

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER
2016 APR 25 AM 7:55

1. (a) Name of Individual, Organization or Corporation Beltway Pac		3. FEC Identification Number 00593558
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported 20833 Waterbench Place		
(c) City, State and ZIP Code Sterling, Va, 20165		
2. Occupation and Name of Employer (for Individual Filers Only) N/A		

4. TYPE OF REPORT (check appropriate boxes):

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

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

M M / D D / Y Y Y Y

5. COVERING PERIOD: FROM **01' 01' 2016**
THROUGH **04' 18' 2016**

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **0.00**

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Vivek Harsha Rao	Vivek Rao	04/18/2016

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

NON-PROFIT CORPORATION

**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)

A. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[]		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[]		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[]		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			[]		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	[]
TOTAL This Period (last page carry total to Line 6)	[]

NO-10-BF-NUN ON-0000-1-10-00

Webform last accessed on Sun Apr 17 2016 18:23:19 GMT-0400 (EDT)
Your webform session will time-out in: 60 minutes from last webform access time.
Click here to extend your webform session for 1 Hour.

NOTE : Do not use browser Back and Forward buttons to navigate Online Webforms. Use the buttons provided within the webform.

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

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

Entity Type of Filer

-Select-

Name of Filer

Organization Name: BELTWAY PAC
Last Name, First Name, Middle Name, Prefix, Suffix

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

20833 WATERBEACH PL

(c) City: STERLING State*: Virginia Zip Code: 20165

2. Individual filers only

Name of Employer Occupation

3. FEC Identification Number C 00593558

4. TYPE OF REPORT (Check appropriate report type)

Report Type:*

April 15 Quarterly Report

Is this report an amendment?* No Yes, it amends the report filed on (mm/dd/yyyy)

If report is an amendment, please provide the Report ID of the original report and Amendment Number of this amendment in the boxes given below. Click the "Report ID Lookup" link below to find the Report ID for original report.*

Report ID Lookup

Original Report ID FEC- Amendment Number (e.g. 1, 2, 3...etc.)

5. Covering Period 01/01/2016 (mm/dd/yyyy) through 04/15/2016 (mm/dd/yyyy)

6. TOTAL CONTRIBUTIONS \$ 0.00

7. TOTAL INDEPENDENT EXPENDITURES \$ 0.00

SCHEDULE 5-A ITEMIZED RECEIPTS Add Schedule 5-A

TOTAL This Period (last page carry total to Line 6) \$ 0.00

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES Add Schedule 5-E

TOTAL Independent Expenditures (last page carry total to Line 7) \$ 0.00

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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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM*

DATE *

Last Name Rao First Name Vivek Middle Name Harsha Prefix Suffix

04/17/2016 (mm/dd/yyyy)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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FEC Form 5 (Rev. 09/2013)

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

Check for Validation Errors

Check HELP

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Vivek ~~Harsha~~ Rao

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address 20833 Waterbeach Place, Sterling, 20165		04 / 18 / 2016
City none	State	Zip Code
Purpose of Expenditure none	Category/Type	Amount 0000
Name of Federal Candidate Supported or Opposed by Expenditure: none N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		M / M / Y Y Y Y
City	State	Zip Code
Purpose of Expenditure	Category/Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		M / M / Y Y Y Y
City	State	Zip Code
Purpose of Expenditure	Category/Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	0.00

2016-04-18 10:00:00 AM

NON-PROFIT ORGANIZATION
20833 WATERBURY PL
POTOMAC FALLS VA 20165



To, FEDERAL ELECTION COMMISSION
999 E STREET N.W.
WASHINGTON DC 20463

RECEIVED
FEDERAL MAIL CENTER
APR 25 AM 7:55

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
9/25/16

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 9/25/16
PREPARER DATE PREPARED

NON-PROFIT ORGANIZATION