each Disbursement this Period

2340.00

Full Name (Last, First, Middle Initial)

**B. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : SB21-1.0065

Amount of Each Disbursement this Period

5850.00

Full Name (Last, First, Middle Initial)

**C. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB21-1.0077

Amount of Each Disbursement this Period

1716.00

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

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

9906.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FREEDOMWORKS, INC**

Mailing Address 400 N CAPITOL ST, NW  
SUITE 765

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
ADMINISTRATIVE OVERHEAD COSTS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SB21-1.0002

Amount of Each Disbursement this Period

10073.65

Full Name (Last, First, Middle Initial)

**B. FREEDOMWORKS, INC**

Mailing Address 400 N CAPITOL ST, NW  
SUITE 765

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21-1.0026

Amount of Each Disbursement this Period

1071.99

Full Name (Last, First, Middle Initial)

**C. FREEDOMWORKS, INC**

Mailing Address 400 N CAPITOL ST, NW  
SUITE 765

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
REGISTRATION/SPONSORSHIP

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : SB21-1.0032

Amount of Each Disbursement this Period

10000.00

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

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

21145.64



**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FREEDOMWORKS, INC**

Mailing Address 400 N CAPITOL ST, NW  
SUITE 765

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
REGISTRATION/SPONSORSHIP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SB21-1.0082

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. GLOBAL PAYMENTS**

Mailing Address 10 GLEN LAKE PKWY  
NORTH TOWER

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SB21-1.0009

Amount of Each Disbursement this Period

50.25

Full Name (Last, First, Middle Initial)

**C. GLOBAL PAYMENTS**

Mailing Address 10 GLEN LAKE PKWY  
NORTH TOWER

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2015

Transaction ID : SB21-1.0018

Amount of Each Disbursement this Period

70.20

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

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

2620.45

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GLOBAL PAYMENTS**

Mailing Address 10 GLEN LAKE PKWY  
NORTH TOWER

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2015

Transaction ID : SB21-1.0031

Amount of Each Disbursement this Period

70.20
-------

Full Name (Last, First, Middle Initial)

**B. GLOBAL PAYMENTS**

Mailing Address 10 GLEN LAKE PKWY  
NORTH TOWER

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SB21-1.0044

Amount of Each Disbursement this Period

70.20
-------

Full Name (Last, First, Middle Initial)

**C. GLOBAL PAYMENTS**

Mailing Address 10 GLEN LAKE PKWY  
NORTH TOWER

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	03	/	2015

Transaction ID : SB21-1.0056

Amount of Each Disbursement this Period

70.20
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

210.60
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**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GLOBAL PAYMENTS**

Mailing Address 10 GLEN LAKE PKWY  
NORTH TOWER

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB21-1.0069

Amount of Each Disbursement this Period

70.20

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015

Transaction ID : SB21-1.0004

Amount of Each Disbursement this Period

279.82

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : SB21-1.0059

Amount of Each Disbursement this Period

14.79

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

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

364.81

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : SB21-1.0061

Amount of Each Disbursement this Period

98.54

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : SB21-1.0076

Amount of Each Disbursement this Period

14.79

Full Name (Last, First, Middle Initial)

**C. JONES DAY**

Mailing Address 51 LOUISIANA AVE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SB21-1.0001

Amount of Each Disbursement this Period

8481.25

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

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

8594.58

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JONES DAY**

Mailing Address 51 LOUISIANA AVE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : SB21-1.0062

Amount of Each Disbursement this Period

6712.50

Full Name (Last, First, Middle Initial)

**B. JONES DAY**

Mailing Address 51 LOUISIANA AVE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

Transaction ID : SB21-1.0071

Amount of Each Disbursement this Period

3625.00

Full Name (Last, First, Middle Initial)

