

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED

2016 APR -4 AM 8:50

1. (a) Name of Individual, Organization or Corporation  
**WILLIAM D. FRENCH**

(b) Address (number and street)  check if different than previously reported  
**364 FIR AVENUE**

(c) City, State and ZIP Code  
**MIDDLEBURG PA 17842**

3. FEC Identification Number

**C NONE**

2. Occupation and Name of Employer (for Individual Filers Only)  
**EXECUTIVE PROFESSIONAL BUILDING SYSTEMS, INC.**

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year-End Report
- 24-Hour Report
- 48-Hour Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

**MM** / **DD** / **YYYYYY**

5. COVERING PERIOD:

FROM

**MM** / **DD** / **YYYYYY**  
**1** / **13** / **2015**

THROUGH

**MM** / **DD** / **YYYYYY**  
**03** / **24** / **2016**

6. TOTAL CONTRIBUTIONS.....

**0**

7. TOTAL INDEPENDENT EXPENDITURES .....

**266997**

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**WILLIAM D. FRENCH**

*William D French*

**MARCH 24, 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.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

20160404 10:00:00 AM

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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 FILER (In Full)  
**WILLIAM D. FRENCH**

**A. Full Name (Last, First, Middle Initial)**  
**FRENCH, WILLIAM D. (SELF)**

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Mailing Address  
**364 FIR AVENUE**

City State Zip Code  
**MIDDLEBURG PA 17842**

FEC ID number of contributing federal political committee.  
**C NONE**

Amount of Each Receipt this Period  
**NA**

Name of Employer **TOTALLY SELF-FINANCED CAMPAIGN** Occupation **PROFESSIONAL BUILDING SYSTEMS, INC EXECUTIVE**

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

**D. Full Name (Last, First, Middle Initial)**

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

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

**TOTAL** This Period (last page carry total to Line 6) ..... ▶

NON-PROFIT ORGANIZATION

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee <u>MISC</u>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <u>01</u> ' <u>20</u> ' <u>2016</u>	
Mailing Address <u>CASH (ON ROAD)</u>		Amount <u>70.00</u> APPROX	
City <u>MANCHESTER</u>	State <u>NH</u>	Zip Code <u>AND DN ROAD</u>	
Purpose of Expenditure <u>TOLLS, FOOD, GAS</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <u>WILLIAM D. FRENCH</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>MYTR AUTOMATION</u>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <u>03</u> ' <u>09</u> ' <u>2016</u>	
Mailing Address <u>1000 COMMERCE PARK DRIVE</u>		Amount <u>554455</u>	
City <u>WILLIAMSPORT</u>	State <u>PA</u>	Zip Code <u>17701</u>	
Purpose of Expenditure <u>EMAIL CAMPAIGN</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <u>WILLIAM D. FRENCH</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>SWINEFORD BANK</u>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <u>11</u> ' <u>13</u> ' <u>2015</u>	
Mailing Address <u>ROUTE 1115</u>		Amount <u>2000</u> APPROX	
City <u>SELINSGRUVE</u>	State <u>PA</u>	Zip Code <u>17870</u>	
Purpose of Expenditure <u>BANK CHECK FEE</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: <u>WILLIAM D. FRENCH</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures..... <u>THIS PAGE</u>	<u>563455</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **2** OF **3**  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**WILLIAM D. FRENCH**

Full Name (Last, First, Middle Initial) of Payee <b>STATE OF NEW HAMPSHIRE</b>	Date of Public Distribution/Dissemination <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">M M</td> <td style="width:15%;">D D</td> <td style="width:70%;">Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>13</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y Y Y	11	13	2015														
M M	D D	Y Y Y Y Y Y																			
11	13	2015																			
Mailing Address <b>107 NORTH MAINE STREET</b>	Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,000.00</td> </tr> </table>	D	D	D	D	D	D	D	D	D	D										1,000.00
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									1,000.00												
City State Zip Code <b>CONCORD NH 03301</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose																				
Purpose of Expenditure <b>FILING FEE</b>		Category/Type <input type="checkbox"/>																			
Name of Federal Candidate Supported or Opposed by Expenditure: <b>WILLIAM D. FRENCH</b>																					
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	D	D	D	D	D	D	D	D											Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
D	D	D	D	D	D	D	D	D	D												

