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PAGE 1 / 10

FEC AN	PORT OF D DISBUI	RSEMEN	TS	Office	9 Use Only
1. NAME OF TYPE COMMITTEE (in full)	OR PRINT ▼	Example: If t		12FE4M5	
Fraternity & Sorority Politic	al Action Comm	nittee			
ADDRESS (number and street)	Box 3435				
Check if different than previously reported. (ACC)	exandria			VA 22:	302
2. FEC IDENTIFICATION NUMBE	R ▼ C	ITY 🔺	S		ZIP CODE
C C00410068	3.	IS THIS REPORT X	NEW (N) OR	AMENDE (A)	ĒD
4. TYPE OF REPORT (b (Choose One) (a) Quarterly Reports:	Report Due On:	eb 20 (M2) ar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (Ma	Year Only)
April 15	At	or 20 (M4)	Jul 20 (M7)	Oct 20 (M1	0) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Conventio	on (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Elec	tion on	/	YYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General	(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	tion on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 2015		h 11		2015
I certify that I have examined this Rep Type or Print Name of Treasurer Ma	oort and to the best ourgee Clancy	of my knowledge a	nd belief it is true	e, correct and comp	olete.
Signature of Treasurer Margee Clar	псу	[Electroni	cally Filed] Da	ate 12 /	D D / Y Y Y Y 18 2015
NOTE: Submission of false, erroneous,	or incomplete informat	ion may subject the	person signing this	s Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Fraternity & Sorority Political Action Committee M Y М D N 01 2015 30 2015 Report Covering the Period: From: 11 To: 11 **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 109808.66 January 1, 2015 (b) Cash on Hand at 216086.29 Beginning of Reporting Period..... 347867.00 950.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 217036.29 457675.66 6(a) and 6(c) for Column B)..... 12010.93 252650.30 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 205025.36 205025.36 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Fraternity & Sorority Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	250.00	173430.00
(i) Itemized (use Schedule A)	7 7 7	
(ii) Unitomized	200.00	38862.00
(ii) Unitemized	200.00	7 7 7
(iii) TOTAL (add	450.00	212292.00
Lines 11(a)(i) and (ii)▶		
(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)	450.00	212292.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
		7 7
3. All Loans Received	0.00	0.00
		7 7
Lean Banaymanta Basaiyad	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 		7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		19 19 18
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	500.00	135575.00
3. 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
	7 7 7	
 Total Receipts (add Lines 11(d), 		
12, 13, 14, 15, 16, 17, and 18(c))	950.00	347867.00
). Total Federal Receipts		
. Iotal i eueral necelpts		

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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	1852.93	73070.59
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► 2. Transfers to Affiliated/Other Party	1852.93	73070.59
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	66500.00
. Independent Expenditures (use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	175.00
Other Disbursements	10158.00	112904.71
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12010.93	252650.30
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12010.93	252650.30
, ,		7 7 7

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	450.00	212292.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	175.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	450.00	212117.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	1852.93	73070.59
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1852.93	73070.59

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

10

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Fraternity & Sorority Political Ac	tion Com	mittee						
Α.	Full Name (Last, First, Middle Initial) Sam Leake Mailing Address 20 Forest Hills Drive City	State	Date of Receipt						
	Wilmington FEC ID number of contributing federal political committee.	C	28403	Amount of Each Receipt this Period					
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		Product Sales Year-to-Date ▼ 500.00						
В.	Full Name (Last, First, Middle Initial) Mailing Address City	Date of Receipt							
	FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State C Occupation Aggregate	Zip Code	Amount of Each Receipt this Period					
C.	Full Name (Last, First, Middle Initial) Mailing Address	Date of Receipt							
	City FEC ID number of contributing federal political committee. Name of Employer	State C Occupation	Zip Code	Amount of Each Receipt this Period					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
s	UBTOTAL of Receipts This Page (optional)		•••••	250.00					
-	OTAL This Period (last page this line number	only)		250.00					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

10

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a	11b	11c	12 16	X 17		
Any information copied from such Reports and or for commercial purposes, other than using the			rson for the pu	rpose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full) Fraternity & Sorority Political A	Action Com	mittee							
Full Name (Last, First, Middle Initial) A. Affiliated Healthcare Centers, Inc. Mailing Address 8000 SW 67th Avenue City Miami FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State FL Occupation Aggregate	Zip Code 33143	Date of R	f Each R	SA17.192 eceipt this	2015 24 S Period			
Other (specify) ▼		500.00							
B. Mailing Address	Date of Receipt								
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Amount of	f Each R	eceipt this	Period			
C. Full Name (Last, First, Middle Initial)			Date of R	eceipt	/ Y	YY	Y		
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Amount of	f Each R	eceipt this	Period			
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				7	- 7	500 500			

