

# 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. 12FE4M5

Stop Hillary PAC

ADDRESS (number and street) 203 South Union Street

Ste 300

Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER ▼** C00544767 **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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of   

(d) 30-Day **POST**-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of   

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 Dan Backer

Signature of Treasurer *Dan Backer* **[Electronically Filed]** Date 01 / 06 / 2016

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)

Page 2

Write or Type Committee Name

**Stop Hillary PAC**

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="2015"/>	<input type="text" value="25872.09"/>	<input type="text" value="25872.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25872.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="798141.76"/>	<input type="text" value="798141.76"/>
(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="824013.85"/>	<input type="text" value="824013.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="610355.84"/>	<input type="text" value="610355.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="213658.01"/>	<input type="text" value="213658.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="70283.51"/>	

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

Stop Hillary PAC

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	20555.00	20555.00
(ii) Unitemized .....	94318.84	94318.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	114873.84	114873.84
(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) .....	114873.84	114873.84
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.).....	683267.92	683267.92
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))..... ▶	798141.76	798141.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	798141.76	798141.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	96263.45	96263.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96263.45	96263.45
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) .....	46650.00	46650.00
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 .....	6345.00	6345.00
(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)).....	6345.00	6345.00
29. Other Disbursements .....	461097.39	461097.39
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)) ..	610355.84	610355.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	610355.84	610355.84

**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) .....	114873.84	114873.84
34. Total Contribution Refunds (from Line 28(d)) .....	6345.00	6345.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	108528.84	108528.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	96263.45	96263.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	96263.45	96263.45

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Due to an error when importing data to the Committee's filing software, items on Schedule D listed incorrect beginning balances. This report amended to correct those figures.

Form/Schedule:

Transaction ID:

**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 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. YVONNE BERRY**  
 Mailing Address 1019 VAN SICLEN AVE APT 5J  
 City State Zip Code  
 BROOKLYN NY 11207-9035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : SA11.66538**  
 Amount of Each Receipt this Period  
 125.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. KATHRYN BLACK**  
 Mailing Address 365 WINDSOR DR NORTH  
 City State Zip Code  
 OXFORD MS 38655-7092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.66751**  
 Amount of Each Receipt this Period  
 35.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. JOSEPH BOLAND**  
 Mailing Address 2525 POTOMAC AVE. NE  
 City State Zip Code  
 ATLANTA GA 30305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2015  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11A.3207**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00  
**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 8 OF 705
	(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)  
**Stop Hillary PAC**

**A. JOHN K BUSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 WINDING PAT

City MANORVILLE State NY Zip Code 11949-2260

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : SA11.66527**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

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

Mailing Address 1550 PARK CHASE

City CUMMING State GA Zip Code 30041-7622

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

Name of Employer RETIRED Occupation RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.66467**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

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

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 75205-2827

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

Name of Employer RET. Occupation RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.66177**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> 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 9 OF 705
	(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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ELLOINE CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205-2827

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

Name of Employer	Occupation
RET.	RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.66263**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 20540 VENTURA BLVD APT 319

City	State	Zip Code
WOODLAND HILLS	CA	91364-6447

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.66472**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 410 ROSE LN

City	State	Zip Code
DOUGLAS	GA	31533-3314

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11.65870**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1035.00
<b>TOTAL</b> 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 10 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CLARK DURDEN**

Mailing Address 410 ROSE LN

City State Zip Code  
DOUGLAS GA 31533-3314

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : SA11.66240**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

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

Mailing Address 304 BROOKSBY VILLAGE DR

City State Zip Code  
PEABODY MA 01960

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

Name of Employer Occupation  
RET.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11A.3979**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2712 MANORWOOD TRL

City State Zip Code  
FORT WORTH TX 76109-9589

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.66488**

Amount of Each Receipt this Period  
 125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00

**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: (check only one)	PAGE 11 OF 705
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Stop Hillary PAC**

**A. CYNTHIA KAY FISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 ROCK ST APT 1203  
1203

City LITTLE ROCK State AR Zip Code 72202-5528

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 29 / 2015  
Transaction ID : SA11.66481

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1367

City WATERBURY State CT Zip Code 06721

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 13 / 2015  
Transaction ID : SA11A.3955

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7181 E CAMELBACK RD. STE 906

City SCOTTSDALE State AZ Zip Code 85251-8214

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

Name of Employer ME Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
01 / 23 / 2015  
Transaction ID : SA11.66403

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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: (check only one)	PAGE 12 OF 705
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. STEPHEN HINDS**

Mailing Address 47 LA CACION DR

City BOERNE State TX Zip Code 78006-7968

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : SA11.66578**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

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

Mailing Address 6221 S 14TH PLACE

City PHOENIX State AZ Zip Code 85042-4414

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

Name of Employer RETIRED Occupation EL ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.66640**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 1314 MARQUETTE AVE APT 2206

City MINNEAPOLIS State MN Zip Code 55403-4131

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : SA11.66621**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 13 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES KING**  
 Mailing Address 5017 SAN JOAQUIN DRIVE  
 City State Zip Code  
 SAN DIEGO CA 92109-1513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DLK INVESTMENT MANAGEMENT INVESTMENT ADVISOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 535.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : SA11.66397**  
 Amount of Each Receipt this Period  
 350.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DONALD LJUNGREN**  
 Mailing Address 945 CENTURY AVE SW APT 214  
 City State Zip Code  
 HUTCHINSON MN 55350-3792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.66483**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SYLVIA MANSON**  
 Mailing Address 113 OCEAN VIEW AVE  
 City State Zip Code  
 SANTA CRUZ CA 95062-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : SA11.66938**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**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 14 OF 705
	(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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT MATOKA**

Mailing Address 140 PERRYVISTA AVE

City State Zip Code  
PITTSBURGH PA 15237-4852

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

Name of Employer Occupation  
SELF BOOKKEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2015  
**Transaction ID : SA11.66577**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

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

Mailing Address P.O. BOX 5194

City State Zip Code  
WACO TX 76708-0194

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2015  
**Transaction ID : SA11.66565**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

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

Mailing Address 282 LAROE RD

City State Zip Code  
CHESTER NY 10918

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

Name of Employer Occupation  
RETIRED RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2015  
**Transaction ID : SA11A.3954**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1110.00
<b>TOTAL</b> 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 15 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GOTTHARD PEARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8199 E SWEET ACACIA DR  
 City GOLD CANYON State AZ Zip Code 85118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11A.3842**  
 Amount of Each Receipt this Period  
 50.00

**B. GOTTHARD PEARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8199 E SWEET ACACIA DR  
 City GOLD CANYON State AZ Zip Code 85118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11A.4126**  
 Amount of Each Receipt this Period  
 200.00

**C. PAM PHILLIPS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 E 173RD AVE  
 City LOWELL State IN Zip Code 46356-9346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SKYSTONE M'SILVER SALES RETAIL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2015  
**Transaction ID : SA11.65772**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 16 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PAM PHILLIPS**

Mailing Address 103 E 173RD AVE

City State Zip Code  
LOWELL IN 46356-9346

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

Name of Employer Occupation  
SKYSTONE M'SILVER SALES RETAIL

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : SA11.66534**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

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

Mailing Address 949 HAMILTON CIR

City State Zip Code  
HAINES CITY FL 33844-2431

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.66905**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 949 HAMILTON CIR

City State Zip Code  
HAINES CITY FL 33844

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11A.4012**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.00

**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 17 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. KAY POITRAS**

Mailing Address 949 HAMILTON CIR

City HAINES CITY      State FL      Zip Code 33844

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2015  
**Transaction ID : SA11A.4145**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 243

City MOUNT VERNON      State OH      Zip Code 43050

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

Name of Employer      Occupation

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2015  
**Transaction ID : SA11A.3192**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5005 RIVERWAY DR

City HOUSTON      State TX      Zip Code 77056

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

Name of Employer      Occupation

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2015  
**Transaction ID : SA11A.3190**

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11250.00

**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 18 OF 705
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RANDALL LANE RODINE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4158 LAKEWOOD TRL  
City CLAYTON State IN Zip Code 46118-9373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AERODYNE COMPOSITES GRP Occupation BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 01 / 30 / 2015  
**Transaction ID : SA11.66506**  
Amount of Each Receipt this Period 80.00  
CONTRIBUTION

**B. SARAH SEALS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8538 KINGSLEY CIR  
City GRANBURY State TX Zip Code 76049-4761  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation NOT EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.66775**  
Amount of Each Receipt this Period 75.00  
CONTRIBUTION

**C. VIRGINIA SEVERNS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1547 E MYRTLE ST  
City MASON CITY State IL Zip Code 62664-9601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 13 / 2015  
**Transaction ID : SA11.65765**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 OF 705
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT SHAFFER**

Mailing Address **POBOX 295**

City **CATLETT** State **VA** Zip Code **20119-0295**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**03 / 13 / 2015**  
**Transaction ID : SA11.66798**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **2270 N EUCLID AVE**

City **UPLAND** State **CA** Zip Code **91784**

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

Name of Employer **SELF / BUSINESS MANAGEMENT ASSOCIATES** Occupation **TAX ACCOUNTANT**

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**05 / 05 / 2015**  
**Transaction ID : SA11A.3206**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **P.O. BOX 2161**

City **NEW CASTLE** State **NH** Zip Code **03854-2161**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
**01 / 26 / 2015**  
**Transaction ID : SA11.66433**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **525.00**

**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 20 OF 705
	(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)  
**Stop Hillary PAC**

**A. CORINNE SPENCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1508 EUREKA ROAD

City ROSEVILLE State CA Zip Code 95661-2809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11.66539**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address F508 EUREKA RD

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : SA11A.2784**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1850 SMOKE TREE LN

City PALM SPRINGS State CA Zip Code 92264

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

Name of Employer RADIO Occupation RADIO

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : SA11A.2554**

Amount of Each Receipt this Period  
 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<b>TOTAL</b> 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 21 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. WILFORD TAYLOR**

Mailing Address P.O. BOX 898

City State Zip Code  
CANYON TX 79015-0898

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

Name of Employer Occupation  
SELF REAL ESTATE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.66708**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

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

Mailing Address 9216 SPRING RUNBLVD

City State Zip Code  
BONITA SPRINGS FL 34135-4048

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.66883**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

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

Mailing Address P.O. BOX 282

City State Zip Code  
BRANDON SD 57005-0282

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

Name of Employer Occupation  
ANDERSON GROUP CPA CPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : SA11.66023**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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: (check only one)	PAGE 22 OF 705
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**Stop Hillary PAC**

**A. RAYMOND TOBIN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 710218

City SAN DIEGO	State CA	Zip Code 92171-0218
-------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	21	/	2015

**Transaction ID : SA11.66367**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 827 FLINTLOCK DR

City BEL AIR	State MD	Zip Code 21015-4852
-----------------	-------------	------------------------

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

Name of Employer TWO DIFFERENT HOSPITALS	Occupation MEDICAL RECORDER
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	11	/	2015

**Transaction ID : SA11.66597**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1520 SKY VALLEY DRIVE

City RENO	State NV	Zip Code 89523-7994
--------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	21	/	2015

**Transaction ID : SA11.66366**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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: (check only one)	PAGE 23 OF 705
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES WEIR**

Mailing Address 19355 CYPRESS RIDGE TER UNIT 806

City LANSDOWNE	State VA	Zip Code 20176-6916
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : SA11.66422**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 16710 E 44TH AVE

City GREENACRES	State WA	Zip Code 99016-8755
--------------------	-------------	------------------------

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

Name of Employer DECONESS HOSPITAL	Occupation PHARMISCIST
---------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11.66448**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

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

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE	State CA	Zip Code 95662-2134
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : SA11.66380**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> 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 24 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. KAREN WRIGHT**

Mailing Address P.O. BOX 243

City State Zip Code  
MOUNT VERNON OH 43050

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

Name of Employer Occupation

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : SA11A.3191**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2025 E BAYSHORE RD

City State Zip Code  
EAST PALO ALTO CA 94303-3218

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

Name of Employer Occupation  
OWNER AUTO COLLISION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : SA11.66362**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

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

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00

**TOTAL** This Period (last page this line number only)..... ▶ 20555.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. JOHN ADAMS</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.58973</b>
Mailing Address 1616 S. PENINSULA DR.		Amount of Each Receipt this Period 25.00
City DAYTONA BEACH	State FL	Zip Code 32118-4948
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN ADAMS</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : SA11.63603</b>
Mailing Address 1616 S. PENINSULA DR.		Amount of Each Receipt this Period 50.00
City DAYTONA BEACH	State FL	Zip Code 32118-4948
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN ADAMS</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 <b>Transaction ID : SA11.74247</b>
Mailing Address 1616 S. PENINSULA DR.		Amount of Each Receipt this Period 25.00
City DAYTONA BEACH	State FL	Zip Code 32118-4948
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 26 OF 705
<input 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 checked="" type="checkbox"/> 17

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)  
**Stop Hillary PAC**

**A. JOHN ADAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1616 S. PENINSULA DR.

City DAYTONA BEACH State FL Zip Code 32118-4948

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84040**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 930 W BARRY AVE

City CHICAGO State IL Zip Code 60657-4407

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

Name of Employer SELF EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.56305**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 930 W BARRY AVE

City CHICAGO State IL Zip Code 60657-4407

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

Name of Employer SELF EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2015  
**Transaction ID : SA11.62461**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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: (check only one)	PAGE 27 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. SCOTT ADAMS**

Mailing Address 930 W BARRY AVE

City CHICAGO State IL Zip Code 60657-4407

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

Name of Employer SELF EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2015  
**Transaction ID : SA11.63743**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2030 CHESTER BLVD

City RICHMOND State IN Zip Code 47374

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

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2015  
**Transaction ID : SA17.3656**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 3908

City CRESTLINE State CA Zip Code 92325-3908

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

Name of Employer AINLEY ENTERPRISES LLC Occupation PROPERTY MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.55228**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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: (check only one)	PAGE 28 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PAT AINLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer AINLEY ENTERPRISES LLC	Occupation PROPERTY MANAGEMENT
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

**Transaction ID : SA11.59547**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer AINLEY ENTERPRISES LLC	Occupation PROPERTY MANAGEMENT
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74250**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer AINLEY ENTERPRISES LLC	Occupation PROPERTY MANAGEMENT
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84317**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 29 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PAT AINLEY**

Mailing Address P.O. BOX 3908

City State Zip Code  
CRESTLINE CA 92325-3908

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

Name of Employer Occupation  
AINLEY ENTERPRISES LLC PROPERTY MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**05 / 05 / 2015**

**Transaction ID : SA11.85353**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 400 E HIGH POINT LN

City State Zip Code  
COLUMBIA MO 65203-9385

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

Name of Employer Occupation  
UNIVERSITY OF MISSOURI TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  
**03 / 13 / 2015**

**Transaction ID : SA11.58497**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 400 E HIGH POINT LN

City State Zip Code  
COLUMBIA MO 65203-9385

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

Name of Employer Occupation  
UNIVERSITY OF MISSOURI TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  
**03 / 06 / 2015**

**Transaction ID : SA11.63581**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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: (check only one)	PAGE 30 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES & BARBARA ALEXANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 JEFFREY PINE LANE  
 City CARSON CITY State NV Zip Code 89705-6837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALEXANDER ENERGY Occupation MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.64029**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JAMES & BARBARA ALEXANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 JEFFREY PINE LANE  
 City CARSON CITY State NV Zip Code 89705-6837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALEXANDER ENERGY Occupation MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : SA11.84420**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DOUGLAS L. ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28345 PALOS VERDES DR. E.,  
 City RANCHO PALOS VERDE State CA Zip Code 90275-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIREE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 16 / 2015  
**Transaction ID : SA11.74179**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 375.00  
**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 31 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DOUGLAS L. ALLEN**

Mailing Address 28345 PALOS VERDES DR. E.,

City State Zip Code  
RANCHO PALOS VERDE CA 90275-5124

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

Name of Employer Occupation  
NONE RETIREE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2015**

Transaction ID : **SA11.83605**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 28345 PALOS VERDES DR. E.,

City State Zip Code  
RANCHO PALOS VERDE CA 90275-5124

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

Name of Employer Occupation  
NONE RETIREE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2015**

Transaction ID : **SA11.85221**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 28345 PALOS VERDES DR. E.,

City State Zip Code  
RANCHO PALOS VERDE CA 90275-5124

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

Name of Employer Occupation  
NONE RETIREE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2015**

Transaction ID : **SA11.85360**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.00**

**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 32 OF 705 (check only one) 11a 11b 11c 12 13 14 15 16 17

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NAME OF COMMITTEE (In Full) Stop Hillary PAC

Form for receipt A: JAMES ALLEN. Includes fields for Full Name, Mailing Address, City, State, Zip Code, FEC ID number, Name of Employer, Occupation, and Receipt For.

Form for receipt A: Date of Receipt (03/03/2015), Transaction ID (SA11.57364), Amount of Each Receipt (275.00), and Contribution type (CONTRIBUTION).

Form for receipt B: JAMES ALLEN. Includes fields for Full Name, Mailing Address, City, State, Zip Code, FEC ID number, Name of Employer, Occupation, and Receipt For.

Form for receipt B: Date of Receipt (04/10/2015), Transaction ID (SA11.80688), Amount of Each Receipt (250.00), and Contribution type (CONTRIBUTION).

Form for receipt C: HAZEL ALLISON. Includes fields for Full Name, Mailing Address, City, State, Zip Code, FEC ID number, Name of Employer, Occupation, and Receipt For.

Form for receipt C: Date of Receipt (05/24/2015), Transaction ID (SA11.75505), Amount of Each Receipt (100.00), and Contribution type (CONTRIBUTION).

