

Law Offices of David G. Eisenstein, P.C.

David G. Eisenstein

Also Admitted in Arizona

2111 S. El Camino Real, Suite 202
Oceanside, California 92054

RECEIVED
FEC MAIL CENTER

2016 FEB -1 AM 9:56

January 29, 2016

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

VIA UPS

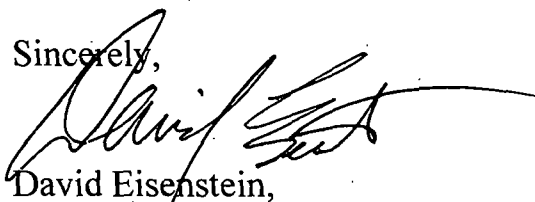
Re: FEC FORM 3X for period ending December 31, 2015/Monstah
Pac political committee/Submitted herewith for filing/ID# C00529107

Dear Sir/Madame:

Please find enclosed the completed Monstah Pac political committee's FEC
FORM 3X for the period ending December 31, 2015.

Please advise me of any questions you may have about the enclosed. Thank
you for your cooperation in this matter.

Sincerely,



David Eisenstein,
Treasurer of Monstah Pac

DE/dge
encl.

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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2016 FEB -1 AM 9:56

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Monstah PAC

ADDRESS (number and street) 2588 El Camino Real

Check if different than previously reported. (ACC) Suite F-139

Carlsbad CA 92008

2. FEC IDENTIFICATION NUMBER ▼ C 00529107 CITY ▲ STATE ▲ ZIP CODE ▲

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 MM / DD / YYYY in the State of XX

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

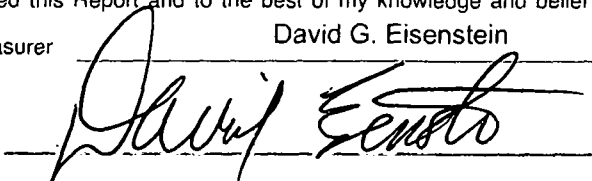
Election on MM / DD / YYYY in the State of XX

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 David G. Eisenstein

Signature of Treasurer  Date MM / DD / YYYY 01 / 29 / 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)

Page 2

Write or Type Committee Name

Monstah PAC

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 37.01		650.80
(b) Cash on Hand at Beginning of Reporting Period.....	918.28	
(c) Total Receipts (from Line 19)	24,250.00	67,870.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25,168.28	68,520.80
7. Total Disbursements (from Line 31)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	650.80	650.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	74,131.86	



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)

Page 3

Write or Type Committee Name

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

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).....	0	3,919.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	3,919.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	3,919.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....	24,250.00	68,370.00
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	24,250.00	68,370.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24,250.00	68,370.00

2010-02-01 09:00:00

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)	0	3,919.00
34. Total Contribution Refunds (from Line 28(d))	0	3,919.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	3,919.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11,181.13	32,930.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11,181.13	32,930.14

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

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

NON-CONFIDENTIAL

**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)						PAGE	OF
	<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 type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Monstah PAC

A. PARAMOUNT COMMUNICATION

Full Name (Last, First, Middle Initial)

Mailing Address: **525 E MARKET ST LEESBURG, VA 20176-4171**

City: **VA** State: **VA** Zip Code: **20176-4171**

Purpose of Disbursement: **STE K**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **ongoing communications with those on MP's email list**

State: District:

Date of Disbursement: **12 / 31 / 2015**

Amount of Each Disbursement this Period: **1,500.00**

Category/Type: **001**

B. FACEBOOK ADVERTISING USA

Full Name (Last, First, Middle Initial)

Mailing Address: **1601 WILLOW RD, BLDG 10**

City: **CA** State: **CA** Zip Code: **94025-1453**

Purpose of Disbursement: **Facebook ads to promote ongoing Facebook posts**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 31 / 2015**

Amount of Each Disbursement this Period: **1,061.63**

Category/Type: **001**

C. VESTA AT&T MOBILITY

Full Name (Last, First, Middle Initial)

Mailing Address: **11950 SW GARDEN PL**

City: **OR** State: **OR** Zip Code: **97223-8248**

Purpose of Disbursement: **Telephone lines**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **ongoing operations**

State: District:

Date of Disbursement: **12 / 31 / 2015**

Amount of Each Disbursement this Period: **660.00**

Category/Type: **001**

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

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

NON-PROFIT ORGANIZATION

SCHEDULE B (FEC Form 3X)

EXPENSES

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

FOR LINE NUMBER: (check only one)

PAGE OF

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Monstah PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

--

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			20	15		

Mailing Address

7300 Chapman HWY

City State Zip Code

Knoxville, TN 37920

Purpose of Disbursement
Credit Card Processing

Candidate Name

001
Category/Type

Amount of Each Disbursement this Period

120.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) continuing operations

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			20	15		

Mailing Address
POB 659754

City State Zip Code

San Antonio, TX 78265

Purpose of Disbursement
Banking

Candidate Name

001
Category/Type

Amount of Each Disbursement this Period

94.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) continuing operations

State: District:

