

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.
Rebuilding America Now

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Ryan R. Call

Signature of Treasurer Ryan R. Call [Electronically Filed] Date / /

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)

Write or Type Committee Name

Rebuilding America Now

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="0"/> | | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="0.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="2160450.00"/> | <input type="text" value="2160450.00"/> |
| (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="2160450.00"/> | <input type="text" value="2160450.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="1589240.04"/> | <input type="text" value="1589240.04"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="571209.96"/> | <input type="text" value="571209.96"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="5613.21"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Rebuilding America Now

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)..... | 2160000.00 | 2160000.00 |
| (ii) Unitemized | 450.00 | 450.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 2160450.00 | 2160450.00 |
| (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) | 2160450.00 | 2160450.00 |
| 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.)..... | 0.00 | 0.00 |
| 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))..... ▶ | 2160450.00 | 2160450.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 2160450.00 | 2160450.00 |

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 | 157737.04 | 157737.04 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 157737.04 | 157737.04 |
| 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) | 1431503.00 | 1431503.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(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)) .. | 1589240.04 | 1589240.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1589240.04 | 1589240.04 |

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) | 2160450.00 | 2160450.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2160450.00 | 2160450.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 157737.04 | 157737.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 157737.04 | 157737.04 |

**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 22 |
| | (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)
Rebuilding America Now

A. RICK CARLTON
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 58258

| | | |
|---|----------------------------------|------------------------|
| City NASHVILLE | State TN | Zip Code 37205-8258 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF EMPLOYEED | Occupation CONSTRUCTION MGMT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

Date of Receipt
06 / 23 / 2016
Transaction ID : SA11A.4

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. GEOFFREY H. PALMER
Full Name (Last, First, Middle Initial)
Mailing Address 270 N CANON DR PH

| | | |
|---|---------------------------------------|------------------------|
| City BEVERLY HILLS | State CA | Zip Code 90210-5312 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer G. H. PALMER ASSOCIATES | Occupation REAL ESTATE DEVELOPMENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

Date of Receipt
06 / 03 / 2016
Transaction ID : SA11A.1

Amount of Each Receipt this Period
2000000.00

Memo Item
CONTRIBUTION

C. MURRAY ENERGY CORPORATION
Full Name (Last, First, Middle Initial)
Mailing Address 46226 NATIONAL RD

| | | |
|---|----------------------------------|------------------------|
| City ST CLAIRSVILLE | State OH | Zip Code 43950-8742 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

Date of Receipt
06 / 29 / 2016
Transaction ID : SA11A.10

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2110000.00 |
| TOTAL 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 22
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" 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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

A. SOUTHEAST QSR, LLC
Full Name (Last, First, Middle Initial)
Mailing Address 1340 HAMLET AVE
City CLEARWATER State FL Zip Code 33756-3332
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016
Transaction ID : SA11A.9
Amount of Each Receipt this Period
50000.00
 Memo Item
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 50000.00 |
| TOTAL This Period (last page this line number only).....▶ | 2160000.00 |

**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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. MR. LAURANCE W. GAY

Mailing Address PO BOX 807

City EAST CANAAN State CT Zip Code 06018

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I10

Amount of Each Disbursement this Period

Memo Item
POLITICAL CONSULTING SERVICES RENDERED

Full Name (Last, First, Middle Initial)

B. MR. LAURANCE W. GAY

Mailing Address PO BOX 807

City EAST CANAAN State CT Zip Code 06018

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I13

Amount of Each Disbursement this Period

Memo Item
POLITICAL CONSULTING SERVICES RENDERED

Full Name (Last, First, Middle Initial)

C. MR. KENNETH K. MCKAY IV

Mailing Address 18 ARMINGTON AVENUE

City NORTH KINGSTOWN State RI Zip Code 02852

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I11

Amount of Each Disbursement this Period

Memo Item
POLITICAL CONSULTING SERVICES RENDERED

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

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"/> 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)
Rebuilding America Now