SUBTOTAL of Receipts This Page (optional) 375.00 and TOTAL This Period (last page this line number only) 375.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. HAZEL ALLISON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 EEASTGAATE DR.  
City GREENWOOD State AR Zip Code 72936-5424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED AGE 85  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2015  
Transaction ID : SA11.75530  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. HAZEL ALLISON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 EEASTGAATE DR.  
City GREENWOOD State AR Zip Code 72936-5424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED AGE 85  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2015  
Transaction ID : SA11.75638  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. TED E. AMSBAUGH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1302 24TH STREET WEST AS ABOVE  
City BILLINGS State MT Zip Code 59102-3861  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2015  
Transaction ID : SA11.72696  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00  
**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: (check only one)	PAGE 34 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BYRON ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2021 MHUNTINGTON LANE

City FORT WORTH State TX Zip Code 76110-1743

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.55070**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 120 COOP SAWMILL RD

City MANCHESTER State CT Zip Code 06040-6866

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

Name of Employer MULTI-SEALS, INC. Occupation ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.65296**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 35 E VIA VERDE ST

City WICHITA State KS Zip Code 67230-1605

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.61877**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 35 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JEAN ANGLE**

Mailing Address 35 E VIA VERDE ST

City WICHITA	State KS	Zip Code 67230-1605
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SA11.62686**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 35 E VIA VERDE ST

City WICHITA	State KS	Zip Code 67230-1605
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63618**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 35 E VIA VERDE ST

City WICHITA	State KS	Zip Code 67230-1605
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA11.64366**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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: (check only one)	PAGE 36 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEAN ANGLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E VIA VERDE ST  
City WICHITA State KS Zip Code 67230-1605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 04 / 08 / 2015  
**Transaction ID : SA11.80409**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEAN ANGLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E VIA VERDE ST  
City WICHITA State KS Zip Code 67230-1605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 04 / 15 / 2015  
**Transaction ID : SA11.81195**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JEAN ANGLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E VIA VERDE ST  
City WICHITA State KS Zip Code 67230-1605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83586**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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: (check only one)	PAGE 37 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JEAN ANGLE**

Mailing Address 35 E VIA VERDE ST

City WICHITA	State KS	Zip Code 67230-1605
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.85374**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 484 CARPENTER PLACE

City UNION	State NJ	Zip Code 07083-7414
---------------	-------------	------------------------

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

Name of Employer SUMMIT FINANCIAL RESOURCES	Occupation FINANCIAL PLANNER
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84424**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 23450 WESTFORD PL

City VALENCIA	State CA	Zip Code 91354-2102
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74263**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 38 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID ARNESON**  
Full Name (Last, First, Middle Initial)

Mailing Address 46831 RANCHO HIGUERA RD

City FREMONT	State CA	Zip Code 94539-7307
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.55977**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 46831 RANCHO HIGUERA RD

City FREMONT	State CA	Zip Code 94539-7307
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.64892**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 46831 RANCHO HIGUERA RD

City FREMONT	State CA	Zip Code 94539-7307
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

**Transaction ID : SA11.73845**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 39 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID ARNESON**  
Full Name (Last, First, Middle Initial)

Mailing Address 46831 RANCHO HIGUERA RD

City FREMONT	State CA	Zip Code 94539-7307
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : SA11.76616**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 46831 RANCHO HIGUERA RD

City FREMONT	State CA	Zip Code 94539-7307
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : SA11.80515**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 46831 RANCHO HIGUERA RD

City FREMONT	State CA	Zip Code 94539-7307
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

**Transaction ID : SA11.81163**

Amount of Each Receipt this Period  

25.00
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CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 40 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID ASBURY**  
 Mailing Address 3438 PEACHTREE RD  
 SUITE 1100  
 City ATLANTA State GA Zip Code 30326-1555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWESTERN BENEFIT CORPORATION Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11.58386**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DENNIS AUTRY**  
 Mailing Address 1315 HELEN DR  
 City WACO State TX Zip Code 76708-5309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED FLUIDS SOLUTIONS Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.55939**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DENNIS AUTRY**  
 Mailing Address 1315 HELEN DR  
 City WACO State TX Zip Code 76708-5309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVANCED FLUIDS SOLUTIONS Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.57805**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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: (check only one)	PAGE 41 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DENNIS AUTRY**

Mailing Address 1315 HELEN DR

City WACO State TX Zip Code 76708-5309

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

Name of Employer: ADVANCED FLUIDS SOLUTIONS Occupation: SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 17 / 2015  
**Transaction ID : SA11.61994**

Amount of Each Receipt this Period: 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2603 GALAHAD DR

City HUNTSVILLE State AL Zip Code 35803-1929

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 08 / 2015  
**Transaction ID : SA11.58009**

Amount of Each Receipt this Period: 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 501 PORTOLA ROAD APT. 20A

City PORTOLA VALLEY State CA Zip Code 94028-7605

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

Name of Employer: HUSBAND AND MYSELF Occupation: HOME MAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 01 / 19 / 2015  
**Transaction ID : SA11.54154**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**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: (check only one)	PAGE 42 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. HELEN BABB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 PORTOLA ROAD  
APT. 20A  
City PORTOLA VALLEY State CA Zip Code 94028-7605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUSBAND AND MYSELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 02 / 16 / 2015  
**Transaction ID : SA11.56245**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. HELEN BABB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 PORTOLA ROAD  
APT. 20A  
City PORTOLA VALLEY State CA Zip Code 94028-7605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUSBAND AND MYSELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 02 / 16 / 2015  
**Transaction ID : SA11.61905**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. HELEN BABB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 PORTOLA ROAD  
APT. 20A  
City PORTOLA VALLEY State CA Zip Code 94028-7605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUSBAND AND MYSELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 05 / 09 / 2015  
**Transaction ID : SA11.73204**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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: (check only one)	PAGE 43 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. HELEN BABB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 PORTOLA ROAD  
APT. 20A  
City PORTOLA VALLEY State CA Zip Code 94028-7605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUSBAND AND MYSELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 04 / 25 / 2015  
Transaction ID : SA11.81955  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. HELEN BABB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 PORTOLA ROAD  
APT. 20A  
City PORTOLA VALLEY State CA Zip Code 94028-7605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUSBAND AND MYSELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 04 / 25 / 2015  
Transaction ID : SA11.81956  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD BALLANTYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 523 ISLAND CY  
City INDIAN HARBOUR BEA State FL Zip Code 32937-4345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2015  
Transaction ID : SA11.79091  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 350.00  
**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: (check only one)	PAGE 44 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM BARFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3324 SENASAC AVE.  
City LONG BEACH State CA Zip Code 90808-3826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CITY OF LONG BEACH, CA Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 425.00

Date of Receipt 05 / 29 / 2015  
Transaction ID : SA11.75736  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM BARFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3324 SENASAC AVE.  
City LONG BEACH State CA Zip Code 90808-3826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CITY OF LONG BEACH, CA Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 425.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11.77803  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN BARNA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 HEATHER COURT  
City PALM DESERT State CA Zip Code 92260-6748  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 16 / 2015  
Transaction ID : SA11.56249  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 45 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN BARNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 HEATHER COURT

City PALM DESERT State CA Zip Code 92260-6748

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.56815**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 122 HEATHER COURT

City PALM DESERT State CA Zip Code 92260-6748

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.62331**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4102 MARIANA BUTTE DRIVE

City LOVELAND State CO Zip Code 80537-3415

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

Name of Employer PARKER HANNIFIN CORPORATION Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : SA11.56996**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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: (check only one)	PAGE 46 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT BARND**

Mailing Address 4102 MARIANA BUTTE DRIVE

City LOVELAND	State CO	Zip Code 80537-3415
------------------	-------------	------------------------

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

Name of Employer PARKER HANNIFIN CORPORATION	Occupation RETIRED
---	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.63378**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4102 MARIANA BUTTE DRIVE

City LOVELAND	State CO	Zip Code 80537-3415
------------------	-------------	------------------------

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

Name of Employer PARKER HANNIFIN CORPORATION	Occupation RETIRED
---	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77503**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1303 HIDDEN PLATEAU CT

City EL CAJON	State CA	Zip Code 92019-3656
------------------	-------------	------------------------

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

Name of Employer N/A	Occupation HMMKR
-------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SA11.67052**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 47 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PAT BARTLOW**  
 Mailing Address 1303 HIDDEN PLATEAU CT  
 City State Zip Code  
 EL CAJON CA 92019-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A HMMKR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : SA11.72016**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MYRNA BAUER**  
 Mailing Address P.O. BOX 224  
 City State Zip Code  
 DONIPHAN NE 68832-0224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.56421**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MYRNA BAUER**  
 Mailing Address P.O. BOX 224  
 City State Zip Code  
 DONIPHAN NE 68832-0224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.56426**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 48 OF 705
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
-----------------	-------------	------------------------

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

Name of Employer FABACRAFT CO	Occupation RETIRED
----------------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54436**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
-----------------	-------------	------------------------

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

Name of Employer FABACRAFT CO	Occupation RETIRED
----------------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : SA11.56727**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
-----------------	-------------	------------------------

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

Name of Employer FABACRAFT CO	Occupation RETIRED
----------------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60392**

Amount of Each Receipt this Period  

100.00
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**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"><tr><td>160.00</td></tr></table>	160.00
160.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"><tr><td> </td></tr></table>	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
-----------------	-------------	------------------------

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

Name of Employer FABACRAFT CO	Occupation RETIRED
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63588**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
-----------------	-------------	------------------------

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

Name of Employer FABACRAFT CO	Occupation RETIRED
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.65189**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
-----------------	-------------	------------------------

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

Name of Employer FABACRAFT CO	Occupation RETIRED
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74275**

Amount of Each Receipt this Period  

25.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 50 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD BAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5065 SR 132

City BATAVIA	State OH	Zip Code 45103-1219
FEC ID number of contributing federal political committee. C		
Name of Employer FABACRAFT CO	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015  
**Transaction ID : SA11.83627**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE

City HAMILTON	State NJ	Zip Code 08691-3368
FEC ID number of contributing federal political committee. C		
Name of Employer MUNICH REINSURANCE AMERICA	Occupation REINSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2015  
**Transaction ID : SA11.64899**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE

City HAMILTON	State NJ	Zip Code 08691-3368
FEC ID number of contributing federal political committee. C		
Name of Employer MUNICH REINSURANCE AMERICA	Occupation REINSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2015  
**Transaction ID : SA11.72709**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 51 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE  
City HAMILTON State NJ Zip Code 08691-3368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MUNICH REINSURANCE AMERICA Occupation REINSURANCE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **325.00**  
Date of Receipt **05 / 11 / 2015**  
**Transaction ID : SA11.73341**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE  
City HAMILTON State NJ Zip Code 08691-3368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MUNICH REINSURANCE AMERICA Occupation REINSURANCE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **325.00**  
Date of Receipt **06 / 30 / 2015**  
**Transaction ID : SA11.78386**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE  
City HAMILTON State NJ Zip Code 08691-3368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MUNICH REINSURANCE AMERICA Occupation REINSURANCE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **325.00**  
Date of Receipt **04 / 03 / 2015**  
**Transaction ID : SA11.78879**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**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: (check only one)	PAGE 52 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE

City HAMILTON	State NJ	Zip Code 08691-3368
------------------	-------------	------------------------

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

Name of Employer MUNICH REINSURANCE AMERICA	Occupation REINSURANCE
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11.80676**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. DAVID BEEBE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 CAITLIN LANE

City HAMILTON	State NJ	Zip Code 08691-3368
------------------	-------------	------------------------

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

Name of Employer MUNICH REINSURANCE AMERICA	Occupation REINSURANCE
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84305**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. WILLIAM BELCHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 431 VIRGINIA AVE

City CAMPBELL	State CA	Zip Code 95008-3911
------------------	-------------	------------------------

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

Name of Employer AMERICAN RIGGING	Occupation RIGGER
--------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.57817**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 53 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM BELCHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 431 VIRGINIA AVE

City CAMPBELL	State CA	Zip Code 95008-3911
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN RIGGING	Occupation RIGGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**05 / 21 / 2015**  
Transaction ID : **SA11.74872**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM BELCHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 431 VIRGINIA AVE

City CAMPBELL	State CA	Zip Code 95008-3911
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMERICAN RIGGING	Occupation RIGGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**04 / 27 / 2015**  
Transaction ID : **SA11.83595**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM BELLOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9625 S MAIN ST

City CHATHAM	State IL	Zip Code 62629-8669
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer STATE OF ILLINOIS	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>235.00</b>	

Date of Receipt  
**05 / 20 / 2015**  
Transaction ID : **SA11.74283**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 54 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM BELLOT**  
Full Name (Last, First, Middle Initial)

Mailing Address 9625 S MAIN ST

City CHATHAM State IL Zip Code 62629-8669

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

Name of Employer STATE OF ILLINOIS Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11.85429**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2626 EL CAMINO REAL

City REDWOOD CITY State CA Zip Code 94061-3815

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

Name of Employer COAST LIGHTING Occupation BUYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11.85430**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.72022**

Amount of Each Receipt this Period  
 20.16

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.16
<b>TOTAL</b> 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 55 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt  
**05 / 09 / 2015**  
Transaction ID : SA11.73207

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt  
**05 / 20 / 2015**  
Transaction ID : SA11.74284

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt  
**06 / 05 / 2015**  
Transaction ID : SA11.76275

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **85.00**

**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: (check only one)	PAGE 56 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt **06 / 07 / 2015**  
Transaction ID : **SA11.76457**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt **06 / 08 / 2015**  
Transaction ID : **SA11.76517**

Amount of Each Receipt this Period **35.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt **06 / 16 / 2015**  
Transaction ID : **SA11.76939**

Amount of Each Receipt this Period **20.16**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **80.16**

**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: (check only one)	PAGE 57 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.77036**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2015

**Transaction ID : SA11.77174**

Amount of Each Receipt this Period  
 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.77768**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35.00**

**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: (check only one)	PAGE 58 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 849 ISLAND POINT LANE  
City CHAPIN State SC Zip Code 29036-7602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.32

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.77905**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 849 ISLAND POINT LANE  
City CHAPIN State SC Zip Code 29036-7602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.32

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.77982**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 849 ISLAND POINT LANE  
City CHAPIN State SC Zip Code 29036-7602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.32

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.78105**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 40.00  
**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: (check only one)		PAGE 59 OF 705	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. CATHERINE BENFIELD</b>		Date of Receipt MM / DD / YYYY <b>04 / 03 / 2015</b>
Mailing Address <b>849 ISLAND POINT LANE</b>		<b>Transaction ID : SA11.78930</b>
City <b>CHAPIN</b>	State <b>SC</b>	Zip Code <b>29036-7602</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PSYCHOLOGIST</b>	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>360.32</b>	<b>NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>B. CATHERINE BENFIELD</b>		Date of Receipt MM / DD / YYYY <b>04 / 13 / 2015</b>
Mailing Address <b>849 ISLAND POINT LANE</b>		<b>Transaction ID : SA11.81012</b>
City <b>CHAPIN</b>	State <b>SC</b>	Zip Code <b>29036-7602</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PSYCHOLOGIST</b>	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>360.32</b>	<b>NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>C. CATHERINE BENFIELD</b>		Date of Receipt MM / DD / YYYY <b>04 / 27 / 2015</b>
Mailing Address <b>849 ISLAND POINT LANE</b>		<b>Transaction ID : SA11.83071</b>
City <b>CHAPIN</b>	State <b>SC</b>	Zip Code <b>29036-7602</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PSYCHOLOGIST</b>	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>360.32</b>	<b>NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 60 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CATHERINE BENFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 849 ISLAND POINT LANE

City CHAPIN State SC Zip Code 29036-7602

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

Name of Employer SELF-EMPLOYED Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.32

Date of Receipt 05 / 05 / 2015  
Transaction ID : SA11.85433

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O.BOX 5005

City RANCHO MIRAGE State CA Zip Code 92270-1065

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 02 / 02 / 2015  
Transaction ID : SA11.54627

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O.BOX 5005

City RANCHO MIRAGE State CA Zip Code 92270-1065

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 02 / 02 / 2015  
Transaction ID : SA11.54630

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 225.00

**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 61 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD BENNETT**

Mailing Address P.O.BOX 5005

City State Zip Code  
RANCHO MIRAGE CA 92270-1065

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 14 / 2015  
**Transaction ID : SA11.61821**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 1000  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O.BOX 5005

City State Zip Code  
RANCHO MIRAGE CA 92270-1065

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 04 / 2015  
**Transaction ID : SA11.63219**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10000  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1019 VAN SICLEN AVE APT 5J

City State Zip Code  
BROOKLYN NY 11207-9035

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60541**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10000  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 21000

**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: (check only one)	PAGE 62 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GERALD BETTS**

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.57324**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : SA11.60132**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60896**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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: (check only one)	PAGE 63 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GERALD BETTS**

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : SA11.62274**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : SA11.62404**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63398**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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: (check only one)	PAGE 64 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GERALD BETTS**

Mailing Address 535 BUSHNELL LANE

City EUGENE State OR Zip Code 97404-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : SA11.80498**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9555 LOS ANGELES AVE

City MOORPARK State CA Zip Code 93021-8712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11.54244**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9555 LOS ANGELES AVE

City MOORPARK State CA Zip Code 93021-8712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.54360**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

**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: (check only one)	PAGE 65 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LITA Z. BIEJO**

Mailing Address 9555 LOS ANGELES AVE

City MOORPARK State CA Zip Code 93021-8712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11.59620**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9555 LOS ANGELES AVE

City MOORPARK State CA Zip Code 93021-8712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11.62671**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9555 LOS ANGELES AVE

City MOORPARK State CA Zip Code 93021-8712

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2015  
**Transaction ID : SA11.64443**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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: (check only one)	PAGE 66 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. LITA Z. BIEJO</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : SA11.64474</b>
Mailing Address 9555 LOS ANGELES AVE		Amount of Each Receipt this Period 205.00
City MOORPARK	State CA	Zip Code 93021-8712
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B. LITA Z. BIEJO</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2015 <b>Transaction ID : SA11.76711</b>
Mailing Address 9555 LOS ANGELES AVE		Amount of Each Receipt this Period 20.00
City MOORPARK	State CA	Zip Code 93021-8712
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>C. LITA Z. BIEJO</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2015 <b>Transaction ID : SA11.82776</b>
Mailing Address 9555 LOS ANGELES AVE		Amount of Each Receipt this Period 10.00
City MOORPARK	State CA	Zip Code 93021-8712
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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 67 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LITA Z. BIEJO**

Mailing Address 9555 LOS ANGELES AVE

City State Zip Code  
MOORPARK CA 93021-8712

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.85447**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 29

City State Zip Code  
HOCKLEY TX 77447-0029

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

Name of Employer Occupation  
SELF RETIRED/ ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63379**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 32 KEAN DRIVE

City State Zip Code  
BOZEMAN MT 59718-8706

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

Name of Employer Occupation  
J C BILLION INC AUTO SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64915**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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: (check only one)	PAGE 68 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOE BILLION**

Mailing Address 32 KEAN DRIVE

City BOZEMAN State MT Zip Code 59718-8706

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

Name of Employer J C BILLION INC Occupation AUTO SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.65444**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 32 KEAN DRIVE

City BOZEMAN State MT Zip Code 59718-8706

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

Name of Employer J C BILLION INC Occupation AUTO SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.85451**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 365 WINDSOR DR NORTH

City OXFORD State MS Zip Code 38655-7092

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.63966**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 69 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. KATHRYN BLACK**

Mailing Address 365 WINDSOR DR NORTH

City	State	Zip Code
OXFORD	MS	38655-7092

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.81333**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 365 WINDSOR DR NORTH

City	State	Zip Code
OXFORD	MS	38655-7092

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.85455**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 15 WILLOW BAY DRIVE

City	State	Zip Code
SOUTH BARRINGTON	IL	60010-7116

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

Name of Employer	Occupation
NORTH AMERICAN MIDWAY ENTERTAINME	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.85225**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 70 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN BOGGS**  
 Mailing Address 6622 ST. RT. 361  
 City KINGSTON State OH Zip Code 45644-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.57219**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN BOGGS**  
 Mailing Address 6622 ST. RT. 361  
 City KINGSTON State OH Zip Code 45644-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57573**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN BOGGS**  
 Mailing Address 6622 ST. RT. 361  
 City KINGSTON State OH Zip Code 45644-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.61206**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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: (check only one)	PAGE 71 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN BOGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6622 ST. RT. 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

**Transaction ID : SA11.75533**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN BOGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6622 ST. RT. 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76346**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN BOGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6622 ST. RT. 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : SA11.77100**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 72 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN BOGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6622 ST. RT. 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78975**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN BOGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6622 ST. RT. 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

**Transaction ID : SA11.81583**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN BOGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6622 ST. RT. 361

City KINGSTON	State OH	Zip Code 45644-9637
------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

**Transaction ID : SA11.82069**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 73 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LONNIE L BONE**  
Mailing Address 111 ACACIA DR  
City INDIAN HEAD PARK State IL Zip Code 60525-4487  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HOMEMAKER/VOLUNTEER MISSIONARY HOMEMAKER/MISSIONARY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
05 / 08 / 2015  
Transaction ID : SA11.72989  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LONNIE L BONE**  
Mailing Address 111 ACACIA DR  
City INDIAN HEAD PARK State IL Zip Code 60525-4487  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HOMEMAKER/VOLUNTEER MISSIONARY HOMEMAKER/MISSIONARY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
05 / 12 / 2015  
Transaction ID : SA11.73396  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LONNIE L BONE**  
Mailing Address 111 ACACIA DR  
City INDIAN HEAD PARK State IL Zip Code 60525-4487  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HOMEMAKER/VOLUNTEER MISSIONARY HOMEMAKER/MISSIONARY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
04 / 03 / 2015  
Transaction ID : SA11.79085  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 74 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LONNIE L BONE**  
 Mailing Address 111 ACACIA DR  
 City State Zip Code  
 INDIAN HEAD PARK IL 60525-4487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER/VOLUNTEER MISSIONARY HOMEMAKER/MISSIONARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11.81730**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MRS LONNIE LEE BONE**  
 Mailing Address 111 ACACIA DR  
 City State Zip Code  
 INDIAN HEAD PARK IL 60525-4487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER/VOLUNTEER MISSIONARY HOMEMAKER/MISSIONARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.60981**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MRS LONNIE LEE BONE**  
 Mailing Address 111 ACACIA DR  
 City State Zip Code  
 INDIAN HEAD PARK IL 60525-4487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER/VOLUNTEER MISSIONARY HOMEMAKER/MISSIONARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64889**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 75 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. HOWARD BOSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2395 REDWOOD AVE  
SPACE # 78

City GRANTS PASS State OR Zip Code 97527-6258

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

Name of Employer UNEMPLOYED Occupation DISABLED VETERAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2015  
**Transaction ID : SA11.54129**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2395 REDWOOD AVE  
SPACE # 78

City GRANTS PASS State OR Zip Code 97527-6258

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

Name of Employer UNEMPLOYED Occupation DISABLED VETERAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : SA11.54894**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2395 REDWOOD AVE  
SPACE # 78

