

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 APR 26 AM 8:48
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Freedom For All

ADDRESS (number and street)

7265 Kenwood Rd

Check if different than previously reported. (ACC)

Cincinnati OH 45236

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00611202

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 [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

01 / 01 / 2016 through 03 / 31 / 2016

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 Charles Tossell

Signature of Treasurer

[Handwritten Signature]

Date

04 / 15 / 2016

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

/ /
 01 / 01 / 2016

To:

/ /
 03 / 31 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="text" value=""/>	<input type="text" value="1751120"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1751120"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19)	<input type="text" value="3000000"/>	<input type="text" value="3000000"/>
(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="4751120"/>	<input type="text" value="4751120"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4340226"/>	<input type="text" value="4340226"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="410894"/>	<input type="text" value="410894"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	<input type="text" value="0"/>



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

20100421 00000000

**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)						PAGE 6 OF 10
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Freedom For All PAC

A. Full Name (Last, First, Middle Initial) *CITIZENS FOR COMMUNITY VALUES ACTION*

Date of Disbursement: *03/17/2016*

Mailing Address: *77711 Reading Rd*

City: *CINCINNATI* State: *OH* Zip Code: *45242*

Purpose of Disbursement: *Voter Education*

Candidate Name: *N/A* Category/Type: *[]*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *[]*

State: _____ District: _____

Amount of Each Disbursement this Period: *1,000.00*

Memo Item

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

Date of Disbursement: *03/14/2016*

Mailing Address: *7739 MONTGOMERY RD*

City: *CINCINNATI* State: *OH* Zip Code: *45236*

Purpose of Disbursement: *Bank Charge*

Candidate Name: *N/A* Category/Type: *001*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *[]*

State: _____ District: _____

Amount of Each Disbursement this Period: *20.00*

Memo Item

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

Date of Disbursement: *03/07/2016*

Mailing Address: *7908 Lake Ave*

City: *CINCINNATI* State: *OH* Zip Code: *45236*

Purpose of Disbursement: *Admin*

Candidate Name: *[]* Category/Type: *001*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *[]*

State: _____ District: _____

Amount of Each Disbursement this Period: *1,000.00*

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... *2,020.00*

TOTAL This Period (last page this line number only)..... *2,020.00*

20160314 21:00:00

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

NAME OF COMMITTEE (In Full) <i>Freedom For All</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00611202</i>
---	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <i>Curry Printing</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>03 08 2016</i>
Mailing Address <i>16730 Reading Rd</i>		Amount <i>21,481.63</i>
City <i>Cincinnati</i>	State <i>OH</i>	
Purpose of Expenditure <i>mailers</i>	Category/Type <i>004</i>	Date of Disbursement or Obligation M M / D D / Y Y Y Y <i>03 10 2016</i>
Name of Federal Candidate <i>DAVE JOYCE</i>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <i>14</i> <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <i>21,481.63</i>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <i>ZONE COMMUNICATIONS</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>04 08 2016</i>
Mailing Address <i>911 W. 8th St.</i>		Amount <i>1,091.40</i>
City <i>Cincinnati</i>	State <i>OH</i>	
Purpose of Expenditure <i>Radio SPOT</i>	Category/Type <i>004</i>	Date of Disbursement or Obligation M M / D D / Y Y Y Y <i>03 08 2016</i>
Name of Federal Candidate <i>DAVE JOYCE</i>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <i>14</i> <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <i>1,091.40</i>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<i>22,573.03</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<i>22,573.03</i>

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.

Signature *CPD* Date M M / D D / Y Y Y Y *04 15 2016*

20160421 01:00:00

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

PAGE **8** OF **19**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Freedom For All POC	FEC IDENTIFICATION NUMBER ▼ C 00611202
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Check if 24-hour report 48-hour report New report Amends report filed on _____

Full Name of Payee <input type="checkbox"/> Memo Item TRZ Business Svc.		Date of Public Distribution/Dissemination 03 / 14 / 2016
Mailing Address P.O. Box 6211		Amount 1,524.23
City Akron	State OH	
Purpose of Expenditure Robocalls	Category/Type 004	Date of Disbursement or Obligation 03 / 14 / 2016
Name of Federal Candidate Dave Joyce	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 1,524.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Salem Communications		Date of Public Distribution/Dissemination 03 / 09 / 2016
Mailing Address 4 Summit Park Dr		Amount 8,385.00
City Cleveland	State OH	
Purpose of Expenditure Radio Ads	Category/Type 004	Date of Disbursement or Obligation 03 / 08 / 2016
Name of Federal Candidate Dave Joyce	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 8,385.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9,909.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	9,909.23
(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.

Signature **CAB** Date **04 / 15 / 2016**

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

NAME OF COMMITTEE (In Full) <u>Freedom For All PAC</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00611202</u>
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Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee <u>i HEART MEDIA</u>	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <u>03 / 08 / 2016</u>	
Mailing Address <u>6200 OAK TREE BLVD</u>		Amount <u>8,900.00</u>	
City <u>Independence</u>	State <u>OH</u>		Date of Disbursement or Obligation <u>03 / 08 / 2016</u>
Purpose of Expenditure <u>Radio Ads</u>			Category/Type <u>004</u>
Name of Federal Candidate <u>DAVE SOYCE</u>		Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u>	
		<input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <u>8900.00</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▶ _____	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<u>8,900.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<u>8,900.00</u>
(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.

Signature 

Date 04 / 15 / 2016

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 10
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
Freedom For All PAC

A. Full Name (Last, First, Middle Initial)
Kirk Blackman

Mailing Address
3017 AITON RD

City *Fort Worth* State *TX* Zip Code *76109*

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
02 / 09 / 2016

Amount of Each Receipt this Period
20000.00

Memo Item

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 ▼
10000.00

Date of Receipt
02 / 12 / 2016

Amount of Each Receipt this Period
10000.00

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

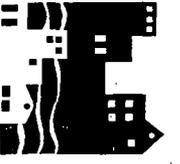
Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

2016042110000011



Greater Cincinnati Northern
 Kentucky Apartment Association
 Kenwood Executive Center
 7265 Kenwood Road, Suite 100
 Cincinnati, OH 45236
 www.gcnkaa.org



ZIP 45236
 041L11258144

NEOPOST

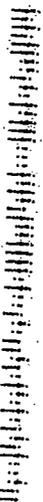
FIRST-CLASS MAIL

04/15/2016

US POSTAGE

\$001.15

*Federal Election Commission
 999 F. STREET, NW
 WASHINGTON, DC 20463*



RECEIVED
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 2016 APR 21 AM 8:48

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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
4/15/16 4/21/16

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

PREPARER  4/21/16
 (3/2015) DATE PREPARED

NON-CONFIDENTIAL