**C. O'CONNOR CONSULTING SERVICES LLC**

Mailing Address 4770 HOWARD PLACE

City CHESAPEAKE BEACH State MD Zip Code 20732

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

Transaction ID : SB21-1.0072

Amount of Each Disbursement this Period

740.25

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

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

11077.75

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : SB21-1.0005

Amount of Each Disbursement this Period

104.01

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : SB21-1.0006

Amount of Each Disbursement this Period

30.35

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : SB21-1.0007

Amount of Each Disbursement this Period

60.00

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

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

194.36

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : SB21-1.0011

Amount of Each Disbursement this Period

13.41

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : SB21-1.0012

Amount of Each Disbursement this Period

6.15

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SB21-1.0015

Amount of Each Disbursement this Period

4.27

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

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

23.83

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SB21-1.0016

Amount of Each Disbursement this Period

8.70

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : SB21-1.0017

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

Transaction ID : SB21-1.0020

Amount of Each Disbursement this Period

88.03

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

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

156.73



**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

Transaction ID : SB21-1.0021

Amount of Each Disbursement this Period

25.86

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB21-1.0022

Amount of Each Disbursement this Period

28.46

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21-1.0027

Amount of Each Disbursement this Period

13.46

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

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

67.78

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21-1.0028

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21-1.0030

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21-1.0033

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21-1.0036

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21-1.0037

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21-1.0040

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SB21-1.0041

Amount of Each Disbursement this Period

11.49

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : SB21-1.0043

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : SB21-1.0045

Amount of Each Disbursement this Period

8.49

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

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

79.98

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2015

Transaction ID : SB21-1.0048

Amount of Each Disbursement this Period

53.55

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21-1.0050

Amount of Each Disbursement this Period

16.41

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21-1.0051

Amount of Each Disbursement this Period

23.02

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

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

92.98

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2015

Transaction ID : SB21-1.0053

Amount of Each Disbursement this Period

4.23
------

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SB21-1.0054

Amount of Each Disbursement this Period

5.15
------

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SB21-1.0055

Amount of Each Disbursement this Period

8.53
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

17.91
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**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : SB21-1.0058

Amount of Each Disbursement this Period

0.73

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : SB21-1.0066

Amount of Each Disbursement this Period

6.34

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : SB21-1.0067

Amount of Each Disbursement this Period

8.54

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

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

15.61

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-1.0070**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-1.0073**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21-1.0075**

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : SB21-1.0078

Amount of Each Disbursement this Period

20.88

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SB21-1.0079

Amount of Each Disbursement this Period

9.67

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SB21-1.0080

Amount of Each Disbursement this Period

5.74

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

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

36.29

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TERRA ECLIPSE**

Mailing Address 600 F ST, NW  
STE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING/WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : **SB21-1.0023**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. TERRA ECLIPSE**

Mailing Address 600 F ST, NW  
STE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING/WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21-1.0035**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TERRA ECLIPSE**

Mailing Address 600 F ST, NW  
STE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING/WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2015

Transaction ID : **SB21-1.0046**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TERRA ECLIPSE**

Mailing Address 600 F ST, NW  
STE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING/WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : **SB21-1.0063**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TERRA ECLIPSE**

Mailing Address 600 F ST, NW  
STE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING/WEB SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : **SB21-1.0064**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. THOMPSON COMMUNICATIONS, INC**

Mailing Address PO BOX 5

City MARSHFIELD State MO Zip Code 65706

Purpose of Disbursement  
MEDIA PLACEMENT/PRODUCTION-UNAIED

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2015

Transaction ID : **SB21-1.0042**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF VIRGINIA**

Mailing Address 115 E GRACE ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
REGISTRATION/SPONSORSHIP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SB21-1.0060**

Amount of Each Disbursement this Period

9500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

9500.00

115961.31

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDERAL ELECTION COMMISSION**

Mailing Address 999 E ST NW

City WASHINGTON State DC Zip Code 20463

Purpose of Disbursement  
NEGOTIATED SETTLEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SB29**