City GRANTS PASS State OR Zip Code 97527-6258

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

Name of Employer UNEMPLOYED Occupation DISABLED VETERAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015  
**Transaction ID : SA11.63939**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

**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: (check only one)	PAGE 76 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. HOWARD BOSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2395 REDWOOD AVE  
SPACE # 78

City GRANTS PASS State OR Zip Code 97527-6258

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

Name of Employer UNEMPLOYED Occupation DISABLED VETERAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 19 / 2015  
Transaction ID : SA11.65079

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2395 REDWOOD AVE  
SPACE # 78

City GRANTS PASS State OR Zip Code 97527-6258

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

Name of Employer UNEMPLOYED Occupation DISABLED VETERAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 21 / 2015  
Transaction ID : SA11.74883

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 977 COACHWAY

City ANNAPOLIS State MD Zip Code 21401-6413

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
02 / 05 / 2015  
Transaction ID : SA11.55594

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**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 77 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RONALD BOSS**  
 Mailing Address 977 COACHWAY  
 City ANNAPOLIS State MD Zip Code 21401-6413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2015  
**Transaction ID : SA11.56753**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RONALD BOSS**  
 Mailing Address 977 COACHWAY  
 City ANNAPOLIS State MD Zip Code 21401-6413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.58348**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RONALD BOSS**  
 Mailing Address 977 COACHWAY  
 City ANNAPOLIS State MD Zip Code 21401-6413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60762**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 78 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RONALD BOSS**

Mailing Address 977 COACHWAY

City State Zip Code  
ANNAPOLIS MD 21401-6413

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.62508**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 977 COACHWAY

City State Zip Code  
ANNAPOLIS MD 21401-6413

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : SA11.62757**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 977 COACHWAY

City State Zip Code  
ANNAPOLIS MD 21401-6413

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2015  
**Transaction ID : SA11.77239**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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: (check only one)	PAGE 79 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RONALD BOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 977 COACHWAY

City ANNAPOLIS	State MD	Zip Code 21401-6413
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78826**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. RONALD BOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 977 COACHWAY

City ANNAPOLIS	State MD	Zip Code 21401-6413
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

**Transaction ID : SA11.82247**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. RONALD BOSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 977 COACHWAY

City ANNAPOLIS	State MD	Zip Code 21401-6413
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.85475**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 80 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.55926**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : SA11.59638**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60707**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 81 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JUDITH BOWEN**

Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.62333**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.63177**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63508**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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: (check only one)	PAGE 82 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.32	

Date of Receipt  
05 / 20 / 2015  
Transaction ID : SA11.74303

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.32	

Date of Receipt  
05 / 29 / 2015  
Transaction ID : SA11.75741

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.32	

Date of Receipt  
06 / 29 / 2015  
Transaction ID : SA11.77393

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 83 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78612**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

**Transaction ID : SA11.81491**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JUDITH BOWEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6460 PEPPERDINE CIR

City MOORPARK	State CA	Zip Code 93021-1418
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.82425**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 84 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GUY BOWERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1082

City RUIDOSO	State NM	Zip Code 88355-1082
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77381**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAN BRAMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 E SANTA ROSA

City CICTORIA	State TX	Zip Code 77901-8124
------------------	-------------	------------------------

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

Name of Employer SELF	Occupation SELF EMPLOYED
--------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

**Transaction ID : SA11.63148**

Amount of Each Receipt this Period  

500.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LEWIS BRERETON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9225 CLOVER VALLEY

City DALLAS	State TX	Zip Code 75243-6205
----------------	-------------	------------------------

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

Name of Employer WELLSFARGO ADVISORS	Occupation STOCKBROKER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63615**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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: (check only one)	PAGE 85 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LEWIS BRERETON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9225 CLOVER VALLEY

City DALLAS	State TX	Zip Code 75243-6205
----------------	-------------	------------------------

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

Name of Employer WELLSFARGO ADVISORS	Occupation STOCKBROKER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2015  
**Transaction ID : SA11.76163**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LEWIS BRERETON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9225 CLOVER VALLEY

City DALLAS	State TX	Zip Code 75243-6205
----------------	-------------	------------------------

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

Name of Employer WELLSFARGO ADVISORS	Occupation STOCKBROKER
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11.78072**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALBERT R. BRESNIK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2224 24TH ST.

City SANTA MONICA	State CA	Zip Code 90405-1811
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : SA11.54839**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 86 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALBERT R. BRESNIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 24TH ST.

City SANTA MONICA	State CA	Zip Code 90405-1811
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

**Transaction ID : SA11.58635**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2224 24TH ST.

City SANTA MONICA	State CA	Zip Code 90405-1811
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11.72993**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2224 24TH ST.

City SANTA MONICA	State CA	Zip Code 90405-1811
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : SA11.74042**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 87 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALBERT R. BRESNIK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2224 24TH ST.  
City SANTA MONICA State CA Zip Code 90405-1811  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 22 / 2015**  
**Transaction ID : SA11.81609**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALBERT R. BRESNIK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2224 24TH ST.  
City SANTA MONICA State CA Zip Code 90405-1811  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 28 / 2015**  
**Transaction ID : SA11.84312**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NELSON BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14324 N 800 E  
City ODON State IN Zip Code 47562-5303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SAIC Occupation PART-TIME  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **390.00**

Date of Receipt **01 / 28 / 2015**  
**Transaction ID : SA11.54431**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**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: (check only one)	PAGE 88 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NELSON BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14324 N 800 E

City ODON	State IN	Zip Code 47562-5303
--------------	-------------	------------------------

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

Name of Employer SAIC	Occupation PART-TIME
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : SA11.57033**

Amount of Each Receipt this Period  

35.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NELSON BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14324 N 800 E

City ODON	State IN	Zip Code 47562-5303
--------------	-------------	------------------------

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

Name of Employer SAIC	Occupation PART-TIME
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SA11.62694**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NELSON BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14324 N 800 E

City ODON	State IN	Zip Code 47562-5303
--------------	-------------	------------------------

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

Name of Employer SAIC	Occupation PART-TIME
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76265**

Amount of Each Receipt this Period  

35.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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: (check only one)	PAGE 89 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. ANDREW BURTON</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : SA11.54797</b>
Mailing Address 304281 E 1800 RD		Amount of Each Receipt this Period 50.00
City RATLIFF CITY	State OK	Zip Code 73481-5831
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) <b>B. ANDREW BURTON</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2015 <b>Transaction ID : SA11.57963</b>
Mailing Address 304281 E 1800 RD		Amount of Each Receipt this Period 100.00
City RATLIFF CITY	State OK	Zip Code 73481-5831
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) <b>C. ANDREW BURTON</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : SA11.59276</b>
Mailing Address 304281 E 1800 RD		Amount of Each Receipt this Period 100.00
City RATLIFF CITY	State OK	Zip Code 73481-5831
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 90 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ANDREW BURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 304281 E 1800 RD

City RATLIFF CITY	State OK	Zip Code 73481-5831
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2015

**Transaction ID : SA11.62467**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 304281 E 1800 RD

City RATLIFF CITY	State OK	Zip Code 73481-5831
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SA11.74897**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 304281 E 1800 RD

City RATLIFF CITY	State OK	Zip Code 73481-5831
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SA11.74898**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 91 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ANDREW BURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 304281 E 1800 RD

City RATLIFF CITY	State OK	Zip Code 73481-5831
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : SA11.76594**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 304281 E 1800 RD

City RATLIFF CITY	State OK	Zip Code 73481-5831
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11.76777**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 304281 E 1800 RD

City RATLIFF CITY	State OK	Zip Code 73481-5831
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.78054**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> 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: (check only one)	PAGE 92 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN K BUSH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 WINDING PAT

City MANORVILLE	State NY	Zip Code 11949-2260
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2015

**Transaction ID : SA11.54087**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN K BUSH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 WINDING PAT

City MANORVILLE	State NY	Zip Code 11949-2260
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54433**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN K BUSH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 WINDING PAT

City MANORVILLE	State NY	Zip Code 11949-2260
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

**Transaction ID : SA11.57378**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 93 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN K BUSH**  
 Mailing Address 27 WINDING PAT  
 City State Zip Code  
 MANORVILLE NY 11949-2260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80341**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. FAREL J BYRD**  
 Mailing Address 986 SUGAR LANE  
 City State Zip Code  
 COLLIERVILLE TN 38017-8645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FAREL BYRD, CPA, PA CPA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.55993**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. FAREL J BYRD**  
 Mailing Address 986 SUGAR LANE  
 City State Zip Code  
 COLLIERVILLE TN 38017-8645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FAREL BYRD, CPA, PA CPA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.57806**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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: (check only one)	PAGE 94 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FAREL J BYRD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 986 SUGAR LANE

City COLLIERVILLE	State TN	Zip Code 38017-8645
----------------------	-------------	------------------------

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

Name of Employer FAREL BYRD, CPA, PA	Occupation CPA
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60758**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FAREL J BYRD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 986 SUGAR LANE

City COLLIERVILLE	State TN	Zip Code 38017-8645
----------------------	-------------	------------------------

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

Name of Employer FAREL BYRD, CPA, PA	Occupation CPA
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : SA11.76403**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FAREL J BYRD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 986 SUGAR LANE

City COLLIERVILLE	State TN	Zip Code 38017-8645
----------------------	-------------	------------------------

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

Name of Employer FAREL BYRD, CPA, PA	Occupation CPA
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84397**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 95 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID CALKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1495 SOPLO RD SE

City ALBUQUERQUE	State NM	Zip Code 87123-4422
---------------------	-------------	------------------------

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

Name of Employer SUNRISE MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : SA11.58357**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAVID CALKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1495 SOPLO RD SE

City ALBUQUERQUE	State NM	Zip Code 87123-4422
---------------------	-------------	------------------------

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

Name of Employer SUNRISE MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2015

**Transaction ID : SA11.79570**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAVID CALKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1495 SOPLO RD SE

City ALBUQUERQUE	State NM	Zip Code 87123-4422
---------------------	-------------	------------------------

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

Name of Employer SUNRISE MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11.80680**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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: (check only one)	PAGE 96 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID CALKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1495 SOPLO RD SE  
City ALBUQUERQUE State NM Zip Code 87123-4422  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SUNRISE MEDICAL GROUP Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 325.00

Date of Receipt 04 / 25 / 2015  
Transaction ID : SA11.81968  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. THEO CAMLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 MEADOWOOD LN.  
City WAYNESVILLE State NC Zip Code 28786-6747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 280.00

Date of Receipt 01 / 29 / 2015  
Transaction ID : SA11.54546  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THEO CAMLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 MEADOWOOD LN.  
City WAYNESVILLE State NC Zip Code 28786-6747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 280.00

Date of Receipt 03 / 20 / 2015  
Transaction ID : SA11.59309  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... 150.00  
**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 97 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. THEO CAMLIN**

Mailing Address 47 MEADOWOOD LN.

City WAYNESVILLE State NC Zip Code 28786-6747

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60201**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 47 MEADOWOOD LN.

City WAYNESVILLE State NC Zip Code 28786-6747

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61582**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 47 MEADOWOOD LN.

City WAYNESVILLE State NC Zip Code 28786-6747

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63542**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 98 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. THEO CAMLIN**

Mailing Address 47 MEADOWOOD LN.

City WAYNESVILLE State NC Zip Code 28786-6747

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2015  
**Transaction ID : SA11.79277**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 47 MEADOWOOD LN.

City WAYNESVILLE State NC Zip Code 28786-6747

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80222**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5775 WEDEKIND RD

City SPARKS State NV Zip Code 89431-1149

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.55366**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**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 99 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DANIEL CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5775 WEDEKIND RD  
 City SPARKS State NV Zip Code 89431-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11.59529**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DANIEL CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5775 WEDEKIND RD  
 City SPARKS State NV Zip Code 89431-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63310**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DANIEL CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5775 WEDEKIND RD  
 City SPARKS State NV Zip Code 89431-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76043**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00  
**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: (check only one)	PAGE 100 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DANIEL CARPENTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5775 WEDEKIND RD  
City SPARKS State NV Zip Code 89431-1149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2015  
**Transaction ID : SA11.79514**  
Amount of Each Receipt this Period  
15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DANIEL CARPENTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5775 WEDEKIND RD  
City SPARKS State NV Zip Code 89431-1149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015  
**Transaction ID : SA11.85555**  
Amount of Each Receipt this Period  
15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT CARTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22010 SOMERTON LANE  
City SAN ANTONIO State TX Zip Code 78260-3529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HFM SERVICES, INC. Occupation TAX ACCOUNTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 04 / 2015  
**Transaction ID : SA11.54792**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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: (check only one)	PAGE 101 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 22010 SOMERTON LANE

City SAN ANTONIO State TX Zip Code 78260-3529

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

Name of Employer HFM SERVICES, INC. Occupation TAX ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : SA11.73002**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 22010 SOMERTON LANE

City SAN ANTONIO State TX Zip Code 78260-3529

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

Name of Employer HFM SERVICES, INC. Occupation TAX ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74333**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 22010 SOMERTON LANE

City SAN ANTONIO State TX Zip Code 78260-3529

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

Name of Employer HFM SERVICES, INC. Occupation TAX ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11.77715**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 102 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DORIS CASSAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 68428

City SEATTLE	State WA	Zip Code 98168-0428
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation SELF
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83638**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JO ANNE CAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 SUMMIT RIDGE DRIVE

City BRANDON	State MS	Zip Code 39042-2507
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation TRAVEL AGENT
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
592.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : SA11.56734**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JO ANNE CAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 SUMMIT RIDGE DRIVE

City BRANDON	State MS	Zip Code 39042-2507
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation TRAVEL AGENT
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
592.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11.77064**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	260.00
<b>TOTAL</b> 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: (check only one)	PAGE 103 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JO ANNE CAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 SUMMIT RIDGE DRIVE

City BRANDON	State MS	Zip Code 39042-2507
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation TRAVEL AGENT
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
592.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77542**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.

City BLUFFTON	State SC	Zip Code 29910-4444
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.57203**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.

City BLUFFTON	State SC	Zip Code 29910-4444
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.57519**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> 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: (check only one)	PAGE 104 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.  
City BLUFFTON State SC Zip Code 29910-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 01 / 2015  
**Transaction ID : SA11.62932**  
Amount of Each Receipt this Period 5.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.  
City BLUFFTON State SC Zip Code 29910-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11.64976**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.  
City BLUFFTON State SC Zip Code 29910-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : SA11.65204**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 25.00  
**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: (check only one)	PAGE 105 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.  
City BLUFFTON State SC Zip Code 29910-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.78461**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.  
City BLUFFTON State SC Zip Code 29910-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.84475**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CAROL CHADBOURNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 RUNNING OAK DR.  
City BLUFFTON State SC Zip Code 29910-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.84483**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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: (check only one)	PAGE 106 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BRUCE CHAMPOUILLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 WHITTIER STREET  
BRIDGEWATER CROSSING

City DAVENPORT State FL Zip Code 33896-7848

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

Name of Employer DISABLED Occupation RETIRED BANK VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
03 / 05 / 2015  
Transaction ID : SA11.57475

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 505 WHITTIER STREET  
BRIDGEWATER CROSSING

City DAVENPORT State FL Zip Code 33896-7848

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

Name of Employer DISABLED Occupation RETIRED BANK VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
02 / 05 / 2015  
Transaction ID : SA11.60949

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 505 WHITTIER STREET  
BRIDGEWATER CROSSING

City DAVENPORT State FL Zip Code 33896-7848

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

Name of Employer DISABLED Occupation RETIRED BANK VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
03 / 16 / 2015  
Transaction ID : SA11.64855

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00

**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: (check only one)	PAGE 107 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BRUCE CHAMPOUILLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 WHITTIER STREET  
BRIDGEWATER CROSSING

City DAVENPORT State FL Zip Code 33896-7848

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

Name of Employer DISABLED Occupation RETIRED BANK VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.76069**

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 505 WHITTIER STREET  
BRIDGEWATER CROSSING

City DAVENPORT State FL Zip Code 33896-7848

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

Name of Employer DISABLED Occupation RETIRED BANK VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt 04 / 05 / 2015  
**Transaction ID : SA11.79457**

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 505 WHITTIER STREET  
BRIDGEWATER CROSSING

City DAVENPORT State FL Zip Code 33896-7848

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

Name of Employer DISABLED Occupation RETIRED BANK VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.85573**

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**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: (check only one)	PAGE 108 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GEORGE CHAPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2405 RAMBLING RD.  
2405 RAMBLING RD.

City EDMOND State OK Zip Code 73025-2315

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

Name of Employer OKC PUBLIC SCHOOLS Occupation RETIRED EDUCATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
01 / 28 / 2015  
Transaction ID : SA11.54382

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2405 RAMBLING RD.  
2405 RAMBLING RD.

City EDMOND State OK Zip Code 73025-2315

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

Name of Employer OKC PUBLIC SCHOOLS Occupation RETIRED EDUCATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
03 / 05 / 2015  
Transaction ID : SA11.57568

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2405 RAMBLING RD.  
2405 RAMBLING RD.

City EDMOND State OK Zip Code 73025-2315

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

Name of Employer OKC PUBLIC SCHOOLS Occupation RETIRED EDUCATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
03 / 09 / 2015  
Transaction ID : SA11.58183

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 109 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GEORGE CHAPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2405 RAMBLING RD.  
2405 RAMBLING RD.

City EDMOND State OK Zip Code 73025-2315

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

Name of Employer OKC PUBLIC SCHOOLS Occupation RETIRED EDUCATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
05 / 07 / 2015  
Transaction ID : SA11.72729

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2405 RAMBLING RD.  
2405 RAMBLING RD.