Full Name (Last, First, Middle Initial) of Payee <b>U.S. POSTAL SERVICE</b>	Date of Public Distribution/Dissemination <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">M M</td> <td style="width:15%;">D D</td> <td style="width:70%;">Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>13</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y Y Y	11	13	2015														
M M	D D	Y Y Y Y Y Y																			
11	13	2015																			
Mailing Address <b>301 MARKET STREET</b>	Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>645</td> </tr> </table>	D	D	D	D	D	D	D	D	D	D										645
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City State Zip Code <b>LEWISBURG PA 17876</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose																				
Purpose of Expenditure <b>MAIL FILING FEE TO NH</b>		Category/Type <input type="checkbox"/>																			
Name of Federal Candidate Supported or Opposed by Expenditure: <b>WILLIAM D. FRENCH</b>																					
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	D	D	D	D	D	D	D	D											Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN AIRLINES</b>	Date of Public Distribution/Dissemination <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">M M</td> <td style="width:15%;">D D</td> <td style="width:70%;">Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td>12</td> <td>2016</td> </tr> </table>	M M	D D	Y Y Y Y Y Y	01	12	2016														
M M	D D	Y Y Y Y Y Y																			
01	12	2016																			
Mailing Address <b>VIA EXPEDIA</b>	Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>393.20</td> </tr> </table>	D	D	D	D	D	D	D	D	D	D										393.20
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									393.20												
City State Zip Code <b>ON LINE</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose																				
Purpose of Expenditure <b>MANCHESTER TRIP TO NEW HAMPSHIRE</b>		Category/Type <input type="checkbox"/>																			
Name of Federal Candidate Supported or Opposed by Expenditure: <b>WILLIAM D. FRENCH</b>																					
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	D	D	D	D	D	D	D	D											Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(a) SUBTOTAL of Itemized Independent Expenditures... <b>THIS PAGE</b>	<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,399.65</td> </tr> </table>	D	D	D	D	D	D	D	D	D	D										1,399.65
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									1,399.65												
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	D	D	D	D	D	D	D	D										
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(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> <td style="width:15%;">D</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	D	D	D	D	D	D	D	D										
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2015-01-04 10:00:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

WILLIAM D. FRENCH

Full Name (Last, First, Middle Initial) of Payee

COMFORT INN

Date of Public Distribution/Dissemination

01 / 19 / 2016

Mailing Address

58 STATE ROUTE 93

Amount

79.03

City

WEST HAZLETON

State

PA

Zip Code

18202

Purpose of Expenditure

TRIP TO NEW HAMPSHIRE

Category/  
Type

[ ]

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WILLIAM D. FRENCH

Calendar Year-To-Date Per Election  
for Office Sought

[ ]

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

DOLLAR RENT-A-CAR

Date of Public Distribution/Dissemination

01 / 18 / 2016

Mailing Address

MANCHESTER AIRPORT

Amount

574.7

City

MANCHESTER

State

NH

Zip Code

Purpose of Expenditure

LOCAL TRAVEL

Category/  
Type

[ ]

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WILLIAM D. FRENCH

Calendar Year-To-Date Per Election  
for Office Sought

[ ]

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

CAMPAIGN TECH EAST 2016

Date of Public Distribution/Dissemination

03 / 15 / 2016

Mailing Address

555 PENNSYLVANIA AVENUE NW

Amount

499.00

City

WASHINGTON DC 20001

State

Zip Code

Purpose of Expenditure

CONFERENCE

Category/  
Type

[ ]

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WILLIAM D. FRENCH

Calendar Year-To-Date Per Election  
for Office Sought

[ ]

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures... THIS PAGE

635.50

(b) SUBTOTAL of Unitemized Independent Expenditures

[ ]

(c) TOTAL Independent Expenditures... ALL 3 PAGES  
(carry total from last page forward to Line 7)

7669.90

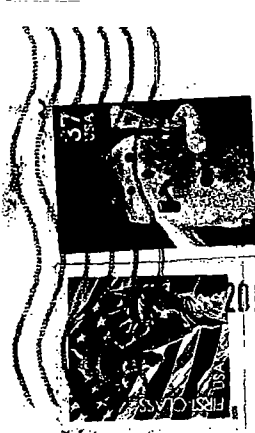
NO. 10-00000-1000

THIS IS EXPECTED TO BE THE ONLY REPORT FOR THIS CAMPAIGN.

WILLIAM D. FRENCH  
364 FIR AVENUE  
MIDDLEBURG, PA 17842

001-000000 (NO POSTAGE  
NECESSARY IF MAILED IN THE  
UNITED STATES)  
HARRISBURG PA 171

30 MAR 2016 PM 4 L



RECEIVED  
RC MAIL CENTER

2016 APR -4 AM 8:50


FEDERAL ELECTION COMMISSION  
999 E STREET N.W.  
WASHINGTON, D.C. 20463



20463

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 4/4/16
Postmarked 3/30/16	Postmarked (R/C)
<input type="checkbox"/> USPS Registered/Certified	
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (3/2015)

4/4/16  
 DATE PREPARED

NOV 16 04 01 AM '00