

# 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

Save the Day PAC

ADDRESS (number and street) P.O. Box 988

Check if different than previously reported. (ACC) Malibu CA 90265

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

C C00625228

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 through M M / D D / Y Y Y Y Y Y 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Landson, Joel, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Landson, Joel, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Save the Day PAC**

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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11614.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="445000.29"/>	<input type="text" value="953374.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="456614.44"/>	<input type="text" value="953374.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="445150.00"/>	<input type="text" value="941909.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11464.44"/>	<input type="text" value="11464.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Save the Day PAC**

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).....	445000.00	953373.70
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	445000.00	953373.70
(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) .....	445000.00	953373.70
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.29	0.44
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)).....▶	445000.29	953374.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	445000.29	953374.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	402637.40	750051.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	402637.40	750051.38
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) .....	42512.60	191858.32
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	0.00	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	445150.00	941909.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	445150.00	941909.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	445000.00	953373.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	445000.00	953373.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	402637.40	750051.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	402637.40	750051.38

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 15
	(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)  
**Save the Day PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Whedon, Joss, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address P.O. Box 988		<b>Transaction ID : SA11AI.4220</b>
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40000.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Screenwriter	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548373.70	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Whedon, Joss, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address P.O. Box 988		<b>Transaction ID : SA11AI.4221</b>
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Screenwriter	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 648373.70	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Whedon, Joss, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2016
Mailing Address P.O. Box 988		<b>Transaction ID : SA11AI.4222</b>
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45000.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Screenwriter	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 693373.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185000.00
<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 15
	(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)  
**Save the Day PAC**

**A. Whedon, Joss, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 988  
 City Malibu State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Screenwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 763373.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2016  
**Transaction ID : SA11AI.4223**  
 Amount of Each Receipt this Period  
 70000.00  
 Memo Item

**B. Whedon, Joss, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 988  
 City Malibu State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Screenwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 823373.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016  
**Transaction ID : SA11AI.4224**  
 Amount of Each Receipt this Period  
 60000.00  
 Memo Item

**C. Whedon, Joss, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 988  
 City Malibu State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Screenwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873373.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11AI.4225**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180000.00
<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 8 OF 15
	(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

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NAME OF COMMITTEE (In Full)  
**Save the Day PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Whedon, Joss, , ,**

Mailing Address P.O. Box 988

City Malibu	State CA	Zip Code 90265
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Screenwriter
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
903373.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2016

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
30000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Whedon, Joss, , ,**

Mailing Address P.O. Box 988

City Malibu	State CA	Zip Code 90265
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Screenwriter
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
953373.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

**Transaction ID : SA11AI.4227**

Amount of Each Receipt this Period  
50000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80000.00
<b>TOTAL</b> This Period (last page this line number only).....	445000.00



**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"/> 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)

Save the Day PAC

Full Name (Last, First, Middle Initial)

**A. Oh Must You? Productions, Inc.**

Mailing Address P.O. Box 988

City  
Malibu

State  
CA

Zip Code  
90265

Purpose of Disbursement  
Digital Media Production

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

40000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oh Must You? Productions, Inc.**

Mailing Address P.O. Box 988

City  
Malibu

State  
CA

Zip Code  
90265

Purpose of Disbursement  
Digital Media Production

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

100000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oh Must You? Productions, Inc.**

Mailing Address P.O. Box 988

City  
Malibu

State  
CA

Zip Code  
90265

Purpose of Disbursement  
Digital Media Production

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2016			

FEC Identification Number

C

Transaction ID : SB21B.4212

Amount of Each Disbursement this Period

45000.00

Memo Item

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

185000.00

**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"/> 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)

**Save the Day PAC**

Full Name (Last, First, Middle Initial)

**A. Oh Must You? Productions, Inc.**

Mailing Address P.O. Box 988

City  
Malibu

State  
CA

Zip Code  
90265

Purpose of Disbursement  
Digital Media Production

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

FEC Identification Number

C

**Transaction ID : SB21B.4213**

Amount of Each Disbursement this Period

55087.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oh Must You? Productions, Inc.**

Mailing Address P.O. Box 988

City  
Malibu

State  
CA

Zip Code  
90265

Purpose of Disbursement  
Digital Media Production

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C

**Transaction ID : SB21B.4214**

Amount of Each Disbursement this Period

60000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oh Must You? Productions, Inc.**

Mailing Address P.O. Box 988

City  
Malibu

State  
CA

Zip Code  
90265

Purpose of Disbursement  
Digital Media Production

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

FEC Identification Number

C

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

22400.40

Memo Item

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

137487.40
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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"/> 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)  
**Save the Day PAC**

**A. Oh Must You? Productions, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 988

City Malibu State CA Zip Code 90265

Purpose of Disbursement Digital Media Production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4216

Amount of Each Disbursement this Period: 30000.00

Memo Item

**B. Oh Must You? Productions, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 988

City Malibu State CA Zip Code 90265

Purpose of Disbursement Digital Media Production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4217

Amount of Each Disbursement this Period: 50000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	402487.40

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

NAME OF COMMITTEE (In Full) <b>Save the Day PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00625228
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Awesomeness, LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 11821 Mississippi Avenue	Amount <input type="text"/>
City Los Angeles State CA Zip Code 90025	Transaction ID : <b>SE.4189</b>
Purpose of Expenditure Digital advertisement production - 'Important 2' Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 164258.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Oh Must You? Productions, Inc.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. Box 988	Amount <input type="text"/>
City Malibu State CA Zip Code 90265	Transaction ID : <b>SE.4190</b>
Purpose of Expenditure Digital advertisement production - 'Important 2' Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 172738.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 23393.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

Landson, Joel, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Save the Day PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00625228
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Oh Must You? Productions, Inc.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 988		Amount <input type="text"/>	
City Malibu	State CA	Zip Code 90265	Transaction ID : <b>SE.4194</b>
Purpose of Expenditure Digital advertisement production - 'Blood Money'		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: AYOTTE, KELLY A, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Oh Must You? Productions, Inc.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 988		Amount <input type="text"/>	
City Malibu	State CA	Zip Code 90265	Transaction ID : <b>SE.4196</b>
Purpose of Expenditure Digital advertisement production - 'Blood Money'		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: PORTMAN, ROB, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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Landson, Joel, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Save the Day PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00625228
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Oh Must You? Productions, Inc.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 988		Amount <input type="text"/>	
City Malibu	State CA	Zip Code 90265	Transaction ID : <b>SE.4198</b>
Purpose of Expenditure Digital advertisement production - 'Blood Money'		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: RUBIO, MARCO, , ,		<input type="checkbox"/> Support <input checked="" 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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Oh Must You? Productions, Inc.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 988		Amount <input type="text"/>	
City Malibu	State CA	Zip Code 90265	Transaction ID : <b>SE.4200</b>
Purpose of Expenditure Digital advertisement production - 'Blood Money'		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: BLUNT, ROY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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Landson, Joel, , ,

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>Save the Day PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00625228
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Oh Must You? Productions, Inc.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>P.O. Box 988</b>		Amount <input type="text"/>	
City <b>Malibu</b>	State <b>CA</b>	Zip Code <b>90265</b>	<b>Transaction ID : SE.4202</b>
Purpose of Expenditure <b>Digital advertisement production - 'Blood Money'</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>BURR, RICHARD, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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Landson, Joel, , , [Electronically Filed]  
Signature Date  /  /