

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.

Not With Him

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <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 / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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.
Greiner, Brad, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Greiner, Brad, , , [Electronically Filed] Date / /

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**

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Page 2

Write or Type Committee Name

Not With Him

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="146.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="1953.00"/>
(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="146.95"/>	<input type="text" value="1953.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="1806.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="146.95"/>	<input type="text" value="146.95"/>
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="25574.31"/>	

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

Not With Him

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1800.00
(ii) Unitemized	0.00	153.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	1953.00
(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)	0.00	1953.00
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)).....▶	0.00	1953.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	1953.00

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	0.00	1806.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1806.05
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)	0.00	0.00
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)) ..	0.00	1806.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	1806.05

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	1953.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	1953.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1806.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1806.05

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 6 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Campaign Consulting
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 4500.00	Transaction ID : VSECF9H7FF9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Social Media Consultant
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 1399.01	Transaction ID : VSECF9H7FQ2	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1399.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Graphic Design Services
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 480.00	Transaction ID : VSECF9H7FR0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 480.00

1) SUBTOTALS This Period This Page (optional)..... ▶	6379.01
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Videographer Services
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID : VSECF9H7FS8	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Website Services
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period <input type="text" value="2030.00"/>	Transaction ID : VSECF9H7FT6	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2030.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Communications Consultant
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period <input type="text" value="80.00"/>	Transaction ID : VSECF9H7FV3	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="80.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2360.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Event Invitations
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 12.00	Transaction ID : VSECF9H7FW1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Campaign Paraphernalia
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 2288.00	Transaction ID : VSECF9H7FX9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2288.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Event Equipment
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 302.50	Transaction ID : VSECF9H7FY7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 302.50

1) SUBTOTALS This Period This Page (optional)..... ▶	2602.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Event Security
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 200.00	Transaction ID : VSECF9H7FZ5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Event Catering
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 1733.69	Transaction ID : VSECF9H7G03	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1733.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Public Relations Consultant
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : VSECF9H7G11	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	6933.69
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Videography Equipment
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period <input type="text" value="39.95"/>	Transaction ID : VSECF9H7G29	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="39.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Griner, Brad, , ,			Nature of Debt (Purpose): Reimb. Event Staff
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : VSECF9H7G37	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : VSECF9H8AV2	
Amount Incurred This Period <input type="text" value="2007.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2007.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3047.45"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Expenses
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : VSECF9H8AW0	
Amount Incurred This Period <input type="text" value="5.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meaux, Nathan, , ,			Nature of Debt (Purpose): Social Media Consultant
Mailing Address 11945 Magnolia Blvd Apt 111			
City Valley Vlg	State CA	Zip Code 91607-2802	

Outstanding Balance Beginning This Period <input type="text" value="617.67"/>	Transaction ID : VSECF9H7FE1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="617.67"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meyer, Hollie, , ,			Nature of Debt (Purpose): Campaign Consultant
Mailing Address 108 S Gramercy Pl			
City Los Angeles	State CA	Zip Code 90004-4947	

Outstanding Balance Beginning This Period <input type="text" value="1628.49"/>	Transaction ID : VSECF9H7FH4	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1628.49"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2251.66"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Not With Him

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor New World Native			Nature of Debt (Purpose): Event Coordinator
Mailing Address 416 Brooks Ave			
City Venice	State CA	Zip Code 90291-3038	

Outstanding Balance Beginning This Period		Transaction ID : VSECF9H7FM8	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2000.00	

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)..... ▶	2000.00
2) TOTALS This Period (last page this line number only)..... ▶	25574.31
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) ▶	25574.31