City EDMOND State OK Zip Code 73025-2315

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

Name of Employer OKC PUBLIC SCHOOLS Occupation RETIRED EDUCATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
04 / 27 / 2015  
Transaction ID : SA11.83048

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1756 BLYTHEWOOD LOOP

City THE VILLAGES State FL Zip Code 32162-2235

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
02 / 10 / 2015  
Transaction ID : SA11.56023

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00

**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: (check only one)	PAGE 110 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. HENRY CHILDS**

Mailing Address 1756 BLYTHEWOOD LOOP

City THE VILLAGES	State FL	Zip Code 32162-2235
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2015

**Transaction ID : SA11.61982**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1756 BLYTHEWOOD LOOP

City THE VILLAGES	State FL	Zip Code 32162-2235
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SA11.62734**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1756 BLYTHEWOOD LOOP

City THE VILLAGES	State FL	Zip Code 32162-2235
----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11.73006**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 111 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BUENA S CHRISTIANSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4435 KIRK RD.  
City SAN JOSE State CA Zip Code 95124-4820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SANTA CLARA VALLEY MED. CENTER Occupation REGISTERED NURSE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA11.54353**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BUENA S CHRISTIANSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4435 KIRK RD.  
City SAN JOSE State CA Zip Code 95124-4820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SANTA CLARA VALLEY MED. CENTER Occupation REGISTERED NURSE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA11.59889**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BUENA S CHRISTIANSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4435 KIRK RD.  
City SAN JOSE State CA Zip Code 95124-4820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SANTA CLARA VALLEY MED. CENTER Occupation REGISTERED NURSE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA11.59901**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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: (check only one)	PAGE 112 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BUENA S CHRISTIANSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4435 KIRK RD.  
City SAN JOSE State CA Zip Code 95124-4820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SANTA CLARA VALLEY MED. CENTER Occupation REGISTERED NURSE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **320.00**

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : SA11.74912**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DR PAM CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 11695  
City FT. MOHAVE State AZ Zip Code 86427-1695  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : SA11.64032**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KIRK CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 938  
City MCALLEN State TX Zip Code 78505-0938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation AUTOMOBILE DEALER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **850.00**

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : SA11.54572**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**  
**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: (check only one)	PAGE 113 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD H CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 INGERSON ROAD

City JEFFERSON State NH Zip Code 03583-6238

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.60016**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 108 INGERSON ROAD

City JEFFERSON State NH Zip Code 03583-6238

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79808**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 108 INGERSON ROAD

City JEFFERSON State NH Zip Code 03583-6238

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83137**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 114 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RALPH CLINARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON State TX Zip Code 77082-6857

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : SA11.56191**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON State TX Zip Code 77082-6857

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : SA11.56420**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON State TX Zip Code 77082-6857

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2015

**Transaction ID : SA11.59565**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 115 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DUNCAN COCROFT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 195

City BOCA GRANDE	State FL	Zip Code 33921-0195
---------------------	-------------	------------------------

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

Name of Employer SELF EMPL.	Occupation CONSULTANT
--------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.64034**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DUNCAN COCROFT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 195

City BOCA GRANDE	State FL	Zip Code 33921-0195
---------------------	-------------	------------------------

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

Name of Employer SELF EMPL.	Occupation CONSULTANT
--------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83582**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. STEVEN R. COHEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 730 CARPENTER ROAD

City ALEXANDRIA	State VA	Zip Code 22314-6226
--------------------	-------------	------------------------

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

Name of Employer EMCUBE, INC.	Occupation MANAGER
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.57793**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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: (check only one)	PAGE 116 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. STEVEN R. COHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 730 CARPENTER ROAD

City ALEXANDRIA State VA Zip Code 22314-6226

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

Name of Employer EMCUBE, INC. Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11.62677**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 730 CARPENTER ROAD

City ALEXANDRIA State VA Zip Code 22314-6226

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

Name of Employer EMCUBE, INC. Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : SA11.74053**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 730 CARPENTER ROAD

City ALEXANDRIA State VA Zip Code 22314-6226

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

Name of Employer EMCUBE, INC. Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79062**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 117 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. STEVEN R. COHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 730 CARPENTER ROAD

City ALEXANDRIA State VA Zip Code 22314-6226

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

Name of Employer EMCUBE, INC. Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83524**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2 BITTERSWEET LANE

City GLEN COVE State NY Zip Code 11542-1618

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

Name of Employer N/A Occupation ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.75581**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2 BITTERSWEET LANE

City GLEN COVE State NY Zip Code 11542-1618

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

Name of Employer N/A Occupation ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76270**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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: (check only one)	PAGE 118 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD COLEA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 BITTERSWEET LANE

City GLEN COVE State NY Zip Code 11542-1618

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

Name of Employer N/A Occupation ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 20 / 2015  
Transaction ID : SA11.77183

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2 BITTERSWEET LANE

City GLEN COVE State NY Zip Code 11542-1618

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

Name of Employer N/A Occupation ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 22 / 2015  
Transaction ID : SA11.81630

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 36 ALLERTON ST

City BROOKLINE State MA Zip Code 02445-7726

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

Name of Employer POLYVINYL FILMS Occupation MARKETING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 12 / 2015  
Transaction ID : SA11.73427

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00

**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: (check only one)	PAGE 119 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. MARIA CONNOR</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015
Mailing Address 36 ALLERTON ST		<b>Transaction ID : SA11.73428</b>
City BROOKLINE	State MA	Zip Code 02445-7726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer POLYVINYL FILMS	Occupation MARKETING	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MARIA CONNOR</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015
Mailing Address 36 ALLERTON ST		<b>Transaction ID : SA11.74055</b>
City BROOKLINE	State MA	Zip Code 02445-7726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer POLYVINYL FILMS	Occupation MARKETING	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MARIA CONNOR</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2015
Mailing Address 36 ALLERTON ST		<b>Transaction ID : SA11.77128</b>
City BROOKLINE	State MA	Zip Code 02445-7726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer POLYVINYL FILMS	Occupation MARKETING	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 120 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MICHAEL CONNOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9360 NORTH SPRUCE RD  
City RIVER HILLS State WI Zip Code 53217-1131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 06 / 29 / 2015  
Transaction ID : SA11.77556  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MICHAEL CONNOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9360 NORTH SPRUCE RD  
City RIVER HILLS State WI Zip Code 53217-1131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 04 / 2015  
Transaction ID : SA11.79408  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MICHAEL CONNOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9360 NORTH SPRUCE RD  
City RIVER HILLS State WI Zip Code 53217-1131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 10 / 2015  
Transaction ID : SA11.80679  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00  
**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 121 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL CONNOR**  
Mailing Address 9360 NORTH SPRUCE RD  
City RIVER HILLS State WI Zip Code 53217-1131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 26 / 2015**  
**Transaction ID : SA11.82253**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ELSA COX**  
Mailing Address 5174 ALAMOSA PARK DRIVE  
City OCEANSIDE State CA Zip Code 92057-6304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE - RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 07 / 2015**  
**Transaction ID : SA11.55779**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ELSA COX**  
Mailing Address 5174 ALAMOSA PARK DRIVE  
City OCEANSIDE State CA Zip Code 92057-6304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE - RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 25 / 2015**  
**Transaction ID : SA11.56981**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**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 122 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ELSA COX**

Mailing Address 5174 ALAMOSA PARK DRIVE

City State Zip Code  
OCEANSIDE CA 92057-6304

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

Name of Employer Occupation  
NONE - RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61669**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5174 ALAMOSA PARK DRIVE

City State Zip Code  
OCEANSIDE CA 92057-6304

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

Name of Employer Occupation  
NONE - RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.61857**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5174 ALAMOSA PARK DRIVE

City State Zip Code  
OCEANSIDE CA 92057-6304

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

Name of Employer Occupation  
NONE - RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2015  
**Transaction ID : SA11.77206**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 123 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELSA COX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5174 ALAMOSA PARK DRIVE

City OCEANSIDE	State CA	Zip Code 92057-6304
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE - RETIRED	Occupation RETIRED
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77507**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ELSA COX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5174 ALAMOSA PARK DRIVE

City OCEANSIDE	State CA	Zip Code 92057-6304
-------------------	-------------	------------------------

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

Name of Employer NONE - RETIRED	Occupation RETIRED
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78832**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ELSA COX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5174 ALAMOSA PARK DRIVE

City OCEANSIDE	State CA	Zip Code 92057-6304
-------------------	-------------	------------------------

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

Name of Employer NONE - RETIRED	Occupation RETIRED
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83207**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 124 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELSA COX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5174 ALAMOSA PARK DRIVE

City OCEANSIDE	State CA	Zip Code 92057-6304
-------------------	-------------	------------------------

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

Name of Employer NONE - RETIRED	Occupation RETIRED
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.85621**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.54910**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : SA11.56732**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> 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 125 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.56829**

Amount of Each Receipt this Period

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.57160**

Amount of Each Receipt this Period

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.57421**

Amount of Each Receipt this Period

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

**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: (check only one)	PAGE 126 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. FRANK COYNE</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2015 <b>Transaction ID : SA11.57446</b>
Mailing Address 41 GORWIN DRIVE		Amount of Each Receipt this Period 960.00
City HANSON	State MA	Zip Code 02341-1309
FEC ID number of contributing federal political committee. C	Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
		CONTRIBUTION NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. FRANK COYNE</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2015 <b>Transaction ID : SA11.58604</b>
Mailing Address 41 GORWIN DRIVE		Amount of Each Receipt this Period 25.00
City HANSON	State MA	Zip Code 02341-1309
FEC ID number of contributing federal political committee. C	Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
		CONTRIBUTION NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. FRANK COYNE</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.58927</b>
Mailing Address 41 GORWIN DRIVE		Amount of Each Receipt this Period 25.00
City HANSON	State MA	Zip Code 02341-1309
FEC ID number of contributing federal political committee. C	Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
		CONTRIBUTION NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 127 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.59273**

Amount of Each Receipt this Period  

960.00
--------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

**Transaction ID : SA11.61840**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2015

**Transaction ID : SA11.61973**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 128 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : SA11.65381**

Amount of Each Receipt this Period  

960.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11.72113**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : SA11.74057**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 129 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

**Transaction ID : SA11.80242**

Amount of Each Receipt this Period  

960.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

**Transaction ID : SA11.81027**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.81320**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 130 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.82970**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

**Transaction ID : SA11.84878**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANK COYNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 GORWIN DRIVE

City HANSON	State MA	Zip Code 02341-1309
----------------	-------------	------------------------

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

Name of Employer SHAW'S SUPERMARKETS	Occupation GROCERY CLERK
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.85624**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 131 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JENNY CRAIG**  
 Mailing Address 11601 WILSHIRE BLVD  
 City State Zip Code  
 LOS ANGELES CA 90025-0509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83653**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MONTE CRAIG**  
 Mailing Address 59 WARRINGTON CT  
 City State Zip Code  
 LAKE BLUFF IL 60044-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2015  
**Transaction ID : SA11.54159**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MONTE CRAIG**  
 Mailing Address 59 WARRINGTON CT  
 City State Zip Code  
 LAKE BLUFF IL 60044-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : SA11.81754**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 1050.00  
**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: (check only one)	PAGE 132 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALBERT CREWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 444 S WATERWAY DR

City SATELLITE BEACH	State FL	Zip Code 32937-3834
-------------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.64895**

Amount of Each Receipt this Period  

250.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALBERT CREWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 444 S WATERWAY DR

City SATELLITE BEACH	State FL	Zip Code 32937-3834
-------------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74358**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALBERT CREWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 444 S WATERWAY DR

City SATELLITE BEACH	State FL	Zip Code 32937-3834
-------------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.79064**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 133 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN CREWS**

Mailing Address 35433 ASHMORE DRIVE

City EUSTIS State FL Zip Code 32736-9031

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

Name of Employer US ARMY Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : SA11.78235**

Amount of Each Receipt this Period **5.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 170D EAST MAIN ST. PMB 280

City HENDERSONVILLE State TN Zip Code 37075-3952

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

Name of Employer PARTNER OWNER OF APPALACHIAN PIPELINE Occupation PIPELINE CONTRACTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 16 / 2015**

**Transaction ID : SA11.81340**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2145 RIVER FALLS DR

City ROSWELL State GA Zip Code 30076-5122

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

Name of Employer RETIRED Occupation DENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **02 / 04 / 2015**

**Transaction ID : SA11.54930**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **305.00**

**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: (check only one)	PAGE 134 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RODDIE CROUCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2145 RIVER FALLS DR  
City ROSWELL State GA Zip Code 30076-5122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation DENTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.78248**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RODDIE CROUCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2145 RIVER FALLS DR  
City ROSWELL State GA Zip Code 30076-5122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation DENTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.79072**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RODDIE CROUCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2145 RIVER FALLS DR  
City ROSWELL State GA Zip Code 30076-5122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation DENTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83584**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: (check only one)	PAGE 135 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RODDIE CROUCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2145 RIVER FALLS DR  
City ROSWELL State GA Zip Code 30076-5122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation DENTIST  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 01 / 2015**  
**Transaction ID : SA11.85237**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. HENRY CUBBERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 119 POINSETTIA DR  
City LEESBURG State FL Zip Code 34788-2629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ----- Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 07 / 2015**  
**Transaction ID : SA11.57909**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. HENRY CUBBERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 119 POINSETTIA DR  
City LEESBURG State FL Zip Code 34788-2629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ----- Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 06 / 2015**  
**Transaction ID : SA11.61318**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**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 136 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. HENRY CUBBERLY**  
 Mailing Address 119 POINSETTIA DR  
 City State Zip Code  
 LEESBURG FL 34788-2629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ----- RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11.61702**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MIKE CURTIS**  
 Mailing Address 761 FAIR OAKS DRIVE  
 City State Zip Code  
 ALAMO CA 94507-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.54426**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MIKE CURTIS**  
 Mailing Address 761 FAIR OAKS DRIVE  
 City State Zip Code  
 ALAMO CA 94507-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11.60065**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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: (check only one)	PAGE 137 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MIKE CURTIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 761 FAIR OAKS DRIVE

City ALAMO	State CA	Zip Code 94507-1457
---------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83423**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MIKE CURTIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 761 FAIR OAKS DRIVE

City ALAMO	State CA	Zip Code 94507-1457
---------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83443**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MIKE CURTIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 761 FAIR OAKS DRIVE

City ALAMO	State CA	Zip Code 94507-1457
---------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.85640**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 138 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD DAUM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4032 CAMP SHORE DRIVE  
City SEBRING State FL Zip Code 33875-6255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDIOLOGIST Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.83647  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WARREN DAVIDSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6363 CHRISTIE AVE #1016  
City EMERYVILLE State CA Zip Code 94608-1920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation DENTIST  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 02 / 05 / 2015  
Transaction ID : SA11.55554  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WARREN DAVIDSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6363 CHRISTIE AVE #1016  
City EMERYVILLE State CA Zip Code 94608-1920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation DENTIST  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 01 / 28 / 2015  
Transaction ID : SA11.59908  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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 139 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BECKY DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19827 CYPRESS CHURCH RD.  
 City CYPRESS State TX Zip Code 77433-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79058**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GLYN DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4604 GARDINER DR  
 City COLUMBUS State GA Zip Code 31907-3440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED IRS Occupation SECRETARY RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.54492**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GLYN DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4604 GARDINER DR  
 City COLUMBUS State GA Zip Code 31907-3440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED IRS Occupation SECRETARY RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57485**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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: (check only one)	PAGE 140 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GLYN DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 GARDINER DR

City COLUMBUS	State GA	Zip Code 31907-3440
------------------	-------------	------------------------

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

Name of Employer RETIRED IRS	Occupation SECRETARY RETIRED
---------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.59998**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
20.00							

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GLYN DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 GARDINER DR

City COLUMBUS	State GA	Zip Code 31907-3440
------------------	-------------	------------------------

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

Name of Employer RETIRED IRS	Occupation SECRETARY RETIRED
---------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SA11.62490**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
10.00							

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GLYN DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 GARDINER DR

City COLUMBUS	State GA	Zip Code 31907-3440
------------------	-------------	------------------------

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

Name of Employer RETIRED IRS	Occupation SECRETARY RETIRED
---------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

**Transaction ID : SA11.63073**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
10.00							

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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: (check only one)	PAGE 141 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GLYN DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 GARDINER DR  
City COLUMBUS State GA Zip Code 31907-3440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED IRS Occupation SECRETARY RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA11.64332**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GLYN DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 GARDINER DR  
City COLUMBUS State GA Zip Code 31907-3440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED IRS Occupation SECRETARY RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 06 / 29 / 2015  
**Transaction ID : SA11.77383**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GLYN DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 GARDINER DR  
City COLUMBUS State GA Zip Code 31907-3440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED IRS Occupation SECRETARY RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.78833**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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: (check only one)	PAGE 142 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. GLYN DAVIS</b>		Date of Receipt
Mailing Address 4604 GARDINER DR		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
COLUMBUS	GA	31907-3440
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.81653</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer		CONTRIBUTION
RETIRE IRS	Occupation	
	SECRETARY RETIRED	
Receipt For:		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="265.00"/>	

Full Name (Last, First, Middle Initial) <b>B. GLYN DAVIS</b>		Date of Receipt
Mailing Address 4604 GARDINER DR		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
COLUMBUS	GA	31907-3440
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.82922</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer		CONTRIBUTION
RETIRE IRS	Occupation	
	SECRETARY RETIRED	
Receipt For:		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="265.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GLYN DAVIS</b>		Date of Receipt
Mailing Address 4604 GARDINER DR		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
COLUMBUS	GA	31907-3440
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.85653</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer		CONTRIBUTION
RETIRE IRS	Occupation	
	SECRETARY RETIRED	
Receipt For:		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="265.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MAE DAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 157

City FULTON	State TX	Zip Code 78358-0157
----------------	-------------	------------------------

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

Name of Employer THE BAG LADY	Occupation GARBAGE SERVICE
----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2015

**Transaction ID : SA11.54114**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. MAE DAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 157

City FULTON	State TX	Zip Code 78358-0157
----------------	-------------	------------------------

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

Name of Employer THE BAG LADY	Occupation GARBAGE SERVICE
----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2015

**Transaction ID : SA11.59536**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. MAE DAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 157

City FULTON	State TX	Zip Code 78358-0157
----------------	-------------	------------------------

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

Name of Employer THE BAG LADY	Occupation GARBAGE SERVICE
----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.63317**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 144 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MAE DAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 157

City FULTON	State TX	Zip Code 78358-0157
FEC ID number of contributing federal political committee. C		
Name of Employer THE BAG LADY	Occupation GARBAGE SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : SA11.65478**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MAE DAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 157

City FULTON	State TX	Zip Code 78358-0157
FEC ID number of contributing federal political committee. C		
Name of Employer THE BAG LADY	Occupation GARBAGE SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2015  
**Transaction ID : SA11.79521**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MAE DAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 157

City FULTON	State TX	Zip Code 78358-0157
FEC ID number of contributing federal political committee. C		
Name of Employer THE BAG LADY	Occupation GARBAGE SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2015  
**Transaction ID : SA11.85655**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 145 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PHILIP M DEANS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5122 COLONIAL DRIVE

City PEARLAND State TX Zip Code 77584-7077

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT CIVIL/SPACE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015

**Transaction ID : SA11.84421**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 8610

City JACKSON State WY Zip Code 83002-8610

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015

**Transaction ID : SA11.74382**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6 SANDWEDGE DR./

City HENDERSON State NV Zip Code 89074-1708

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015

**Transaction ID : SA11.54428**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<b>TOTAL</b> 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: (check only one)	PAGE 146 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ARTHUR J. DELUCA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 SANDWEDGE DR./

City HENDERSON State NV Zip Code 89074-1708

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11.55055**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6 SANDWEDGE DR./

City HENDERSON State NV Zip Code 89074-1708

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : SA11.55975**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6 SANDWEDGE DR./

City HENDERSON State NV Zip Code 89074-1708

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11.63998**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 147 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ARTHUR J. DELUCA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 SANDWEDGE DR./

City HENDERSON State NV Zip Code 89074-1708

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2015

**Transaction ID : SA11.76430**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 80 EAST MORRIS ST

City PHILADELPHIA State PA Zip Code 19148-1411

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

Name of Employer CCT Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015

**Transaction ID : SA11.54447**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 80 EAST MORRIS ST

City PHILADELPHIA State PA Zip Code 19148-1411

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

Name of Employer CCT Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.59025**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<b>TOTAL</b> 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: (check only one)	PAGE 148 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT DEMPSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 EAST MORRIS ST

City PHILADELPHIA State PA Zip Code 19148-1411

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

Name of Employer CCT Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
03 / 06 / 2015  
Transaction ID : SA11.63613

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2020 PERSIMMON HILL LN

City LAMPE State MO Zip Code 65681-7395

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 28 / 2015  
Transaction ID : SA11.54442

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 39 BITLER ROAD

City MILLVILLE State PA Zip Code 17846-9265

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 05 / 2015  
Transaction ID : SA11.85671

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 149 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOYCE DILL**  
 Mailing Address 3725 WEST CENTER ST  
 City State Zip Code  
 CINCINNATI OH 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11.55708**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOYCE DILL**  
 Mailing Address 3725 WEST CENTER ST  
 City State Zip Code  
 CINCINNATI OH 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.56243**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOYCE DILL**  
 Mailing Address 3725 WEST CENTER ST  
 City State Zip Code  
 CINCINNATI OH 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60514**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: (check only one)	PAGE 150 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOYCE DILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3725 WEST CENTER ST

City CINCINNATI	State OH	Zip Code 45227-4446
--------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SA11.62518**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOYCE DILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3725 WEST CENTER ST

City CINCINNATI	State OH	Zip Code 45227-4446
--------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11.72141**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOYCE DILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3725 WEST CENTER ST