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. MR. KENNETH K. MCKAY IV | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2016 |
| Mailing Address 18 ARMINGTON AVENUE | | Transaction ID : SB21B.I14 |
| City NORTH KINGSTOWN State RI Zip Code 02852 | Amount of Each Disbursement this Period 35000.00 | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="checkbox"/> Memo Item POLITICAL CONSULTING SERVICES RENDERED |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. MR. KENNETH K. MCKAY IV | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 18 ARMINGTON AVENUE | | Transaction ID : SB21B.I18 |
| City NORTH KINGSTOWN State RI Zip Code 02852 | Amount of Each Disbursement this Period 2592.86 | |
| Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT | Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="checkbox"/> Memo Item EXPENSE REIMBURSEMENT - TRAVEL |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 4333 AMON CARTER BOULEVARD | | Transaction ID : SB21B.I20 |
| City FORT WORTH State TX Zip Code 76155 | Amount of Each Disbursement this Period 730.20 | |
| Purpose of Disbursement TRAVEL | Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input checked="" type="checkbox"/> Memo Item TRAVEL EXPENSE - REIMBURSEMENT FOR AIRFARE |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 37592.86 |
| 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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I37

Amount of Each Disbursement this Period

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR AIRFARE

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I38

Amount of Each Disbursement this Period

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR AIRLINE BAGGAGE FEE

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVENUE NE

City State Zip Code
WASHINGTON DC 20002-4285

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I21

Amount of Each Disbursement this Period

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR TRAIN TRAVEL

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

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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 60 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002-4285

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 6 |

Transaction ID : SB21B.I25

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 9 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR TRAIN

B. HOTEL ALEXANDRIA

Mailing Address 400 COURTHOUSE SQUARE

City ALEXANDRIA State VA Zip Code 22314-5700

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 8 | | 2 | 0 | 1 | 6 |

Transaction ID : SB21B.I19

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 6 | . | 4 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR HOTEL

C. UBER TECHNOLOGIES INC.

Mailing Address 1455 MARKET STREET
SUITE 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 6 |

Transaction ID : SB21B.I27

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 6 | 0 | . | 9 | 5 |
|---|---|---|---|---|

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR CAR
FARE

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

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

| | | | |
|---|---|---|---|
| 0 | . | 0 | 0 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 0 | . | 0 | 0 |
|---|---|---|---|

**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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES INC.

Mailing Address 1455 MARKET STREET
SUITE 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I34

Amount of Each Disbursement this Period

Memo Item
TRAVEL EXPENSE - REIMBURSEMENT FOR CAR FARE

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I4

Amount of Each Disbursement this Period

Memo Item
FEC COMPLIANCE REPORTING SOFTWARE

Full Name (Last, First, Middle Initial)

C. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I16

Amount of Each Disbursement this Period

Memo Item
FEC COMPLIANCE

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

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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. FOLEY & LARDNER, LLP

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
LEGAL CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I12**

Amount of Each Disbursement this Period

Memo Item
LEGAL RETAINER

Full Name (Last, First, Middle Initial)

B. FOLEY & LARDNER, LLP

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
LEGAL CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I47**

Amount of Each Disbursement this Period

Memo Item
LEGAL SERVICES

Full Name (Last, First, Middle Initial)

C. HALE WESTFALL, LLP

Mailing Address 1600 STOUT STREET
SUITE 500

City DENVER State CO Zip Code 80202

Purpose of Disbursement
LEGAL CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I15**

Amount of Each Disbursement this Period

Memo Item
LEGAL AND FEC COMPLIANCE

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

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"/> 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)
Rebuilding America Now

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. HALE WESTFALL, LLP | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 1600 STOUT STREET SUITE 500 | | Transaction ID : SB21B.I17 |
| City DENVER State CO Zip Code 80202 | Amount of Each Disbursement this Period 2905.00 | |
| Purpose of Disbursement LEGAL CONSULTING | Category/Type 001 | <input type="checkbox"/> Memo Item LEGAL AND FEC COMPLIANCE |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK, N.A. | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 420 MONTGOMERY | | Transaction ID : SB21B.I57 |
| City SAN FRANCISCO State CA Zip Code 94104 | Amount of Each Disbursement this Period 30.00 | |
| Purpose of Disbursement BANK FEE | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK, N.A. | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 420 MONTGOMERY | | Transaction ID : SB21B.I58 |
| City SAN FRANCISCO State CA Zip Code 94104 | Amount of Each Disbursement this Period 30.00 | |
| Purpose of Disbursement BANK FEE | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2965.00 |
| 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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I6**

Amount of Each Disbursement this Period

Memo Item
BANK FEE - INCOMING WIRE TRANSFER

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I64**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I65**

