24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
The 2016 Committee

FEC IDENTIFICATION NUMBER ▼
C C00569905

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
NOVA LABEL

Mailing Address 4819 LYDELL ROAD

City: CHEVERLY State: MD Zip Code: 20781

Purpose of Expenditure: PRINTING

Category/Type: 004

Date of Public Distribution/Dissemination: 12 / 21 / 2015

Amount: 3281.42

Transaction ID : SE24.2314

Date of Disbursement or Obligation: 12 / 21 / 2015

Name of Federal Candidate: DR. BEN CARSON

☒ Support ☐ Oppose

Office Sought: ☐ House District: ____ ☒ President ☐ Senate State: ____

Calendar Year-To-Date Per Election for Office Sought 2016: 4466436.94

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ ____

Full Name of Payee
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL ROAD
SUITE 490

City: MCLEAN State: VA Zip Code: 22102-3028

Purpose of Expenditure: LIST RENTAL EXPENSE

Category/Type: 004

Date of Public Distribution/Dissemination: 12 / 21 / 2015

Amount: 27275.25

Transaction ID : SE24.2343

Date of Disbursement or Obligation: 12 / 21 / 2015

Name of Federal Candidate: DR. BEN CARSON

☒ Support ☐ Oppose

Office Sought: ☐ House District: ____ ☒ President ☐ Senate State: ____

Calendar Year-To-Date Per Election for Office Sought 2016: 4493712.19

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 30556.67

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank ***[Electronically Filed]***
Signature

Date 02 / 18 / 2016