City CINCINNATI	State OH	Zip Code 45227-4446
--------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : SA11.76588**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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: (check only one)	PAGE 151 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. JOYCE DILL</b>		Date of Receipt
Mailing Address 3725 WEST CENTER ST		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
CINCINNATI	OH	45227-4446
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.81328</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	CONTRIBUTION
N/A	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1950.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOYCE DILL</b>		Date of Receipt
Mailing Address 3725 WEST CENTER ST		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
CINCINNATI	OH	45227-4446
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.81623</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	CONTRIBUTION
N/A	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1950.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOYCE DILL</b>		Date of Receipt
Mailing Address 3725 WEST CENTER ST		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
CINCINNATI	OH	45227-4446
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.81967</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	CONTRIBUTION
N/A	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1950.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 152 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOYCE DILL**  
 Mailing Address 3725 WEST CENTER ST  
 City State Zip Code  
 CINCINNATI OH 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83640**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOYCE DILL**  
 Mailing Address 3725 WEST CENTER ST  
 City State Zip Code  
 CINCINNATI OH 45227-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11.85034**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARVIN DINVILLE**  
 Mailing Address 12326 44TH ST  
 City State Zip Code  
 CLEAR LAKE MN 55319-9208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XCEL ENERGY POWER PLANT WORKER  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : SA11.65518**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.00  
**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: (check only one)	PAGE 153 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 05 / 06 / 2015  
**Transaction ID : SA11.72143**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 05 / 16 / 2015  
**Transaction ID : SA11.74185**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : SA11.75766**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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: (check only one)	PAGE 154 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 06 / 06 / 2015  
**Transaction ID : SA11.76371**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 06 / 13 / 2015  
**Transaction ID : SA11.76629**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 06 / 16 / 2015  
**Transaction ID : SA11.76971**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 155 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 06 / 29 / 2015  
Transaction ID : SA11.77606  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEAN D. DIXON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1120 E. MISSION RD.  
City FALLBROOK State CA Zip Code 92028-2230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt 04 / 29 / 2015  
Transaction ID : SA11.85011  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BUDDY K DODSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 248  
City DADEVILLE State MO Zip Code 65635-0248  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAN Occupation UNEMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 04 / 2015  
Transaction ID : SA11.85325  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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: (check only one)	PAGE 156 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DRUSCILLA DOEHRMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2165  
 City NAPLES State FL Zip Code 34106-2165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5250.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : SA11.79094**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PHYLLIS DORRICOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26710 BIRCH HILL WAY  
 City LOS ALTOS HILLS State CA Zip Code 94022-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NO ONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 13 / 2015**  
**Transaction ID : SA11.81088**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROSALIE DUNHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2015**  
**Transaction ID : SA11.54406**  
 Amount of Each Receipt this Period **25.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5275.00</b>
<b>TOTAL</b> 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

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(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROSALIE DUNHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : SA11.54655**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROSALIE DUNHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.55146**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROSALIE DUNHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.56295**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 100.00  
**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 158 OF 705  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROSALIE DUNHAM**  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58151**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROSALIE DUNHAM**  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 19 / 2015  
**Transaction ID : SA11.65166**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ROSALIE DUNHAM**  
 Mailing Address 6821 SADDLETREE TRAIL  
 City PLANO State TX Zip Code 75023-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED 25YRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 27 / 2015  
**Transaction ID : SA11.75584**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  100.00  
**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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROSALIE DUNHAM**  
 Mailing Address **6821 SADDLETREE TRAIL**  
 City State Zip Code  
**PLANO TX 75023-1349**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NONE RETIRED 25YRS.**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**05 / 05 / 2015**  
**Transaction ID : SA11.85705**  
 Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. KENNETH DUNIPACE**  
 Mailing Address **5462 SPINDLE TREE ROAD**  
 City State Zip Code  
**INDIANAPOLIS IN 46268-3936**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NONE RETIRED**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**01 / 28 / 2015**  
**Transaction ID : SA11.54340**  
 Amount of Each Receipt this Period  
**10.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. KENNETH DUNIPACE**  
 Mailing Address **5462 SPINDLE TREE ROAD**  
 City State Zip Code  
**INDIANAPOLIS IN 46268-3936**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NONE RETIRED**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**03 / 09 / 2015**  
**Transaction ID : SA11.58059**  
 Amount of Each Receipt this Period  
**10.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. KENNETH DUNIPACE**

Mailing Address 5462 SPINDLE TREE ROAD

City State Zip Code  
INDIANAPOLIS IN 46268-3936

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 20 / 2015  
**Transaction ID : SA11.62447**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5462 SPINDLE TREE ROAD

City State Zip Code  
INDIANAPOLIS IN 46268-3936

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 10 / 2015  
**Transaction ID : SA11.80651**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 13726 HAWKSNEST BAY DR

City State Zip Code  
CORPUS CHRISTI TX 78418-6332

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

Name of Employer Occupation  
SELF EMPLOYED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 22 / 2015  
**Transaction ID : SA11.75333**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 110.00

**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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARBARA Q. DURDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46-411 HULUPALA PLACE  
 City KANEEOHE State HI Zip Code 96744-4232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER RETIRED SCHOOL TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.57815**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BARBARA Q. DURDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46-411 HULUPALA PLACE  
 City KANEEOHE State HI Zip Code 96744-4232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER RETIRED SCHOOL TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : SA11.77496**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BARBARA Q. DURDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46-411 HULUPALA PLACE  
 City KANEEOHE State HI Zip Code 96744-4232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER RETIRED SCHOOL TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79975**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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: (check only one)	PAGE 162 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARBARA Q. DURDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46-411 HULUPALA PLACE

City KANEEOHE	State HI	Zip Code 96744-4232
------------------	-------------	------------------------

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

Name of Employer HOMEMAKER	Occupation RETIRED SCHOOL TEACHER
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84417**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. TYLER DURHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1404 AUBURN RD

City NOTASULGA	State AL	Zip Code 36866-2227
-------------------	-------------	------------------------

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

Name of Employer BENNYWHITEHEAD INC.	Occupation TRUCK DRIVER
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

**Transaction ID : SA11.85215**

Amount of Each Receipt this Period  

250.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. TYLER DURHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1404 AUBURN RD

City NOTASULGA	State AL	Zip Code 36866-2227
-------------------	-------------	------------------------

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

Name of Employer BENNYWHITEHEAD INC.	Occupation TRUCK DRIVER
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

**Transaction ID : SA11.85216**

Amount of Each Receipt this Period  

250.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 163 OF 705  
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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. STEPHEN DVORCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2559 MOONLIGHT VALLEY AVE.  
 City HENDERSON State NV Zip Code 89044-1524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation OPERATIONS RESEARCH ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 20 / 2015  
**Transaction ID : SA11.77247**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. STEPHEN DVORCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2559 MOONLIGHT VALLEY AVE.  
 City HENDERSON State NV Zip Code 89044-1524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation OPERATIONS RESEARCH ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83632**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. STEPHEN DVORCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2559 MOONLIGHT VALLEY AVE.  
 City HENDERSON State NV Zip Code 89044-1524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation OPERATIONS RESEARCH ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.85710**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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: (check only one)	PAGE 164 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN EATON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3725 S. POPLAR ST.  
City DENVER State CO Zip Code 80237-1331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1405.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : SA11.57116  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN EATON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3725 S. POPLAR ST.  
City DENVER State CO Zip Code 80237-1331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1405.00

Date of Receipt 03 / 09 / 2015  
Transaction ID : SA11.58158  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN EATON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3725 S. POPLAR ST.  
City DENVER State CO Zip Code 80237-1331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1405.00

Date of Receipt 03 / 13 / 2015  
Transaction ID : SA11.58524  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 165 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN EATON**

Mailing Address 3725 S. POPLAR ST.

City State Zip Code  
DENVER CO 80237-1331

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 28 / 2015  
**Transaction ID : SA11.59906**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3725 S. POPLAR ST.

City State Zip Code  
DENVER CO 80237-1331

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61540**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3725 S. POPLAR ST.

City State Zip Code  
DENVER CO 80237-1331

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 16 / 2015  
**Transaction ID : SA11.61939**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 166 OF 705  
 (check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN EATON**

Mailing Address 3725 S. POPLAR ST.

City	State	Zip Code
DENVER	CO	80237-1331

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.64896**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3725 S. POPLAR ST.

City	State	Zip Code
DENVER	CO	80237-1331

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2015

**Transaction ID : SA11.79375**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3725 S. POPLAR ST.

City	State	Zip Code
DENVER	CO	80237-1331

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2015

**Transaction ID : SA11.80703**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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: (check only one)	PAGE 167 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN EATON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3725 S. POPLAR ST.

City DENVER State CO Zip Code 80237-1331

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2015

Transaction ID : SA11.81929

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3725 S. POPLAR ST.

City DENVER State CO Zip Code 80237-1331

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015

Transaction ID : SA11.84181

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3725 S. POPLAR ST.

City DENVER State CO Zip Code 80237-1331

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

Transaction ID : SA11.85716

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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: (check only one)	PAGE 168 OF 705
<input 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 checked="" type="checkbox"/> 17

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)  
**Stop Hillary PAC**

**A. RUTH ECKERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 ATWOODAVE.  
City MADISON State WI Zip Code 53714-2887  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TEACHER Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 28 / 2015**  
**Transaction ID : SA11.54416**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RUTH ECKERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 ATWOODAVE.  
City MADISON State WI Zip Code 53714-2887  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TEACHER Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 02 / 2015**  
**Transaction ID : SA11.54605**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RUTH ECKERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 ATWOODAVE.  
City MADISON State WI Zip Code 53714-2887  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TEACHER Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 05 / 2015**  
**Transaction ID : SA11.57513**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**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 169 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RUTH ECKERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3528 ATWOODAVE.  
 City MADISON State WI Zip Code 53714-2887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEACHER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61514**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RUTH ECKERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3528 ATWOODAVE.  
 City MADISON State WI Zip Code 53714-2887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEACHER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11.62942**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RUTH ECKERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3528 ATWOODAVE.  
 City MADISON State WI Zip Code 53714-2887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEACHER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64600**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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: (check only one)	PAGE 170 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RUTH ECKERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 ATWOODAVE.  
City MADISON State WI Zip Code 53714-2887  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TEACHER Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.65131**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RUTH ECKERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 ATWOODAVE.  
City MADISON State WI Zip Code 53714-2887  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TEACHER Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.75586**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RUTH ECKERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 ATWOODAVE.  
City MADISON State WI Zip Code 53714-2887  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TEACHER Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2015  
**Transaction ID : SA11.75662**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 171 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RUTH ECKERMAN**  
 Mailing Address 3528 ATWOODAVE.  
 City MADISON State WI Zip Code 53714-2887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEACHER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 15 / 2015  
**Transaction ID : SA11.81171**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RUTH ECKERMAN**  
 Mailing Address 3528 ATWOODAVE.  
 City MADISON State WI Zip Code 53714-2887  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEACHER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83300**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DAVID EGAN**  
 Mailing Address 10 CYPRESS AVENUE  
 City KENTFIELD State CA Zip Code 94904-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLDWELL BANKER Occupation REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.60413**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 172 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID EGAN**

Mailing Address 10 CYPRESS AVENUE

City State Zip Code  
KENTFIELD CA 94904-1018

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

Name of Employer Occupation  
COLDWELL BANKER REAL ESTATE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015  
**Transaction ID : SA11.76873**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 18222 REDWOOD AVE.

City State Zip Code  
LATHRUP VILLAGE MI 48076-7005

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : SA11.83575**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2400 GLACIER DRIVE

City State Zip Code  
PAPILLION NE 68046-3255

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

Name of Employer Occupation  
CMSGT RETIRED USAF CMSGT RETIRED USAF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015  
**Transaction ID : SA11.65180**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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: (check only one)	PAGE 173 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PERRY EISENHOWER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
-------------------	-------------	------------------------

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

Name of Employer CMSGT RETIRED USAF	Occupation CMSGT RETIRED USAF
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76330**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. PERRY EISENHOWER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
-------------------	-------------	------------------------

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

Name of Employer CMSGT RETIRED USAF	Occupation CMSGT RETIRED USAF
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.78280**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. PERRY EISENHOWER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 GLACIER DRIVE

City PAPILLION	State NE	Zip Code 68046-3255
-------------------	-------------	------------------------

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

Name of Employer CMSGT RETIRED USAF	Occupation CMSGT RETIRED USAF
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78985**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 174 OF 705
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 [X] 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. PERRY EISENHOWER
Full Name (Last, First, Middle Initial)
Mailing Address 2400 GLACIER DRIVE
City PAPHILLION State NE Zip Code 68046-3255
FEC ID number of contributing federal political committee. C
Name of Employer CMSGT RETIRED USAF Occupation CMSGT RETIRED USAF
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 360.00

Date of Receipt 04 / 28 / 2015
Transaction ID : SA11.84192
Amount of Each Receipt this Period 25.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

B. PERRY EISENHOWER
Full Name (Last, First, Middle Initial)
Mailing Address 2400 GLACIER DRIVE
City PAPHILLION State NE Zip Code 68046-3255
FEC ID number of contributing federal political committee. C
Name of Employer CMSGT RETIRED USAF Occupation CMSGT RETIRED USAF
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 360.00

Date of Receipt 05 / 05 / 2015
Transaction ID : SA11.85726
Amount of Each Receipt this Period 10.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

C. DONALD G ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 101 CASTLE GARDENS DR.
City CASTLE HILLS State TX Zip Code 78213-1856
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1825.00

Date of Receipt 03 / 30 / 2015
Transaction ID : SA11.59471
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

SUBTOTAL of Receipts This Page (optional) 135.00
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 175 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DONALD G ELLIOTT**

Mailing Address 101 CASTLE GARDENS DR.

City State Zip Code  
CASTLE HILLS TX 78213-1856

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1825.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 01 / 2015  
**Transaction ID : SA11.59512**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 101 CASTLE GARDENS DR.

City State Zip Code  
CASTLE HILLS TX 78213-1856

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1825.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 19 / 2015  
**Transaction ID : SA11.59571**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 101 CASTLE GARDENS DR.

City State Zip Code  
CASTLE HILLS TX 78213-1856

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1825.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84425**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  
 625.00

**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: (check only one)	PAGE 176 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ORVILLE G ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG	State FL	Zip Code 32068-3243
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.00

Date of Receipt  
03 / 14 / 2015  
Transaction ID : SA11.58626

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG	State FL	Zip Code 32068-3243
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.00

Date of Receipt  
03 / 15 / 2015  
Transaction ID : SA11.58689

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG	State FL	Zip Code 32068-3243
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.00

Date of Receipt  
03 / 16 / 2015  
Transaction ID : SA11.58856

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 177 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ORVILLE G ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG State FL Zip Code 32068-3243

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt 02 / 20 / 2015  
Transaction ID : SA11.62439

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG State FL Zip Code 32068-3243

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt 02 / 25 / 2015  
Transaction ID : SA11.62693

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG State FL Zip Code 32068-3243

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt 05 / 06 / 2015  
Transaction ID : SA11.72155

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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 178 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ORVILLE G ELLIOTT**

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG State FL Zip Code 32068-3243

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : SA11.77132**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG State FL Zip Code 32068-3243

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81619**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4421 SADDLEHORN TRAIL

City MIDDLEBURG State FL Zip Code 32068-3243

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84163**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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: (check only one)	PAGE 179 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KATHY EMERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7893 STYLUS DRIVE

City SAN DIEGO State CA Zip Code 92108-2620

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

Name of Employer UNEMPLOYED Occupation ESCROW OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.59537**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 7893 STYLUS DRIVE

City SAN DIEGO State CA Zip Code 92108-2620

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

Name of Employer UNEMPLOYED Occupation ESCROW OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.60091**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 7893 STYLUS DRIVE

City SAN DIEGO State CA Zip Code 92108-2620

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

Name of Employer UNEMPLOYED Occupation ESCROW OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.60931**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 180 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KATHY EMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7893 STYLUS DRIVE  
 City SAN DIEGO State CA Zip Code 92108-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNEMPLOYED Occupation ESCROW OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63360**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KATHY EMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7893 STYLUS DRIVE  
 City SAN DIEGO State CA Zip Code 92108-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNEMPLOYED Occupation ESCROW OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79558**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KATHY EMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7893 STYLUS DRIVE  
 City SAN DIEGO State CA Zip Code 92108-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNEMPLOYED Occupation ESCROW OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.82797**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 181 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KATHY EMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7893 STYLUS DRIVE  
 City SAN DIEGO State CA Zip Code 92108-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNEMPLOYED Occupation ESCROW OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.85737**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN ENEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAS U.S. NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.54752**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN ENEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAS U.S. NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.56791**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 182 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN ENEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

Name of Employer WAS U.S. NAVY	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.57698**

Amount of Each Receipt this Period  

10.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN ENEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

Name of Employer WAS U.S. NAVY	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2015

**Transaction ID : SA11.57974**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN ENEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

Name of Employer WAS U.S. NAVY	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : SA11.59642**

Amount of Each Receipt this Period  

10.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 183 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. JOHN ENEY</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 <b>Transaction ID : SA11.59770</b>
Mailing Address 12116 DOUBLE TREE LANE		Amount of Each Receipt this Period 10.00
City LUSBY	State MD	Zip Code 20657-3647
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION  NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer WAS U.S. NAVY	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN ENEY</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : SA11.61595</b>
Mailing Address 12116 DOUBLE TREE LANE		Amount of Each Receipt this Period 10.00
City LUSBY	State MD	Zip Code 20657-3647
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION  NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer WAS U.S. NAVY	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN ENEY</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : SA11.62023</b>
Mailing Address 12116 DOUBLE TREE LANE		Amount of Each Receipt this Period 10.00
City LUSBY	State MD	Zip Code 20657-3647
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION  NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer WAS U.S. NAVY	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 184 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN ENEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAS U.S. NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.76164**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN ENEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAS U.S. NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 06 / 2015  
**Transaction ID : SA11.79746**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN ENEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12116 DOUBLE TREE LANE  
 City LUSBY State MD Zip Code 20657-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAS U.S. NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : SA11.80829**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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 185 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN ENEY**

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

Name of Employer WAS U.S. NAVY	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 13 / 2015

**Transaction ID : SA11.80972**

Amount of Each Receipt this Period  
             
 275.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 12116 DOUBLE TREE LANE

City LUSBY	State MD	Zip Code 20657-3647
---------------	-------------	------------------------

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

Name of Employer WAS U.S. NAVY	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 05 / 2015

**Transaction ID : SA11.85740**

Amount of Each Receipt this Period  
             
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9872 MAIN STREET

City FAIRFAX	State VA	Zip Code 22031-3908
-----------------	-------------	------------------------

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

Name of Employer THE SETTLEMENT OFFICE, INC.	Occupation TITLE INSURANCE AGENT
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 06 / 2015

**Transaction ID : SA11.63620**

Amount of Each Receipt this Period  
             
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GERALDINE EVANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7471 MUCHMORE CLOSE

City	State	Zip Code
CINCINNATI	OH	45243-4149

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.59899**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. GERALDINE EVANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7471 MUCHMORE CLOSE

City	State	Zip Code
CINCINNATI	OH	45243-4149

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.61000**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. GERALDINE EVANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7471 MUCHMORE CLOSE

City	State	Zip Code
CINCINNATI	OH	45243-4149

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	26	/	2015

**Transaction ID : SA11.82221**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 187 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID FAFARMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4330 JANA VISTA RD  
City EL SOBRANTE State CA Zip Code 94803-3018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RET.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.55088**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAVID FAFARMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4330 JANA VISTA RD  
City EL SOBRANTE State CA Zip Code 94803-3018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RET.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt 02 / 15 / 2015  
**Transaction ID : SA11.56180**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAVID FAFARMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4330 JANA VISTA RD  
City EL SOBRANTE State CA Zip Code 94803-3018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RET.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.57429**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 188 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID FAFARMAN**

Mailing Address 4330 JANA VISTA RD

City State Zip Code  
EL SOBRANTE CA 94803-3018

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

Name of Employer Occupation  
NONE RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 22 / 2015  
**Transaction ID : SA11.59342**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4330 JANA VISTA RD

City State Zip Code  
EL SOBRANTE CA 94803-3018

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

Name of Employer Occupation  
NONE RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61633**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4330 JANA VISTA RD

City State Zip Code  
EL SOBRANTE CA 94803-3018

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

Name of Employer Occupation  
NONE RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 25 / 2015  
**Transaction ID : SA11.62672**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 40.00

**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: (check only one)	PAGE 189 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID FAFARMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4330 JANA VISTA RD  
City EL SOBRANTE State CA Zip Code 94803-3018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RET.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.63928**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAVID FAFARMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4330 JANA VISTA RD  
City EL SOBRANTE State CA Zip Code 94803-3018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RET.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.65289**  
Amount of Each Receipt this Period 18.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAVID FAFARMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4330 JANA VISTA RD  
City EL SOBRANTE State CA Zip Code 94803-3018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RET.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.65429**  
Amount of Each Receipt this Period 18.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.00  
**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 190 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID FAFARMAN**

Mailing Address 4330 JANA VISTA RD

City State Zip Code  
EL SOBRANTE CA 94803-3018

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

Name of Employer Occupation  
NONE RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 23 / 2015  
**Transaction ID : SA11.75475**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4330 JANA VISTA RD

City State Zip Code  
EL SOBRANTE CA 94803-3018

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

Name of Employer Occupation  
NONE RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 13 / 2015  
**Transaction ID : SA11.81009**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4330 JANA VISTA RD