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : **SB21B.I66**

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : **SB21B.I67**

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : **SB21B.I68**

Amount of Each Disbursement this Period

30.00

Memo Item

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

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

90.00

**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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : **SB21B.I69**

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : **SB21B.I7**

Amount of Each Disbursement this Period

30.00

Memo Item

BANK FEE - OUTGOING WIRE TRANSFER

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : **SB21B.I8**

Amount of Each Disbursement this Period

30.00

Memo Item

BANK FEE - OUTGOING WIRE TRANSFER

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

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

90.00

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"/> 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)
Rebuilding America Now

Full Name (Last, First, Middle Initial)
A. WELLS FARGO BANK, N.A.

Date of Disbursement
MM / DD / YYYY
06 / 14 / 2016

Mailing Address 420 MONTGOMERY

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I9**

Amount of Each Disbursement this Period
192.44

Memo Item
HARLAND CLARKE - FEE FOR PRINTED BANK CHECKS

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

Memo Item

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 192.44

TOTAL This Period (last page this line number only)..... ▶ 157737.04

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 19 OF 22 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Rebuilding America Now

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MR. LAURANCE W. GAY | Nature of Debt (Purpose): ACCRUED TRAVEL EXPENSES |
| Mailing Address PO BOX 807 | |
| City State Zip Code CANAAN CT 06018 | |

| | | |
|---|---------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD.0001 | |
| Amount Incurred This Period 5613.21 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 5613.21 |

| | |
|--|---------------------------|
| B. 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 |

| | |
|--|---------------------------|
| 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)..... ▶ | 5613.21 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 5613.21 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 5613.21 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Rebuilding America Now | FEC IDENTIFICATION NUMBER ▼ C C00618876 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | |
|--|---|---|
| Full Name of Payee COLD HARBOR FILMS LTD TELEVISION ADVERTISEMENT PRODUCTION EXPENSES | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 05 / 2016 |
| Mailing Address 815 SLATERS LANE | | Amount 40000.00 |
| City ALEXANDRIA State VA Zip Code 22314 | Transaction ID : SE24.2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 05 / 2016 | |
| Purpose of Expenditure MEDIA | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 40000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | |
|---|--|---|
| Full Name of Payee COLD HARBOR FILMS LTD MEDIA PRODUCTION | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 |
| Mailing Address 815 SLATERS LANE | | Amount 41503.00 |
| City ALEXANDRIA State VA Zip Code 22314 | Transaction ID : SE24.40 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 | |
| Purpose of Expenditure MEDIA | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 391503.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 81503.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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.

RYAN R. CALL ESQ.

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Rebuilding America Now
FEC IDENTIFICATION NUMBER
C C00618876
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MULTI MEDIA SERVICES CORPORATION
MEDIA PLACEMENT
Mailing Address
915 KING STREET
2ND FLOOR
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA Category/
Type
004

Date of Public Distribution/Dissemination
06 / 08 / 2016
Amount
100000.00
Transaction ID : SE24.3
Date of Disbursement or Obligation
06 / 07 / 2016

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1000000.00
Full Name of Payee
MULTI MEDIA SERVICES CORPORATION
MEDIA PLACEMENT
Mailing Address
915 KING STREET
2ND FLOOR
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
MEDIA Category/
Type
004

Date of Public Distribution/Dissemination
06 / 23 / 2016
Amount
300000.00
Transaction ID : SE24.39
Date of Disbursement or Obligation
06 / 22 / 2016

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1300000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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.

RYAN R. CALL ESQ.

[Electronically Filed]

Date 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Rebuilding America Now | FEC IDENTIFICATION NUMBER ▼ C C00618876 |
|--|--|

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

| | | | |
|---|--|---|---------------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item NATIONAL MEDIA DIGITAL DIGITAL ADVERTISING AND CREATIVE | | Date of Public Distribution/Dissemination 06 / 22 / 2016 | |
| Mailing Address 815 SLATERS LANE | | Amount 5000.00 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24.41 |
| Purpose of Expenditure MEDIA | Category/Type 004 | Date of Disbursement or Obligation 06 / 22 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 391503.00 | | 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 | Date of Disbursement or Obligation / / | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Name of Federal Candidate | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 5000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 1431503.00 |

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.

RYAN R. CALL

Signature _____ [Electronically Filed] Date 06 / 22 / 2016