Amount of Each Disbursement this Period

4700.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4700.00

4700.00

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

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER <b>C C00499020</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 05 / 2015</b>
Mailing Address <b>106 S COLUMBUS ST</b>		Amount <b>3640.41</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>EVENT COLLATERAL MATERIALS</b>	Category/Type	Transaction ID : <b>SB24-1.001</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 04 / 2015</b>
Name of Federal Candidate <b>RODNEY LELAND BLUM</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>3640.41</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THOMPSON COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>
Mailing Address <b>200 W JEFFERSON</b>		Amount <b>56745.66</b>
City <b>MARSHFIELD</b>	State <b>MO</b>	Zip Code <b>65706</b>
Purpose of Expenditure <b>MEDIA PLACEMENT/PRODUCTION</b>	Category/Type	Transaction ID : <b>SB24-1.002</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2015</b>
Name of Federal Candidate <b>DAVID ALAN BRAT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>60281.46</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>60386.07</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

MELODIE JOHNSON  
Signature

[Electronically Filed]

Date **12 / 04 / 2015**

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

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00499020
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 12 / 2015	
Mailing Address 106 S COLUMBUS ST		Amount <span style="border: 1px solid black; padding: 2px;">3535.80</span>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SB24-1.003</b>
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2015
Name of Federal Candidate DAVID ALAN BRAT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60281.46</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 12 / 2015	
Mailing Address 106 S COLUMBUS ST		Amount <span style="border: 1px solid black; padding: 2px;">5903.00</span>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SB24-1.004</b>
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2015
Name of Federal Candidate RONALD DION DESANTIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6118.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	9438.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

MELODIE JOHNSON [Electronically Filed]

Signature Date M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

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

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00499020
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>BEST IMPRESSIONS INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2015</b>
Mailing Address 400 N WASHINGTON ST BSMNT		Amount <b>215.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>EVENT COLLATERAL MATERIALS</b>	Category/Type	Transaction ID : <b>SB24-1.005</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2015</b>
Name of Federal Candidate <b>RONALD DION DESANTIS</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought	<b>6118.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THOMPSON COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>
Mailing Address 200 W JEFFERSON		Amount <b>47389.67</b>
City <b>MARSHFIELD</b>	State <b>MO</b>	Zip Code <b>65706</b>
Purpose of Expenditure <b>MEDIA PLACEMENT/PRODUCTION</b>	Category/Type	Transaction ID : <b>SB24-1.006</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 01 / 2015</b>
Name of Federal Candidate <b>TIMOTHY ALAN HUELSKAMP</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought	<b>47389.67</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>47604.67</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*MELODIE JOHNSON*

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 08 / 2015**

Signature



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

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 28 / 2015</b>	
Mailing Address 106 S COLUMBUS ST		Amount <b>8485.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SB24-1.007</b>
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 28 / 2015</b>
Name of Federal Candidate <b>MICHAEL SHUMWAY LEE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <b>66354.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>THOMPSON COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 23 / 2015</b>	
Mailing Address 200 W JEFFERSON		Amount <b>57869.00</b>	
City <b>MARSHFIELD</b>	State <b>MO</b>	Zip Code <b>65706</b>	Transaction ID : <b>SB24-1.008</b>
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 10 / 2015</b>
Name of Federal Candidate <b>MICHAEL SHUMWAY LEE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <b>66354.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>66354.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*MELODIE JOHNSON*  
Signature

[Electronically Filed]

Date **08 / 28 / 2015**

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

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER <b>C C00499020</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>THOMPSON COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination 10 / 21 / 2015
Mailing Address 200 W JEFFERSON		Amount 35731.00
City MARSHFIELD	State MO	Zip Code 65706
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION	Category/Type	Date of Disbursement or Obligation 10 / 20 / 2015
Name of Federal Candidate THOMAS HAROLD MASSIE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought	35731.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THOMPSON COMMUNICATIONS, INC</b>		Date of Public Distribution/Dissemination 10 / 05 / 2015
Mailing Address 200 W JEFFERSON		Amount 56302.67
City MARSHFIELD	State MO	Zip Code 65706
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION	Category/Type	Date of Disbursement or Obligation 10 / 01 / 2015
Name of Federal Candidate MARK RANDALL MEADOWS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	56302.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	92033.67
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	275817.21

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.

MELODIE JOHNSON  
Signature

[Electronically Filed]

Date 10 / 20 / 2015