City State Zip Code  
EL SOBRANTE CA 94803-3018

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

Name of Employer Occupation  
NONE RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 25 / 2015  
**Transaction ID : SA11.81899**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 55.00

**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: (check only one)	PAGE 191 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. SALLYANN FAMA</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : SA11.56346</b>
Mailing Address 1361 EAST 56TH STREET		Amount of Each Receipt this Period 50.00
City CHICAGO	State IL	Zip Code 60637-1754
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. SALLYANN FAMA</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : SA11.61721</b>
Mailing Address 1361 EAST 56TH STREET		Amount of Each Receipt this Period 25.00
City CHICAGO	State IL	Zip Code 60637-1754
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. SALLYANN FAMA</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11.77971</b>
Mailing Address 1361 EAST 56TH STREET		Amount of Each Receipt this Period 25.00
City CHICAGO	State IL	Zip Code 60637-1754
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 192 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GLORIA FEAR**

Mailing Address 6899 KASSONTA DR

City State Zip Code  
JAMESVILLE NY 13078-9670

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**01 / 31 / 2015**  
Transaction ID : SA11.60074

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6899 KASSONTA DR

City State Zip Code  
JAMESVILLE NY 13078-9670

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**03 / 22 / 2015**  
Transaction ID : SA11.65268

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6899 KASSONTA DR

City State Zip Code  
JAMESVILLE NY 13078-9670

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**04 / 03 / 2015**  
Transaction ID : SA11.79043

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

**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: (check only one)	PAGE 193 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GLORIA FEAR**

Mailing Address **6899 KASSONTA DR**

City <b>JAMESVILLE</b>	State <b>NY</b>	Zip Code <b>13078-9670</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83219**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **4432 STATE HIGHWAY 25 SE**

City <b>BUFFALO</b>	State <b>MN</b>	Zip Code <b>55313-8002</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>PRAIRIE RIVER HOME CARE INC</b>	Occupation <b>CEO</b>
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11.72169**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **4432 STATE HIGHWAY 25 SE**

City <b>BUFFALO</b>	State <b>MN</b>	Zip Code <b>55313-8002</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>PRAIRIE RIVER HOME CARE INC</b>	Occupation <b>CEO</b>
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

**Transaction ID : SA11.85064**

Amount of Each Receipt this Period  

250.00
--------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 194 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. H DUSTIN FILLMORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2712 MANORWOOD TRAIL

City FORT WORTH	State TX	Zip Code 76109-9589
--------------------	-------------	------------------------

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

Name of Employer N/A RETIRED	Occupation N/A RETIRED
---------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.59909**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. H DUSTIN FILLMORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2712 MANORWOOD TRAIL

City FORT WORTH	State TX	Zip Code 76109-9589
--------------------	-------------	------------------------

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

Name of Employer N/A RETIRED	Occupation N/A RETIRED
---------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60435**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. H DUSTIN FILLMORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2712 MANORWOOD TRAIL

City FORT WORTH	State TX	Zip Code 76109-9589
--------------------	-------------	------------------------

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

Name of Employer N/A RETIRED	Occupation N/A RETIRED
---------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83571**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 195 OF 705  
(check only one)  
11a 11b 11c 12  
13 14 15 16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PATRICIA FINCH**

Mailing Address **43 WOLF RIDGE DRIVE**

City State Zip Code  
**HOLLAND OH 43528-9467**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**475.00**

Date of Receipt  
**02 / 04 / 2015**

**Transaction ID : SA11.54858**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **43 WOLF RIDGE DRIVE**

City State Zip Code  
**HOLLAND OH 43528-9467**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**475.00**

Date of Receipt  
**03 / 16 / 2015**

**Transaction ID : SA11.59008**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **43 WOLF RIDGE DRIVE**

City State Zip Code  
**HOLLAND OH 43528-9467**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**475.00**

Date of Receipt  
**05 / 20 / 2015**

**Transaction ID : SA11.74418**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **175.00**

**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 196 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PATRICIA FINCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 WOLF RIDGE DRIVE  
 City HOLLAND State OH Zip Code 43528-9467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : SA11.76879**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PATRICIA FINCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 WOLF RIDGE DRIVE  
 City HOLLAND State OH Zip Code 43528-9467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : SA11.81084**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PATRICIA FINCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 WOLF RIDGE DRIVE  
 City HOLLAND State OH Zip Code 43528-9467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.85771**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 197 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DANIEL FINNANE**

Mailing Address 46300 AMETHYST DR

City State Zip Code  
INDIAN WELLS CA 92210-8611

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

Name of Employer Occupation  
NONE NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2015  
**Transaction ID : SA11.58017**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 46300 AMETHYST DR

City State Zip Code  
INDIAN WELLS CA 92210-8611

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

Name of Employer Occupation  
NONE NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2015  
**Transaction ID : SA11.74967**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 315 ROCK ST APT 1203  
1203

City State Zip Code  
LITTLE ROCK AR 72202-5528

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015  
**Transaction ID : SA11.57590**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00

**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: (check only one)	PAGE 198 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CYNTHIA KAY FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 ROCK ST APT 1203  
 1203  
 City LITTLE ROCK State AR Zip Code 72202-5528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : SA11.62827**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN FISKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 S PINE ISLAND RD  
 City PLANTATION State FL Zip Code 33324-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FISKE & COMPANY Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.59010**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN FISKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 S PINE ISLAND RD  
 City PLANTATION State FL Zip Code 33324-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FISKE & COMPANY Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.61077**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 199 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ALAN FISKE**

Mailing Address 1000 S PINE ISLAND RD

City PLANTATION State FL Zip Code 33324-3906

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

Name of Employer FISKE & COMPANY Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63371**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1000 S PINE ISLAND RD

City PLANTATION State FL Zip Code 33324-3906

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

Name of Employer FISKE & COMPANY Occupation CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83439**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 10961 ALTA VIEW DRIVE

City STUDIO CITY State CA Zip Code 91604-3904

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

Name of Employer SELF Occupation WRITER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2015  
**Transaction ID : SA11.74186**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 200 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JEAN FLEMING**

Mailing Address 10961 ALTA VIEW DRIVE

City State Zip Code  
STUDIO CITY CA 91604-3904

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

Name of Employer Occupation  
SELF WRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 12 / 2015  
**Transaction ID : SA11.80823**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 10961 ALTA VIEW DRIVE

City State Zip Code  
STUDIO CITY CA 91604-3904

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

Name of Employer Occupation  
SELF WRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 25 / 2015  
**Transaction ID : SA11.81762**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  
 5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 10961 ALTA VIEW DRIVE

City State Zip Code  
STUDIO CITY CA 91604-3904

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

Name of Employer Occupation  
SELF WRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 04 / 2015  
**Transaction ID : SA11.85328**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

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

.  .  .  .  .  .  
25.00

.  .  .  .  .  .



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 705						
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. MARILYN FLORO</b>	Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : SA11.55602</b>
Mailing Address 4176 ENGLISH HOLLY CIRCLE	Amount of Each Receipt this Period 50.00
City RICHMOND State VA Zip Code 23294-5933	CONTRIBUTION
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer RETIRED Occupation RETIRED USAF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. MARILYN FLORO</b>	Date of Receipt MM / DD / YYYY 02 / 17 / 2015 <b>Transaction ID : SA11.62196</b>
Mailing Address 4176 ENGLISH HOLLY CIRCLE	Amount of Each Receipt this Period 50.00
City RICHMOND State VA Zip Code 23294-5933	CONTRIBUTION
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer RETIRED Occupation RETIRED USAF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MARILYN FLORO</b>	Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : SA11.63969</b>
Mailing Address 4176 ENGLISH HOLLY CIRCLE	Amount of Each Receipt this Period 25.00
City RICHMOND State VA Zip Code 23294-5933	CONTRIBUTION
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer RETIRED Occupation RETIRED USAF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 202 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARILYN FLORO**  
Full Name (Last, First, Middle Initial)  
Marilyn Floro  
Mailing Address 4176 ENGLISH HOLLY CIRCLE  
City RICHMOND State VA Zip Code 23294-5933  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED USAF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 03 / 17 / 2015  
Transaction ID : SA11.65025  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARILYN FLORO**  
Full Name (Last, First, Middle Initial)  
Marilyn Floro  
Mailing Address 4176 ENGLISH HOLLY CIRCLE  
City RICHMOND State VA Zip Code 23294-5933  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED USAF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 05 / 06 / 2015  
Transaction ID : SA11.72175  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARILYN FLORO**  
Full Name (Last, First, Middle Initial)  
Marilyn Floro  
Mailing Address 4176 ENGLISH HOLLY CIRCLE  
City RICHMOND State VA Zip Code 23294-5933  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED USAF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 05 / 07 / 2015  
Transaction ID : SA11.72762  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... 125.00  
**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: (check only one)	PAGE 203 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARILYN FLORO**  
Full Name (Last, First, Middle Initial)  
Marilyn Floro  
Mailing Address 4176 ENGLISH HOLLY CIRCLE  
City RICHMOND State VA Zip Code 23294-5933  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED USAF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 05 / 20 / 2015  
Transaction ID : SA11.74420  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM THOMAS FLYNN**  
Full Name (Last, First, Middle Initial)  
William Thomas Flynn  
Mailing Address 55-05 WOODSIDE AVE.  
City WOODSIDE State NY Zip Code 11377-3361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation CABLE TV  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 02 / 04 / 2015  
Transaction ID : SA11.54985  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM THOMAS FLYNN**  
Full Name (Last, First, Middle Initial)  
William Thomas Flynn  
Mailing Address 55-05 WOODSIDE AVE.  
City WOODSIDE State NY Zip Code 11377-3361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation CABLE TV  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 03 / 27 / 2015  
Transaction ID : SA11.65382  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... 175.00  
**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: (check only one)	PAGE 204 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM THOMAS FLYNN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55-05 WOODSIDE AVE.  
City WOODSIDE State NY Zip Code 11377-3361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation CABLE TV  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 19 / 2015**  
**Transaction ID : SA11.65450**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM THOMAS FLYNN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55-05 WOODSIDE AVE.  
City WOODSIDE State NY Zip Code 11377-3361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation CABLE TV  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 27 / 2015**  
**Transaction ID : SA11.75588**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM THOMAS FLYNN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55-05 WOODSIDE AVE.  
City WOODSIDE State NY Zip Code 11377-3361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation CABLE TV  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : SA11.80303**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 205 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CARL FOSTER**

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.54540**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63564**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

**Transaction ID : SA11.74238**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 206 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CARL FOSTER**

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SA11.77348**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11.80601**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6970 N LEONARDO DA VINCI WAY

City TUCSON	State AZ	Zip Code 85704-3023
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83355**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 207 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ELEANOR FOX**

Mailing Address 13572 PINE VILLA LANE

City	State	Zip Code
FORT MYERS	FL	33912-1614

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.81341**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1550 BUTTONBUSH CIRCLE

City	State	Zip Code
PALM CITY	FL	34990-8082

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

Name of Employer	Occupation
WILLIAM BLAIR	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83637**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1550 BUTTONBUSH CIRCLE

City	State	Zip Code
PALM CITY	FL	34990-8082

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

Name of Employer	Occupation
WILLIAM BLAIR	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

**Transaction ID : SA11.85217**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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: (check only one)	PAGE 208 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARRY FRIEDBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 E 71ST ST

City THE NEW YORK State NY Zip Code 10021-5011

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

Name of Employer FRIEDBERGMILSTEIN Occupation FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2015

**Transaction ID : SA11.81970**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 30 PEDDRICK RD

City WAYNE State PA Zip Code 19087-5325

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

Name of Employer EASTERN UNIVERSITY Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : SA11.64025**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 30 PEDDRICK RD

City WAYNE State PA Zip Code 19087-5325

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

Name of Employer EASTERN UNIVERSITY Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11.64360**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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: (check only one)	PAGE 209 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GAY GAINES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 N. BREAKERS ROW  
City PALM BEACH State FL Zip Code 33480-4040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 20 / 2015**  
**Transaction ID : SA11.74436**  
Amount of Each Receipt this Period **500.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GAY GAINES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 N. BREAKERS ROW  
City PALM BEACH State FL Zip Code 33480-4040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **04 / 25 / 2015**  
**Transaction ID : SA11.81969**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KENNETH GAMBLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 HUGUENOT ST  
City NEW ROCHELLE State NY Zip Code 10801-7761  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation INSURANCE BROKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : SA11.74986**  
Amount of Each Receipt this Period **500.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 210 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN GASSER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5595 LAWTON AVE

City OAKLAND	State CA	Zip Code 94618-1508
-----------------	-------------	------------------------

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

Name of Employer ADOLPH GASSER INC	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54380**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											25.00

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. JOHN GASSER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5595 LAWTON AVE

City OAKLAND	State CA	Zip Code 94618-1508
-----------------	-------------	------------------------

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

Name of Employer ADOLPH GASSER INC	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54430**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											50.00

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. JOHN GASSER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5595 LAWTON AVE

City OAKLAND	State CA	Zip Code 94618-1508
-----------------	-------------	------------------------

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

Name of Employer ADOLPH GASSER INC	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : SA11.56720**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											10.00

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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: (check only one)	PAGE 211 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN GASSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.57801**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61460**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.65496**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00

**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: (check only one)	PAGE 212 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN GASSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11.72771**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : SA11.76933**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.78768**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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: (check only one)	PAGE 213 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN GASSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5595 LAWTON AVE

City OAKLAND State CA Zip Code 94618-1508

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

Name of Employer ADOLPH GASSER INC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81482**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6670 LAMBERT RANCH CROSSING

City SEDALIA State CO Zip Code 80135-8865

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

Name of Employer SELF Occupation SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : SA11.73053**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 6670 LAMBERT RANCH CROSSING

City SEDALIA State CO Zip Code 80135-8865

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

Name of Employer SELF Occupation SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76299**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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 214 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT GIERE**

Mailing Address 15805 PAUMA VALLEY DR

City PAUMA VALLEY State CA Zip Code 92061-1612

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

Name of Employer Occupation  
SELF RETIRED PERIODONTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2015  
**Transaction ID : SA11.54105**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 15805 PAUMA VALLEY DR

City PAUMA VALLEY State CA Zip Code 92061-1612

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

Name of Employer Occupation  
SELF RETIRED PERIODONTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : SA11.55365**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 15805 PAUMA VALLEY DR

City PAUMA VALLEY State CA Zip Code 92061-1612

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

Name of Employer Occupation  
SELF RETIRED PERIODONTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2015  
**Transaction ID : SA11.57464**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**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: (check only one)	PAGE 215 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT GIERE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15805 PAUMA VALLEY DR  
City PAUMA VALLEY State CA Zip Code 92061-1612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED PERIODONTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 02 / 2015  
Transaction ID : SA11.60143  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT GIERE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15805 PAUMA VALLEY DR  
City PAUMA VALLEY State CA Zip Code 92061-1612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED PERIODONTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 05 / 2015  
Transaction ID : SA11.76049  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT GIERE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15805 PAUMA VALLEY DR  
City PAUMA VALLEY State CA Zip Code 92061-1612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED PERIODONTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 05 / 2015  
Transaction ID : SA11.79444  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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: (check only one)	PAGE 216 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT GIERE**

Mailing Address 15805 PAUMA VALLEY DR

City PAUMA VALLEY State CA Zip Code 92061-1612

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

Name of Employer Occupation  
SELF RETIRED PERIODONTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **05 / 05 / 2015**

**Transaction ID : SA11.85835**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 7255 EAST BALDWIN RIAD

City GRAND BLANC State MI Zip Code 48439-9507

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

Name of Employer Occupation  
SELF RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 16 / 2015**

**Transaction ID : SA11.64920**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 318 S. BEACH RD.

City HOBE SOUND State FL Zip Code 33455-2605

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

Name of Employer Occupation  
RETIRED 80 YRS. OF AGE HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **02 / 16 / 2015**

**Transaction ID : SA11.65552**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **310.00**

**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: (check only one)	PAGE 217 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ANN GLENDINNING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S. BEACH RD.  
City HOBE SOUND State FL Zip Code 33455-2605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED 80 YRS. OF AGE Occupation HOUSEWIFE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 05 / 20 / 2015  
Transaction ID : SA11.74444  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ANN GLENDINNING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 318 S. BEACH RD.  
City HOBE SOUND State FL Zip Code 33455-2605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED 80 YRS. OF AGE Occupation HOUSEWIFE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 04 / 16 / 2015  
Transaction ID : SA11.81329  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CAROL GODSAVE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2131 ARDIS DRIVE  
City SAN JOSE State CA Zip Code 95125-2604  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 16 / 2015  
Transaction ID : SA11.59006  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... 250.00  
**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 218 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CAROL GODSAVE**  
 Mailing Address 2131 ARDIS DRIVE  
 City State Zip Code  
 SAN JOSE CA 95125-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81635**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARK GODSEY**  
 Mailing Address 3701 S ORANGE CIR  
 City State Zip Code  
 BROKEN ARROW OK 74011-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EAGLE RIVER ENERGY CORPORATION PRESIDENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74445**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ULYSSES GOODWYN**  
 Mailing Address 508 CARNOUSTIE  
 City State Zip Code  
 SHOAL CREEK AL 35242-5956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : SA11.56575**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00  
**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: (check only one)	PAGE 219 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELIZABETH GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 MORRISON LANE

City LAURINBURG State NC Zip Code 28352-4220

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11.83642**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 7132 FALLEN OAK TRACE

City CENTERVILLE State OH Zip Code 45459-4844

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

Name of Employer RETIRED Occupation PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA11.64199**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 7132 FALLEN OAK TRACE

City CENTERVILLE State OH Zip Code 45459-4844

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

Name of Employer RETIRED Occupation PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11.71001**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 220 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. JOHN GRAMANN</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : SA11.79816</b>
Mailing Address 7132 FALLEN OAK TRACE		Amount of Each Receipt this Period 25.00
City CENTERVILLE	State OH	Zip Code 45459-4844
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation PHARMACIST	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN GRAMANN</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 <b>Transaction ID : SA11.81178</b>
Mailing Address 7132 FALLEN OAK TRACE		Amount of Each Receipt this Period 25.00
City CENTERVILLE	State OH	Zip Code 45459-4844
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation PHARMACIST	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN GRAMANN</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 <b>Transaction ID : SA11.81708</b>
Mailing Address 7132 FALLEN OAK TRACE		Amount of Each Receipt this Period 25.00
City CENTERVILLE	State OH	Zip Code 45459-4844
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation PHARMACIST	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 221 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN GRAMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7132 FALLEN OAK TRACE

City State Zip Code  
CENTERVILLE OH 45459-4844

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

Name of Employer Occupation  
RETIRED PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
04 / 27 / 2015  
Transaction ID : SA11.83131

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 195 LARCH ROW

City State Zip Code  
WENHAM MA 01984-1608

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

Name of Employer Occupation  
SELF PORTRAIT ARTIST REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11.77704

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 195 LARCH ROW

City State Zip Code  
WENHAM MA 01984-1608

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

Name of Employer Occupation  
SELF PORTRAIT ARTIST REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
04 / 06 / 2015  
Transaction ID : SA11.79976

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00

**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: (check only one)	PAGE 222 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WINIFRED GRAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 195 LARCH ROW  
City WENHAM State MA Zip Code 01984-1608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PORTRAIT ARTIST REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.83568  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GEORGE GREEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7181 E CAMELBACK RD. STE 906  
City SCOTTSDALE State AZ Zip Code 85251-8214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ME Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 02 / 10 / 2015  
Transaction ID : SA11.56001  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GEORGE GREEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7181 E CAMELBACK RD. STE 906  
City SCOTTSDALE State AZ Zip Code 85251-8214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ME Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 01 / 28 / 2015  
Transaction ID : SA11.59745  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**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: (check only one)	PAGE 223 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GEORGE GREEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7181 E CAMELBACK RD. STE 906

City SCOTTSDALE	State AZ	Zip Code 85251-8214
--------------------	-------------	------------------------

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

Name of Employer ME	Occupation RETIRED
------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.61664**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
10.00											

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. GEORGE GREEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7181 E CAMELBACK RD. STE 906

City SCOTTSDALE	State AZ	Zip Code 85251-8214
--------------------	-------------	------------------------

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

Name of Employer ME	Occupation RETIRED
------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83427**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
50.00											

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. JEANNETTE GREEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 702 DORADO COURT

City BRANDON	State FL	Zip Code 33511-5860
-----------------	-------------	------------------------