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

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)						PAGE	OF
	<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 type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Monstah PAC

A. Full Name (Last, First, Middle Initial) *Milto's Restaurant*

Mailing Address *2660 Via de la Valle*

City *Del Mar, CA* State *CA* Zip Code *92014*

Purpose of Disbursement *Lunch*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *Lunch*

State: _____ District: _____

Date of Disbursement: *12/31/2015*

Amount of Each Disbursement this Period: *00.1* *37.67*

B. Full Name (Last, First, Middle Initial) *Fedex Office*

Mailing Address *2444 Vista Way*

City *Oceanside, CA* State *CA* Zip Code *92054*

Purpose of Disbursement *Printing*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *Printing*

State: _____ District: _____

Date of Disbursement: *12/31/2015*

Amount of Each Disbursement this Period: *02.1* *30.77*

C. Full Name (Last, First, Middle Initial) *Amex*

Mailing Address *Box 0001*

City *Los Angeles, CA* State *CA* Zip Code *90096*

Purpose of Disbursement *Finance Charges*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *Finance charges*

State: _____ District: _____

Date of Disbursement: *12/31/2015*

Amount of Each Disbursement this Period: *377.80*

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

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

20150101 10:00 AM

**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)						PAGE	OF
	<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 type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Monstah PAC

A. Full Name (Last, First, Middle Initial) *Xennsoft, LLC*

Mailing Address *12162 S. Business Park Dr. Ste 208*

City *Draper, UT* State *UT* Zip Code *84020*

Purpose of Disbursement *software*

Candidate Name *[blank]* Category/Type *001*

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

State: _____ District: _____

Date of Disbursement *12/31/2015*

Amount of Each Disbursement this Period *1,170.00*

B. Full Name (Last, First, Middle Initial) *Alexandra Esteve*

Mailing Address *3364 Daley Center Drive #810*

City *Sandiego, CA* State *CA* Zip Code *92123*

Purpose of Disbursement *intern pay*

Candidate Name *[blank]* Category/Type *001*

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

State: _____ District: _____

Date of Disbursement *12/31/2015*

Amount of Each Disbursement this Period *1,354.32*

C. Full Name (Last, First, Middle Initial) *Dept. of the Treasury / IRS*

Mailing Address *Ogden, UT 84201-0005*

City *Ogden, UT* State *UT* Zip Code *84201-0005*

Purpose of Disbursement *Payroll Tax*

Candidate Name *[blank]* Category/Type *001*

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

State: _____ District: _____

Date of Disbursement *12/31/2015*

Amount of Each Disbursement this Period *548.00*

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

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

NON-PROFIT ORGANIZATION

**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)

PAGE OF

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Monstah PAC

Full Name (Last, First, Middle Initial)

A. *Employment Development Dept.*

Mailing Address *P.O. Box 826276, Sacramento, CA*

City *Sacramento* State *CA* Zip Code *94230*

Date of Disbursement

12/31/2015

Purpose of Disbursement

Payroll tax

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

359.73

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Payroll tax

Full Name (Last, First, Middle Initial)

B. *Adout Int'l*

Mailing Address *410 13501 Shawnee Mission Pkwy.*

City *Shawnee Mission* State *KS* Zip Code *66216*

Date of Disbursement

12/31/2015

Purpose of Disbursement *- placement assistance*

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

600.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

intern placement assistance

Full Name (Last, First, Middle Initial)

C. *The Hartford*

Mailing Address *277 Park Avenue*

City *New York, NY* State *NY* Zip Code *10172*

Date of Disbursement

12/31/2015

Purpose of Disbursement

Insurance

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

357.33

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Ins.

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

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

359.73

NON-IDENTIFIABLE DISBURSEMENTS

**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)

PAGE OF

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Monstah PAC

Full Name (Last, First, Middle Initial)

A. *PR Buzz COM*

Mailing Address

1004 Collier Center Way, Naples, FL

City

PR releases

Purpose of Disbursement

general operations

Candidate Name

001
Category/
Type

Date of Disbursement

12 / 31 / 2015

Amount of Each Disbursement this Period

299.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

general operations

Full Name (Last, First, Middle Initial)

B. *Costco Wholesale*

Mailing Address

951 Palomar Mtn. Rd.

City

Carlsbad, CA 92011

Purpose of Disbursement

general operations

Candidate Name

001
Category/
Type

Date of Disbursement

12 / 31 / 2015

Amount of Each Disbursement this Period

290.63

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. *Practising Law*

Mailing Address

810 2th Ave, 25th FL

City

New York, NY 10019

Purpose of Disbursement

PAC purchase of book about legal issues

Candidate Name

001
Category/
Type

Date of Disbursement

12 / 31 / 2015

Amount of Each Disbursement this Period

237.60

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

info. on PAC legal issues

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

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

299.00

\$9,549.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 2
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Monstah PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
David G. Eisenstein

Election:
 Primary
 General
 Other (specify) conduct of operations between elections

Mailing Address
2588 El Camino Real, Ste. F-159
City State ZIP Code

Original Amount of Loan 3,296.30 Cumulative Payment To Date 3,950.00 Balance Outstanding at Close of This Period 46,638.51

TERMS
Date Incurred 04/01/2014 Date Due due on demand Interest Rate 6% Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **2** OF **2**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Monstah PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
LAW OFFICES OF DAVID G. EISENSTEIN, P.C.

