

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name paygovadmin@mail.doc.twai.gov

(b) Address (number and street) check if different than previously reported
1131 bell st 9

(c) City, State and ZIP Code
Sacramento CA 95825

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C C30002463

3. Is This Statement

New
or
 Amended

4. Covering Period

07 / 14 / 2016
through
07 / 31 / 2016

5. (a) Date of Public Distribution(s) 07 / 14 / 2016 (b) Communication Title _____

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Marie Davis

(b) Address (number and street)

1131 bell st 9

(c) City, State and ZIP Code

Sacramento CA 95825

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

Fec Publisher

9. Total Donations This Statement

920.00

10. Total Disbursements/Obligations This Statement

.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Marie Davis

SIGNATURE Marie Davis [Electronically Filed] DATE 07/30/2016

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

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor 1-1R1X2YR</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 07 / 14 / 2016</p> <p>Amount</p> <p>855.00</p> <p>Transaction ID : F92.000001</p>	
<p>B. Full Name of Donor Pay.gov</p> <hr/> <p>Mailing Address of Donor 1131 bell st 9</p> <hr/> <p>City State Zip Sacramento CA 95825</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 07 / 14 / 2016</p> <p>Amount</p> <p>65.00</p> <p>Transaction ID : F92.000002</p>	
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p>	
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p>	
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>Amount</p>	
<p>SUBTOTAL of Donations This Page (optional) ▶</p>		<p>920.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>		<p>920.00</p>