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

Name of Employer NOT APPLICABLE	Occupation RETIRED
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.63996**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
25.00											

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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 224 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. FREDERICK GREGORY**

Mailing Address 83 COOK AVE

City State Zip Code  
YONKERS NY 10701-6339

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

Name of Employer Occupation  
US POSTAL SERVICE RETIRED MAILHANDLER RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : SA11.55387**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 83 COOK AVE

City State Zip Code  
YONKERS NY 10701-6339

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

Name of Employer Occupation  
US POSTAL SERVICE RETIRED MAILHANDLER RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2015  
**Transaction ID : SA11.57531**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 83 COOK AVE

City State Zip Code  
YONKERS NY 10701-6339

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

Name of Employer Occupation  
US POSTAL SERVICE RETIRED MAILHANDLER RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : SA11.61054**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 55.00

**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 225 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SALLY GRELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 PUGET ST NE  
 City OLYMPIA State WA Zip Code 98506-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation 30 YR RETIRED HUMAN RESOURCES/20 SM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11.73503**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SALLY GRELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 PUGET ST NE  
 City OLYMPIA State WA Zip Code 98506-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation 30 YR RETIRED HUMAN RESOURCES/20 SM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.74998**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SALLY GRELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 PUGET ST NE  
 City OLYMPIA State WA Zip Code 98506-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation 30 YR RETIRED HUMAN RESOURCES/20 SM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11.78165**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 226 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SALLY GRELE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1620 PUGET ST NE

City OLYMPIA	State WA	Zip Code 98506-3361
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation 30 YR RETIRED HUMAN RESOURCES/20 SM
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

**Transaction ID : SA11.85026**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN GRISHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 MILL CREEK DRIVE

City BOARDMAN	State OH	Zip Code 44512-1402
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation MINING EXECUTIVE
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.64916**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN GRISHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 MILL CREEK DRIVE

City BOARDMAN	State OH	Zip Code 44512-1402
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation MINING EXECUTIVE
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79402**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 227 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN GRISHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 MILL CREEK DRIVE

City BOARDMAN State OH Zip Code 44512-1402

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

Name of Employer RETIRED Occupation MINING EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83576**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 460 CREEKSIDE LN

City MORGAN HILL State CA Zip Code 95037-4617

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76232**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 29676 RAWHIDE CT

City ELIZABETH State CO Zip Code 80107-6605

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

Name of Employer --- Occupation SENIOR RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71018**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> 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 228 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. NINA GUTHRIE**

Mailing Address 29676 RAWHIDE CT

City State Zip Code  
ELIZABETH CO 80107-6605

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

Name of Employer Occupation  
--- SENIOR RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2015  
**Transaction ID : SA11.74457**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 29676 RAWHIDE CT

City State Zip Code  
ELIZABETH CO 80107-6605

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

Name of Employer Occupation  
--- SENIOR RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2015  
**Transaction ID : SA11.76448**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 29676 RAWHIDE CT

City State Zip Code  
ELIZABETH CO 80107-6605

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

Name of Employer Occupation  
--- SENIOR RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015  
**Transaction ID : SA11.85248**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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: (check only one)	PAGE 229 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GLEN HAAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 OPEN SKY COURT

City ALLEN State TX Zip Code 75013-5533

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

Name of Employer ARAGIO SOLUTIONS Occupation ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.54931**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 880 OPEN SKY COURT

City ALLEN State TX Zip Code 75013-5533

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

Name of Employer ARAGIO SOLUTIONS Occupation ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.55836**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 880 OPEN SKY COURT

City ALLEN State TX Zip Code 75013-5533

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

Name of Employer ARAGIO SOLUTIONS Occupation ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2015  
**Transaction ID : SA11.57958**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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: (check only one)	PAGE 230 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GLEN HAAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 880 OPEN SKY COURT

City ALLEN	State TX	Zip Code 75013-5533
---------------	-------------	------------------------

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

Name of Employer ARAGIO SOLUTIONS	Occupation ENGINEER
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.65184**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GLEN HAAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 880 OPEN SKY COURT

City ALLEN	State TX	Zip Code 75013-5533
---------------	-------------	------------------------

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

Name of Employer ARAGIO SOLUTIONS	Occupation ENGINEER
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71023**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GLEN HAAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 880 OPEN SKY COURT

City ALLEN	State TX	Zip Code 75013-5533
---------------	-------------	------------------------

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

Name of Employer ARAGIO SOLUTIONS	Occupation ENGINEER
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74459**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 231 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GLEN HAAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 OPEN SKY COURT

City ALLEN	State TX	Zip Code 75013-5533
---------------	-------------	------------------------

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

Name of Employer ARAGIO SOLUTIONS	Occupation ENGINEER
--------------------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

**Transaction ID : SA11.84364**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1215 N PRUETT

City BAYTOWN	State TX	Zip Code 77520-2816
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

**Transaction ID : SA11.83646**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5144 SANTA CRUZ LANE

City JACKSONVILLE	State FL	Zip Code 32210-7438
----------------------	-------------	------------------------

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

Name of Employer US NAVY	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

**Transaction ID : SA11.71031**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> 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: (check only one)	PAGE 232 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.54532**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.54761**

Amount of Each Receipt this Period  

15.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.57745**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 233 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

**Transaction ID : SA11.62632**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.63013**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : SA11.65225**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 234 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.65440**

Amount of Each Receipt this Period  

35.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : SA11.74083**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76231**

Amount of Each Receipt this Period  

35.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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: (check only one)	PAGE 235 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.77712**

Amount of Each Receipt this Period  

125.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NANCY HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CORAL DRIVE

City PITTSBURGH	State PA	Zip Code 15238-2605
--------------------	-------------	------------------------

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

Name of Employer ALLEGHENY COUNTY	Occupation NETWORK ADMINISTRATOR
--------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83516**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT HAMILTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7143 S. STADIUM WAY

City GILBERT	State AZ	Zip Code 85298-9127
-----------------	-------------	------------------------

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

Name of Employer DEVICE ENGINEERING, INC.	Occupation ENGINEER
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

**Transaction ID : SA11.75671**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 236 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7143 S. STADIUM WAY

City GILBERT	State AZ	Zip Code 85298-9127
-----------------	-------------	------------------------

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

Name of Employer DEVICE ENGINEERING, INC.	Occupation ENGINEER
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.77866**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 7143 S. STADIUM WAY

City GILBERT	State AZ	Zip Code 85298-9127
-----------------	-------------	------------------------

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

Name of Employer DEVICE ENGINEERING, INC.	Occupation ENGINEER
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79222**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LYNETTE HANSON-JACQUES**  
Full Name (Last, First, Middle Initial)

Mailing Address 342 WEKIU PLACE

City LAHAINA	State HI	Zip Code 96761-2914
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.54750**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> 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: (check only one)	PAGE 237 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LYNETTE HANSON-JACQUES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 342 WEKIU PLACE  
 City LAHAINA State HI Zip Code 96761-2914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.60252**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LYNETTE HANSON-JACQUES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 342 WEKIU PLACE  
 City LAHAINA State HI Zip Code 96761-2914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.61538**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALTER HARTSTRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3475 FRANKLIN RD.  
 City YUBA CITY State CA Zip Code 95993-8622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA11.54399**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 238 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALTER HARTSTRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 FRANKLIN RD.  
City YUBA CITY State CA Zip Code 95993-8622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.63012**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALTER HARTSTRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 FRANKLIN RD.  
City YUBA CITY State CA Zip Code 95993-8622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.63599**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALTER HARTSTRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 FRANKLIN RD.  
City YUBA CITY State CA Zip Code 95993-8622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 20 / 2015  
**Transaction ID : SA11.74469**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 239 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALTER HARTSTRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 FRANKLIN RD.  
City YUBA CITY State CA Zip Code 95993-8622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 04 / 03 / 2015  
Transaction ID : SA11.79017  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALTER HARTSTRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 FRANKLIN RD.  
City YUBA CITY State CA Zip Code 95993-8622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 04 / 28 / 2015  
Transaction ID : SA11.84339  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARIE HAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9060 ASHVILLE DR. N/A  
City PENSACOLA State FL Zip Code 32514-5691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CAMP FIRE GULF WIND, INC. Occupation 850-478-7919  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 03 / 13 / 2015  
Transaction ID : SA11.58487  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... 125.00  
**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 240 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARIE HAVEN**

Mailing Address 9060 ASHVILLE DR.  
N/A

City PENSACOLA State FL Zip Code 32514-5691

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

Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015  
**Transaction ID : SA11.58488**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9060 ASHVILLE DR.  
N/A

City PENSACOLA State FL Zip Code 32514-5691

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

Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : SA11.60289**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 9060 ASHVILLE DR.  
N/A

City PENSACOLA State FL Zip Code 32514-5691

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

Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2015  
**Transaction ID : SA11.72241**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 241 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARIE HAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9060 ASHVILLE DR.  
N/A  
City PENSACOLA State FL Zip Code 32514-5691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015  
**Transaction ID : SA11.73069**  
Amount of Each Receipt this Period  
25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARIE HAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9060 ASHVILLE DR.  
N/A  
City PENSACOLA State FL Zip Code 32514-5691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2015  
**Transaction ID : SA11.81563**  
Amount of Each Receipt this Period  
25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARIE HAVEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9060 ASHVILLE DR.  
N/A  
City PENSACOLA State FL Zip Code 32514-5691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2015  
**Transaction ID : SA11.84747**  
Amount of Each Receipt this Period  
25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 242 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARIE HAVEN**

Mailing Address 9060 ASHVILLE DR.  
N/A

City PENSACOLA State FL Zip Code 32514-5691

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

Name of Employer Occupation  
CAMP FIRE GULF WIND, INC. 850-478-7919

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 29 / 2015**

**Transaction ID : SA11.84962**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1616 GLENBROOK COURT

City COLUMBIA State MO Zip Code 65203-5345

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 19 / 2015**

**Transaction ID : SA11.65157**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1616 GLENBROOK COURT

City COLUMBIA State MO Zip Code 65203-5345

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **05 / 20 / 2015**

**Transaction ID : SA11.74472**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

**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 243 OF 705
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. DIANA HAWTHORNE
Full Name (Last, First, Middle Initial)
Mailing Address 1616 GLENBROOK COURT
City COLUMBIA State MO Zip Code 65203-5345
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 375.00

Date of Receipt 04 / 03 / 2015
Transaction ID : SA11.79069
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

B. DIANA HAWTHORNE
Full Name (Last, First, Middle Initial)
Mailing Address 1616 GLENBROOK COURT
City COLUMBIA State MO Zip Code 65203-5345
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 375.00

Date of Receipt 04 / 09 / 2015
Transaction ID : SA11.80514
Amount of Each Receipt this Period 50.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

C. DIANA HAWTHORNE
Full Name (Last, First, Middle Initial)
Mailing Address 1616 GLENBROOK COURT
City COLUMBIA State MO Zip Code 65203-5345
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 375.00

Date of Receipt 04 / 28 / 2015
Transaction ID : SA11.84402
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only)

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 244 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. DAN HAYDEN</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : SA11.55247</b>
Mailing Address 540 SANDY WAY		Amount of Each Receipt this Period 50.00
City BENICIA	State CA	Zip Code 94510-2623
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B. DAN HAYDEN</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : SA11.55985</b>
Mailing Address 540 SANDY WAY		Amount of Each Receipt this Period 50.00
City BENICIA	State CA	Zip Code 94510-2623
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C. DAN HAYDEN</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : SA11.59264</b>
Mailing Address 540 SANDY WAY		Amount of Each Receipt this Period 25.00
City BENICIA	State CA	Zip Code 94510-2623
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NONE	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 245 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAN HAYDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 SANDY WAY

City BENICIA	State CA	Zip Code 94510-2623
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : SA11.62031**

Amount of Each Receipt this Period  

385.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAN HAYDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 SANDY WAY

City BENICIA	State CA	Zip Code 94510-2623
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2015

**Transaction ID : SA11.63829**

Amount of Each Receipt this Period  

35.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAN HAYDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 SANDY WAY

City BENICIA	State CA	Zip Code 94510-2623
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

**Transaction ID : SA11.72787**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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: (check only one)	PAGE 246 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAN HAYDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 SANDY WAY

City BENICIA	State CA	Zip Code 94510-2623
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SA11.75013**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DAN HAYDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 SANDY WAY

City BENICIA	State CA	Zip Code 94510-2623
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

**Transaction ID : SA11.75679**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DAN HAYDEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 SANDY WAY

City BENICIA	State CA	Zip Code 94510-2623
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79344**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 247 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. FORREST HAYES**

Mailing Address **56 WEXFORD ON THE GREEN**

City State Zip Code  
**HILTON HEAD SC 29928-6125**

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

Name of Employer Occupation  
**SELF CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**355.00**

Date of Receipt  
**05 / 20 / 2015**

**Transaction ID : SA11.74473**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **56 WEXFORD ON THE GREEN**

City State Zip Code  
**HILTON HEAD SC 29928-6125**

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

Name of Employer Occupation  
**SELF CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**355.00**

Date of Receipt  
**04 / 26 / 2015**

**Transaction ID : SA11.82176**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **56 WEXFORD ON THE GREEN**

City State Zip Code  
**HILTON HEAD SC 29928-6125**

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

Name of Employer Occupation  
**SELF CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**355.00**

Date of Receipt  
**04 / 29 / 2015**

**Transaction ID : SA11.85037**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**

**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 248 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES HEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6002 E 5TH MANOR  
 City PALATKA State FL Zip Code 32177-3836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **01 / 28 / 2015**  
**Transaction ID : SA11.54331**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JAMES HEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6002 E 5TH MANOR  
 City PALATKA State FL Zip Code 32177-3836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : SA11.64800**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. G.TARINEE HEFTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 93-7 RIVERVIEW APTS.  
 City JOHNSON State VT Zip Code 05656-9117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.16

Date of Receipt **05 / 24 / 2015**  
**Transaction ID : SA11.75509**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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: (check only one)	PAGE 249 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. G.TARINEE HEFTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 93-7 RIVERVIEW APTS.  
City JOHNSON State VT Zip Code 05656-9117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation N/A  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 515.16  
Date of Receipt 05 / 30 / 2015  
Transaction ID : SA11.75909  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. G.TARINEE HEFTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 93-7 RIVERVIEW APTS.  
City JOHNSON State VT Zip Code 05656-9117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation N/A  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 515.16  
Date of Receipt 06 / 17 / 2015  
Transaction ID : SA11.77115  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BETTY HELSETH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4825 Highbury Lane  
City MINNETONKA State MN Zip Code 55345-3927  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00  
Date of Receipt 02 / 11 / 2015  
Transaction ID : SA11.56067  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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: (check only one)	PAGE 250 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BETTY HELSETH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4825 Highbury Lane

City MINNETONKA State MN Zip Code 55345-3927

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015

Transaction ID : SA11.56068

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4825 Highbury Lane

City MINNETONKA State MN Zip Code 55345-3927

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015

Transaction ID : SA11.60613

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4825 Highbury Lane

City MINNETONKA State MN Zip Code 55345-3927

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015

Transaction ID : SA11.61006

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 251 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BETTY HELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4825 Highbury Lane  
 City State Zip Code  
 MINNETONKA MN 55345-3927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11.61243**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BETTY HELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4825 Highbury Lane  
 City State Zip Code  
 MINNETONKA MN 55345-3927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11.62731**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BETTY HELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4825 Highbury Lane  
 City State Zip Code  
 MINNETONKA MN 55345-3927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2015  
**Transaction ID : SA11.63701**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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: (check only one)	PAGE 252 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BETTY HELSETH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4825 Highbury Lane

City MINNETONKA State MN Zip Code 55345-3927

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015

Transaction ID : SA11.84615

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 741 Bubbling Well Dr

City GLENDORA State CA Zip Code 91741-2053

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015

Transaction ID : SA11.54634

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 741 Bubbling Well Dr

City GLENDORA State CA Zip Code 91741-2053

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015

Transaction ID : SA11.54709

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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for each category of the  
Detailed Summary Page

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 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LOIS HEMINGWAY**

Mailing Address 741 BUBBLING WELL DR

City State Zip Code  
GLENDORA CA 91741-2053

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.61461**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 741 BUBBLING WELL DR

City State Zip Code  
GLENDORA CA 91741-2053

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.62392**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 741 BUBBLING WELL DR

City State Zip Code  
GLENDORA CA 91741-2053

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.62843**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

**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 254 OF 705  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LOIS HEMINGWAY**  
 Mailing Address 741 BUBBLING WELL DR  
 City State Zip Code  
 GLENDORA CA 91741-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.63863**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LOIS HEMINGWAY**  
 Mailing Address 741 BUBBLING WELL DR  
 City State Zip Code  
 GLENDORA CA 91741-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.65144**  
 Amount of Each Receipt this Period  
 12.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LOIS HEMINGWAY**  
 Mailing Address 741 BUBBLING WELL DR  
 City State Zip Code  
 GLENDORA CA 91741-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.82429**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 32.00  
**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: (check only one)	PAGE 255 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. SIGWULF HERMANN**

Mailing Address 4432 52ND AV NE

City SEATTLE State WA Zip Code 98105-4936

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2015

Transaction ID : **SA11.55834**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4432 52ND AV NE

City SEATTLE State WA Zip Code 98105-4936

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2015

Transaction ID : **SA11.56279**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4432 52ND AV NE

City SEATTLE State WA Zip Code 98105-4936

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : **SA11.58523**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 256 OF 705  
(check only one)  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT HETLER**

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2015**

**Transaction ID : SA11.54256**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.56625**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2015**

**Transaction ID : SA11.58364**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**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: (check only one)	PAGE 257 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT HETLER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.58907**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : SA11.59373**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : SA11.63354**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**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 258 OF 705  
(check only one)  
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 13  14  15  16  17

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Full Name (Last, First, Middle Initial)  
**A. ROBERT HETLER**

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 28 / 2015**

Transaction ID : **SA11.65386**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

Transaction ID : **SA11.65400**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2015**

Transaction ID : **SA11.71079**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 259 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT HETLER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 27 / 2015**

**Transaction ID : SA11.75595**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 05 / 2015**

**Transaction ID : SA11.76281**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address P.O. BOX 99

City State Zip Code  
SUTTONS BAY MI 49682-0099

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

Name of Employer Occupation  
PRICewaterhouseCOOPERS LLP RETIRED PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 10 / 2015**

**Transaction ID : SA11.80609**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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

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(check only one)  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. VISA HEUER**

Mailing Address 447 DUDLEY DR

City State Zip Code  
SHREVEPORT LA 71104-5021

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

Name of Employer Occupation  
NONE NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71081**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 386 SUNSET DR

City State Zip Code  
ENCINITAS CA 92024-2637

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57588**

Amount of Each Receipt this Period  
80.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 386 SUNSET DR

City State Zip Code  
ENCINITAS CA 92024-2637

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 05 / 2015  
**Transaction ID : SA11.59540**

Amount of Each Receipt this Period  
80.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  660.00

**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: (check only one)	PAGE 261 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM HILDRETH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 386 SUNSET DR

City ENCINITAS	State CA	Zip Code 92024-2637
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.60938**

Amount of Each Receipt this Period  

800.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM HILDRETH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 386 SUNSET DR

City ENCINITAS	State CA	Zip Code 92024-2637
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71088**

Amount of Each Receipt this Period  

80.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM HILDRETH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 386 SUNSET DR

City ENCINITAS	State CA	Zip Code 92024-2637
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76061**

Amount of Each Receipt this Period  

80.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> 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 262 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM HILDRETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 SUNSET DR  
 City ENCINITAS State CA Zip Code 92024-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79566**  
 Amount of Each Receipt this Period  
 800.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KENNETH HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 SOUTH DOUGLAS ST  
 City EL SEGUNDO State CA Zip Code 90245-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer METALORE Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58212**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KENNETH HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 SOUTH DOUGLAS ST  
 City EL SEGUNDO State CA Zip Code 90245-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer METALORE Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60228**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**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 263 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. KENNETH HILL**

Mailing Address 750 SOUTH DOUGLAS ST

City State Zip Code  
EL SEGUNDO CA 90245-4901

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

Name of Employer Occupation  
METALORE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84377**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 47 HIGHLAND PARK VILLAGE