Election:
 Primary
 General
 Other (specify) **Operations between elections**

Mailing Address
2111 S. El Camino Real, Ste. 202, Oceanside, CA 92054

City State ZIP Code

Original Amount of Loan 1,000.00	Cumulative Payment To Date 1,590.00	Balance Outstanding at Close of This Period 15,178.00
--	---	---

TERMS

Date Incurred 11 / 20 / 2014	Date Due on demand	Interest Rate 5% % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------------------	------------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source.

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 15,178.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) **15,178.00**

TOTALS This Period (last page in this line only)..... **\$62,466.81**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C []	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan []	Interest Rate (APR) [] %
Mailing Address		Date Incurred or Established [] / [] / []	[]
City	State	Zip Code	Date Due [] / [] / []
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred [] / [] / []	
B. If line of credit, Amount of this Draw: []		Total Outstanding Balance: []	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? [] Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? []	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: [] / [] / []		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE [] / [] / []	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE [] / [] / []	
Title		[]	

NON-CONFIDENTIAL INFORMATION

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Credit card
Mailing Address Box 0001	
City State Zip Code Los Angeles, CA 90096	

Outstanding Balance Beginning This Period \$3,052.68	Amount Incurred This Period 4,238.28	Payment This Period 4,650.00	Outstanding Balance at Close of This Period \$2,565.05
--	--	--	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David G. Eisenstein	Nature of Debt (Purpose): unpaid salary
Mailing Address 2588 El Camino Real, Ste. F-139	
City State Zip Code Carlsbad, CA 92054	

Outstanding Balance Beginning This Period 0	Amount Incurred This Period \$9,000.00	Payment This Period 0	Outstanding Balance at Close of This Period \$9,000.00
---	--	---------------------------------	--

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	\$11,565.05
2) TOTALS This Period (last page this line number only).....	\$11,565.05
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	\$62,466.81
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	\$74,131.86

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

NAME OF COMMITTEE (In Full) <div style="font-size: 2em; font-family: cursive; margin-left: 20px;">Monstak PAC</div>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> M M M / D D D / Y Y Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> M M M / D D D / Y Y Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div>

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

Signature *[Handwritten Signature]* Date 07 / 29 / 2016

NON-CONFIDENTIAL

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

NON-FEDERAL CANDIDATE SUPPORT

ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative []
- ii) Generic Voter Drive []
- iii) Exempt Activities []
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) _____ []
 - b) _____ []
 - c) Total Amount Transferred For Direct Fundraising []
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) _____ []
 - b) _____ []
 - c) Total Amount Transferred For Direct Candidate Support []
- vi) Public Communications Referring Only to Party (Made by PAC) []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

- TOTAL This Period (Administrative) []
- TOTAL This Period (Generic Voter Drive) []
- TOTAL This Period (Exempt Activities) []
- TOTAL This Period (Direct Fundraising) []
- TOTAL This Period (Direct Candidate Support) []
- TOTAL This Period (Public Communications Referring Only to Party) []
- TOTAL This Period (Total Amount Transferred) []

NON-FEDERAL ACCOUNTS

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 Date MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 Date MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 Date MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

NON-FEDERAL SHARE

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

NON-FEDERAL FUNDS DISBURSED

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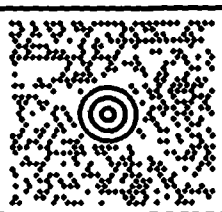
Freedom to be
Business

X-RAYED BY FCC SECURITY

DAVID EISENSTEIN, ESQ.
7607307900
EISENSTEIN LAW OFFICE
2111 S. EL CAMINO REAL
OCEANSIDE CA 92054

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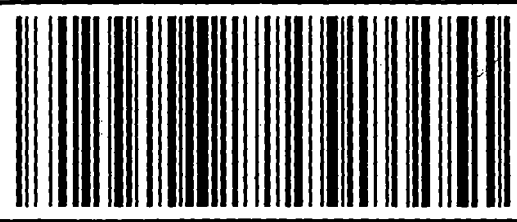
SHIP TO:
FEDERAL ELECTION COMMISSION
999 E STREET, N.W.
WASHINGTON DC 20463-0001



MD 201 9-83



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TRACKING #: 1Z Y40 005 13 9412 3442



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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): UPS Shipping Date
Next Business Day Delivery 1/29/2016

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER *MP*
 (3/2015)

2/1/2016
 DATE PREPARED

20160129 10:00:00 AM