S	CHEDULE B (FEC Form 3X)			F)B		UMBER:			PA	GE 8	3 OF 10
IT	EMIZED DISBURSEMENTS	Use sepa		hecl	k only	ly one)						
			category of the Summary Page		×	21b 27	22 28a		23 28b	24 28c		25 26 29 30b
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the	itements may name and add	not be sold or use ress of any politica	ed by al con	any nmit	r perso ttee to	n for the solicit co	purp ntribu	ose c utions	of solicitin from suc	g cont ch com	ributions mittee.
\square	NAME OF COMMITTEE (In Full)	_										
	Fraternity & Sorority Political Act	ion Comm	hittee									
Α.	Full Name (Last, First, Middle Initial) Elavon						Date of	f Dis	burse	ment		
	Mailing Address One Concourse Parkway						M M 11	/	02		201	
	City Atlanta	State GA	Zip Code 30328				Trans	actio	on ID	: SB21B.	.19216	
	Purpose of Disbursement Credit Card Processing Fee						Amoun	t of E	Each	Disburse	ment tl	nis Period
	Candidate Name			Cate	egor ype	ry/						115.55
	Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General cify) ▼						,	,		
B.	State: District: Full Name (Last, First, Middle Initial) MAXimum Compliance, LLC Mailing Address 4703 Woodway Lane, NW	ull Name (Last, First, Middle Initial) MAXimum Compliance, LLC					Date of	f Dis	burse 0:	D / Y	201	
	City Washington	State DC	Zip Code 20016				Trans	sactio	on ID	: SB21B	.19214	
	Purpose of Disbursement Compliance & Bookkeeping Services		_	Amount of Each Disbursemer				ment th	nis Period			
	Candidate Name			Cate T	egor ype	ry/			,		1	625.00
	Senate President	sement For: Primary Other (spe	General cify) ▼									
	State: District: Full Name (Last, First, Middle Initial)						Date of	f Dis	burse	ment		
•.	C. MAXimum Compliance, LLC						M M	/	02	D / Y	201	
	City	State	Zip Code				Trans	sactio	on ID	: SB21B	19215	
	Washington Purpose of Disbursement	DC	20016	_	_	_						
	Compliance & Bookkeeping Services Candidate Name				egor ype	ry/	Amoun	t of E	Each	Disburse	ment th	nis Period 107.08
	Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General cify) ▼	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7	7		<u>A)</u>
<u> </u>						[_	-			1	847.63
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ΙΤ	OTAL This Period (last page this line number of	nly)							,			

S	CHEDULE B (FEC Form 3X)		F	OR	LIN	E NI	JMBER	:		F	PAGE	9	OF 10	
ITEMIZ	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k or	nly one)								
		Detailed Summary Page		×	21l 27	° -	22 		23 28b	24		25 29	26 30b	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may not be sold or us me and address of any politic	ed by cal cor	any nmit	/ pe ttee	rson to s	for the olicit co	pur ntrit	pose o putions	of solici	ting o uch (contribu commit	itions tee.	
\backslash	NAME OF COMMITTEE (In Full)	_												
	Fraternity & Sorority Political Action	on Committee												
Δ.	Full Name (Last, First, Middle Initial) Omega Financial Inc.						Date o	f Di	sburse	ement				
							M M	_	D	D /		YY	Y	
	Mailing Address P. O. Box 2207						11		3	0		2015		
	City Columbus	State Zip Code GA 31902					Trans	sact	ion ID	: SB21	B.19	227		
	Purpose of Disbursement Credit Card Processing Fee						Amoun	t of	Fach	Disburs	seme	nt this	Period	
	Candidate Name		Cat							2100001			5.30	
	Office Sought: House Disburse	ement For:	Т	ype		-	_		7		-			
	Senate	Primary General												
	State: District:	Other (specify)												
в.	Full Name (Last, First, Middle Initial)						Date o	f Di	sburse	ement				
							M M	_			Y	YY	Y	
	Mailing Address													
	City	State Zip Code												
	Purpose of Disbursement						Amount of Each Disbursement this Perio					Period		
	Candidate Name		Cat		ry/									
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	Senate	Primary General												
	State: District:	Other (specify)												
c.	Full Name (Last, First, Middle Initial)						Date o	f Di	sburse	ement				
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	Mailing Address						<u> </u>		L.			_		
	City	State Zip Code												
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	Candidate Name		Cat T	egoi ype			Amoun	t of	Each	Disburs	seme	nt this	Period	
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S	CHEDULE B (FEC Form 3X)		FOR LI	INE NUMBER: PAGE 10 OF 10
IТ 	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check	only one) 21b 22 23 24 25 26 27 28a 28b 28c X 29 30t
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			
\setminus	NAME OF COMMITTEE (In Full)			
	Fraternity & Sorority Political Action	n Committee		
Α.	Full Name (Last, First, Middle Initial) Craft Media / Digital			Date of Disbursement
	Mailing Address 1600 K Street, NW Ste. 300			11 16 2015
	City S Washington	State Zip Code DC 20006		Transaction ID : SB29.19226
	Purpose of Disbursement Non-Contribution Account - Social Media/Media Co	nsulting Services		
	Candidate Name		Category	Amount of Each Disbursement this Period
			Туре	10000.00
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v		
	State: District: Full Name (Last, First, Middle Initial)			
В.	MAXimum Compliance, LLC			Date of Disbursement
	Mailing Address 4703 Woodway Lane, NW			11 / D D / Y Y Y Y 2015
	Washington	State Zip Code DC 20016		Transaction ID : SB29.19217
	Purpose of Disbursement Non-Contribution Account - Compliance & Bookkee	ping Services		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	// 125.00
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		
	State: District: Full Name (Last, First, Middle Initial)			
C.	PCI Payment Solutions			Date of Disbursement
	Mailing Address 902 Chinquapin Road			11 02 2015
	McLean	StateZip CodeVA22102		Transaction ID : SB29.19218
	Purpose of Disbursement Non-Contribution Account - Credit Card Processing	Fee		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
	Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼		
Γ				. 10158.00
s	UBTOTAL of Disbursements This Page (optional)			
т	OTAL This Period (last page this line number only)			▶ 10158.00

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