City State Zip Code  
DALLAS TX 75205-2727

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

Name of Employer Occupation  
A.G. HILL PARTNERS, LLC INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 13 / 2015  
**Transaction ID : SA11.81089**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 5000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 2606 LONG BOAT COURT NORTH

City State Zip Code  
PONTE VEDRA BEACH FL 32082-3708

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

Name of Employer Occupation  
RET. RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 04 / 2015  
**Transaction ID : SA11.54918**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 5125.00

**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 264 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. TATNALL HILLMAN**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611-1228

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

Name of Employer Occupation  
SELF RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.59433**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611-1228

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

Name of Employer Occupation  
SELF RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.64037**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611-1228

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

Name of Employer Occupation  
SELF RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64919**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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: (check only one)	PAGE 265 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. TATNALL HILLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 504 W BLEEKER ST  
City ASPEN State CO Zip Code 81611-1228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.71090**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. TATNALL HILLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 504 W BLEEKER ST  
City ASPEN State CO Zip Code 81611-1228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.76139**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. TATNALL HILLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 504 W BLEEKER ST  
City ASPEN State CO Zip Code 81611-1228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5150.00

Date of Receipt 04 / 05 / 2015  
**Transaction ID : SA11.79575**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**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: (check only one)	PAGE 266 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. TATNALL HILLMAN**

Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer SELF Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84391**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1S630 ARDENNES CT

City WINFIELD State IL Zip Code 60190-1720

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.54751**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1S630 ARDENNES CT

City WINFIELD State IL Zip Code 60190-1720

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76249**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 267 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES HOLLIDAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 LYLA LANE

City LEANDER	State TX	Zip Code 78641-2729
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2015

**Transaction ID : SA11.59573**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JAMES HOLLIDAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 LYLA LANE

City LEANDER	State TX	Zip Code 78641-2729
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : SA11.59635**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES HOLLIDAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 LYLA LANE

City LEANDER	State TX	Zip Code 78641-2729
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.59849**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 268 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES HOLLIDAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 LYLA LANE

City LEANDER	State TX	Zip Code 78641-2729
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71104**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JAMES HOLLIDAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 LYLA LANE

City LEANDER	State TX	Zip Code 78641-2729
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

**Transaction ID : SA11.73915**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES HOLLIDAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2400 LYLA LANE

City LEANDER	State TX	Zip Code 78641-2729
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation CONSULTANT
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.82789**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 269 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. RUSSELL HOLLINS</b>		Date of Receipt MM / DD / YYYY 01 / 05 / 2015 <b>Transaction ID : SA11.54118</b>
Mailing Address 6521 VEGA DR.		Amount of Each Receipt this Period 25.00
City FORT WORTH	State TX	Zip Code 76133-5623
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PART TIME	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. RUSSELL HOLLINS</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2015 <b>Transaction ID : SA11.55375</b>
Mailing Address 6521 VEGA DR.		Amount of Each Receipt this Period 25.00
City FORT WORTH	State TX	Zip Code 76133-5623
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PART TIME	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. RUSSELL HOLLINS</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 <b>Transaction ID : SA11.63323</b>
Mailing Address 6521 VEGA DR.		Amount of Each Receipt this Period 25.00
City FORT WORTH	State TX	Zip Code 76133-5623
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PART TIME	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 270 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RUSSELL HOLLINS**

Mailing Address **6521 VEGA DR.**

City **FORT WORTH** State **TX** Zip Code **76133-5623**

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

Name of Employer **PART TIME** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**05 / 05 / 2015**

**Transaction ID : SA11.71106**

Amount of Each Receipt this Period  
           
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **6521 VEGA DR.**

City **FORT WORTH** State **TX** Zip Code **76133-5623**

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

Name of Employer **PART TIME** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**04 / 05 / 2015**

**Transaction ID : SA11.79526**

Amount of Each Receipt this Period  
           
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address **5805 INDIANWOOD LANE**

City **FORT WORTH** State **TX** Zip Code **76132-4490**

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

Name of Employer **FTI INDUSTRIES, INC.** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 16 / 2015**

**Transaction ID : SA11.76966**

Amount of Each Receipt this Period  
           
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ **150.00**

**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: (check only one)	PAGE 271 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. PAUL HORIUCHI</b>		Date of Receipt
Mailing Address 7684 SQUINTERO CT		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
CENTENNIAL	CO	80016-1841
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.60698</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF	RET.	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="395.00"/>	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. JAMES HOWARD</b>		Date of Receipt
Mailing Address 6221 S 14TH PLACE		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
PHOENIX	AZ	85042-4414
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.84996</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	EL ENGINEER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. DAVID LK HUANG</b>		Date of Receipt
Mailing Address 1462 25TH AVE		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN FRANCISCO	CA	94122-3318
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.72284</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LINDA YC HUANG	PROPERTY SALES.	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.16"/>	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 272 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID LK HUANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 14 / 2015  
**Transaction ID : SA11.73918**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 9.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 23 / 2015  
**Transaction ID : SA11.75482**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 11 / 2015  
**Transaction ID : SA11.76585**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . 44.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> .



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 273 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. DAVID LK HUANG</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2015 <b>Transaction ID : SA11.76621</b>
Mailing Address 1462 25TH AVE		Amount of Each Receipt this Period 28.00
City SAN FRANCISCO	State CA	Zip Code 94122-3318
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.16	

Full Name (Last, First, Middle Initial) <b>B. DAVID LK HUANG</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2015 <b>Transaction ID : SA11.77304</b>
Mailing Address 1462 25TH AVE		Amount of Each Receipt this Period 19.00
City SAN FRANCISCO	State CA	Zip Code 94122-3318
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.16	

Full Name (Last, First, Middle Initial) <b>C. DAVID LK HUANG</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 <b>Transaction ID : SA11.79912</b>
Mailing Address 1462 25TH AVE		Amount of Each Receipt this Period 28.00
City SAN FRANCISCO	State CA	Zip Code 94122-3318
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 274 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID LK HUANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 09 / 2015  
**Transaction ID : SA11.80418**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
-----------------------	-------------	------------------------

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

Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 13 / 2015  
**Transaction ID : SA11.81062**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 29.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
-----------------------	-------------	------------------------

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

Name of Employer LINDA YC HUANG	Occupation PROPERTY SALES.
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 25 / 2015  
**Transaction ID : SA11.81867**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . 44.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> .

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 275 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DAVID LK HUANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO State CA Zip Code 94122-3318

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

Name of Employer LINDA YC HUANG Occupation PROPERTY SALES.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11.84716**

Amount of Each Receipt this Period  
 20.16

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4660 LADERA WAY

City CARMICHAEL State CA Zip Code 95608-1574

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

Name of Employer NONE Occupation NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2015  
**Transaction ID : SA11.54150**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 4660 LADERA WAY

City CARMICHAEL State CA Zip Code 95608-1574

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

Name of Employer NONE Occupation NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.54374**

Amount of Each Receipt this Period  
 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.16

**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: (check only one)	PAGE 276 OF 705
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. JACQUELINE HUESING</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : SA11.58129</b>
Mailing Address 4660 LADERA WAY		Amount of Each Receipt this Period CONTRIBUTION 20.00
City CARMICHAEL	State CA	Zip Code 95608-1574
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>B. JACQUELINE HUESING</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : SA11.58683</b>
Mailing Address 4660 LADERA WAY		Amount of Each Receipt this Period CONTRIBUTION 25.00
City CARMICHAEL	State CA	Zip Code 95608-1574
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>C. JACQUELINE HUESING</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 <b>Transaction ID : SA11.59827</b>
Mailing Address 4660 LADERA WAY		Amount of Each Receipt this Period CONTRIBUTION 15.00
City CARMICHAEL	State CA	Zip Code 95608-1574
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 277 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.60926**

Amount of Each Receipt this Period  

15.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SA11.62719**

Amount of Each Receipt this Period  

15.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : SA11.62922**

Amount of Each Receipt this Period  

20.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> 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 278 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JACQUELINE HUESING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 LADERA WAY  
 City State Zip Code  
 CARMICHAEL CA 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.65320**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JACQUELINE HUESING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 LADERA WAY  
 City State Zip Code  
 CARMICHAEL CA 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : SA11.65387**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JACQUELINE HUESING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 LADERA WAY  
 City State Zip Code  
 CARMICHAEL CA 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : SA11.72285**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 279 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JACQUELINE HUESING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 LADERA WAY  
 City State Zip Code  
 CARMICHAEL CA 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74502**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JACQUELINE HUESING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 LADERA WAY  
 City State Zip Code  
 CARMICHAEL CA 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : SA11.75796**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JACQUELINE HUESING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4660 LADERA WAY  
 City State Zip Code  
 CARMICHAEL CA 95608-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE NONE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : SA11.76795**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**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: (check only one)	PAGE 280 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2015

**Transaction ID : SA11.77374**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79251**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : SA11.80378**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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 281 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  
04 / 26 / 2015  
**Transaction ID : SA11.82165**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JACQUELINE HUESING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4660 LADERA WAY

City CARMICHAEL	State CA	Zip Code 95608-1574
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  
04 / 27 / 2015  
**Transaction ID : SA11.82932**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  
03 / 05 / 2015  
**Transaction ID : SA11.57579**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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: (check only one)	PAGE 282 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : SA11.58363**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

**Transaction ID : SA11.59602**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : SA11.62304**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 283 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.65187**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : SA11.77121**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.79003**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 284 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

**Transaction ID : SA11.81662**

Amount of Each Receipt this Period  

310.00	310.00
--------	--------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ELIZABETH JACKSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 KINGFISHER CIR

City POOLER	State GA	Zip Code 31322-9763
----------------	-------------	------------------------

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

Name of Employer PFIZER	Occupation RETIRED
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83429**

Amount of Each Receipt this Period  

50.00	50.00
-------	-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THEODORE JANECZEK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 350CEDAR RD

City HERSHEY	State PA	Zip Code 17033-9302
-----------------	-------------	------------------------

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

Name of Employer GEORGE M LEADER FAMILY CORP	Occupation EVP&CFO
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71160**

Amount of Each Receipt this Period  

250.00	250.00
--------	--------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> 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: (check only one)	PAGE 285 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. JOE W JANICK</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2015 <b>Transaction ID : SA11.80525</b>
Mailing Address 2533 EAST BERYL AVE		Amount of Each Receipt this Period 1000.00
City PHOENIX	State AZ	Zip Code 85028-3714
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. ERIC M. JAVITS</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : SA11.72805</b>
Mailing Address 150 BRADLEY PLACE		Amount of Each Receipt this Period 200.00
City PALM BEACH	State FL	Zip Code 33480-3804
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation DIPLOMAT	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. ERIC M. JAVITS</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2015 <b>Transaction ID : SA11.81966</b>
Mailing Address 150 BRADLEY PLACE		Amount of Each Receipt this Period 100.00
City PALM BEACH	State FL	Zip Code 33480-3804
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation DIPLOMAT	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 286 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. M. LEE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8776 MONDEGO WAY  
 City State Zip Code  
 FAIR OAKS CA 95628-3920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 311.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.59466**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. M. LEE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8776 MONDEGO WAY  
 City State Zip Code  
 FAIR OAKS CA 95628-3920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 311.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2015  
**Transaction ID : SA11.59553**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. M. LEE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8776 MONDEGO WAY  
 City State Zip Code  
 FAIR OAKS CA 95628-3920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 311.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11.73923**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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: (check only one)	PAGE 287 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SUSAN JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3418 E. SUNCREST CT

City PHOENIX State AZ Zip Code 85044-3506

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

Name of Employer TRAFFICADE Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58203**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3418 E. SUNCREST CT

City PHOENIX State AZ Zip Code 85044-3506

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

Name of Employer TRAFFICADE Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.59017**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3418 E. SUNCREST CT

City PHOENIX State AZ Zip Code 85044-3506

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

Name of Employer TRAFFICADE Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.62100**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 288 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SUSAN JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRAFFICADE Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71182**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SUSAN JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRAFFICADE Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74520**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SUSAN JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRAFFICADE Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79955**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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 289 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. TODD JOHNSON**  
 Mailing Address 721 RIDGEWOOD ROAD  
 City State Zip Code  
 DULUTH MN 55804-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPSTAN CORPORATION CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2015  
**Transaction ID : SA11.76702**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. TODD JOHNSON**  
 Mailing Address 721 RIDGEWOOD ROAD  
 City State Zip Code  
 DULUTH MN 55804-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPSTAN CORPORATION CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79093**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARION JONES**  
 Mailing Address 8010 SALTA VERDE PT  
 City State Zip Code  
 KATY TX 77494-2526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EXPLORATION TECHNOLOGIES, INC. RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11.61746**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00  
**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: (check only one)	PAGE 290 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT JONES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 LYNWOOD WAY

City SACRAMENTO	State CA	Zip Code 95864-1568
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.55181**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT JONES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 LYNWOOD WAY

City SACRAMENTO	State CA	Zip Code 95864-1568
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.60042**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. VIRGIL JURGENSMEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1920 7TH AVE NE

City MIAMI	State OK	Zip Code 74354-4957
---------------	-------------	------------------------

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

Name of Employer J-M FARMS	Occupation FARMER
-------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SA11.56819**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 291 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. VIRGIL JURGENSMAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1920 7TH AVE NE

City MIAMI State OK Zip Code 74354-4957

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

Name of Employer J-M FARMS Occupation FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.83440

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5954 WATERFRONT PLACE

City LONG BEACH State CA Zip Code 90803-4838

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

Name of Employer USBENEFITS INS. SERVICES, LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 07 / 2015  
Transaction ID : SA11.63766

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5954 WATERFRONT PLACE

City LONG BEACH State CA Zip Code 90803-4838

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

Name of Employer USBENEFITS INS. SERVICES, LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 20 / 2015  
Transaction ID : SA11.74525

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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: (check only one)	PAGE 292 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GEORGE KADONADA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5954 WATERFRONT PLACE

City LONG BEACH State CA Zip Code 90803-4838

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

Name of Employer USBENEFITS INS. SERVICES, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79070**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5954 WATERFRONT PLACE

City LONG BEACH State CA Zip Code 90803-4838

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

Name of Employer USBENEFITS INS. SERVICES, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2015  
**Transaction ID : SA11.80803**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 5954 WATERFRONT PLACE

City LONG BEACH State CA Zip Code 90803-4838

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

Name of Employer USBENEFITS INS. SERVICES, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83629**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 293 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES KAUFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3305 MATHIESON DR

City ATLANTA State GA Zip Code 30305-1722

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

Name of Employer MERRILL LYNCK Occupation FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11.72812**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 3305 MATHIESON DR

City ATLANTA State GA Zip Code 30305-1722

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

Name of Employer MERRILL LYNCK Occupation FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83649**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

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

Mailing Address 18460 ALLENDALE

City SARATOGA State CA Zip Code 95070-5233

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

Name of Employer SELF Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60354**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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: (check only one)	PAGE 294 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JANET KEMPIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18460 ALLENDALE  
City SARATOGA State CA Zip Code 95070-5233  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **205.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : SA11.79023**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JERROLD KENDALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 TABBY ROAD  
City HILTON HEAD ISLAND State SC Zip Code 29928-3824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : SA11.55581**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JERROLD KENDALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 TABBY ROAD  
City HILTON HEAD ISLAND State SC Zip Code 29928-3824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **375.00**

Date of Receipt **05 / 05 / 2015**  
**Transaction ID : SA11.71230**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**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: (check only one)	PAGE 295 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JERROLD KENDALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 TABBY ROAD

City HILTON HEAD ISLAND	State SC	Zip Code 29928-3824
----------------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

**Transaction ID : SA11.72814**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JERROLD KENDALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 TABBY ROAD

City HILTON HEAD ISLAND	State SC	Zip Code 29928-3824
----------------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SA11.75055**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JERROLD KENDALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 TABBY ROAD

City HILTON HEAD ISLAND	State SC	Zip Code 29928-3824
----------------------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83567**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 296 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>
--

**A. CAROLYN KENNEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 BARBERRY DR  
City BENSON State NC Zip Code 27504-8022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MOHAWK IND. Occupation WAREHOUSE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.61541**  
Amount of Each Receipt this Period 5.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EMILY KENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4168 SEVEN LAKES WEST  
City SEVEN LAKES State NC Zip Code 27376-9317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.55234**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EMILY KENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4168 SEVEN LAKES WEST  
City SEVEN LAKES State NC Zip Code 27376-9317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.00

Date of Receipt 03 / 07 / 2015  
**Transaction ID : SA11.63681**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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: (check only one)	PAGE 297 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. EMILY KENT**

Mailing Address 4168 SEVEN LAKES WEST

City SEVEN LAKES	State NC	Zip Code 27376-9317
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.64001**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO	State MD	Zip Code 20608-2301
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOUSEWIFE
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2015

**Transaction ID : SA11.54094**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO	State MD	Zip Code 20608-2301
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOUSEWIFE
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.57453**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> 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: (check only one)	PAGE 298 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO	State MD	Zip Code 20608-2301
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOUSEWIFE
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 28 / 2015  
**Transaction ID : SA11.59808**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO	State MD	Zip Code 20608-2301
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOUSEWIFE
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 05 / 2015  
**Transaction ID : SA11.60929**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO	State MD	Zip Code 20608-2301
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOUSEWIFE
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 17 / 2015  
**Transaction ID : SA11.62029**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> 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: (check only one)	PAGE 299 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO State MD Zip Code 20608-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76053**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARILYN KETTS**

Mailing Address 18101 AT LAST FARM RD.

City AQUASCO State MD Zip Code 20608-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79426**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN KIDD**

Mailing Address 118 MAIN ST

City TOPSFIELD State MA Zip Code 01983-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer DUTTON FAMILY CARE ASSOCIATES LLP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11.61229**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 300 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN KIDD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 MAIN ST  
City TOPSFIELD State MA Zip Code 01983-1422  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DUTTON FAMILY CARE ASSOCIATES LLP Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : SA11.61688**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN KIDD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 MAIN ST  
City TOPSFIELD State MA Zip Code 01983-1422  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DUTTON FAMILY CARE ASSOCIATES LLP Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : SA11.65495**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CLAUDIA KILGORE-GUSARSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18265 SOUTHVIEW AVENUE  
City LOS GATOS State CA Zip Code 95033-8537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 710.00

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : SA11.55331**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 301 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City LOS GATOS State CA Zip Code 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 02 / 16 / 2015  
**Transaction ID : SA11.56193**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City LOS GATOS State CA Zip Code 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 02 / 19 / 2015  
**Transaction ID : SA11.56642**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City LOS GATOS State CA Zip Code 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : SA11.57262**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 302 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City State Zip Code  
 LOS GATOS CA 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.59256**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City State Zip Code  
 LOS GATOS CA 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.75603**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City State Zip Code  
 LOS GATOS CA 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79918**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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: (check only one)	PAGE 303 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CLAUDIA KILGORE-GUSARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18265 SOUTHVIEW AVENUE  
 City LOS GATOS State CA Zip Code 95033-8537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : SA11.84319**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES KIMBALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2460 FRANCISCO ST  
 City SAN FRANCISCO State CA Zip Code 94123-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TELECOMMUNICATIONS Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 02 / 28 / 2015  
**Transaction ID : SA11.57082**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES KIMBALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2460 FRANCISCO ST  
 City SAN FRANCISCO State CA Zip Code 94123-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TELECOMMUNICATIONS Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 03 / 07 / 2015  
**Transaction ID : SA11.57939**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 304 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES KIMBALL**

Mailing Address 2460 FRANCISCO ST

City SAN FRANCISCO State CA Zip Code 94123-1815

FEC ID number of contributing federal political committee. **C**

Name of Employer TELECOMMUNICATIONS Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.16**

Date of Receipt **04 / 27 / 2015**

**Transaction ID : SA11.82960**

Amount of Each Receipt this Period **20.16**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CHARLES KING**

Mailing Address 5017 SAN JOAQUIN DRIVE

City SAN DIEGO State CA Zip Code 92109-1513

FEC ID number of contributing federal political committee. **C**

Name of Employer DLK INVESTMENT MANAGEMENT Occupation INVESTMENT ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt **03 / 02 / 2015**

**Transaction ID : SA11.57258**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CHARLES KING**

Mailing Address 5017 SAN JOAQUIN DRIVE

City SAN DIEGO State CA Zip Code 92109-1513

FEC ID number of contributing federal political committee. **C**

Name of Employer DLK INVESTMENT MANAGEMENT Occupation INVESTMENT ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt **03 / 16 / 2015**

**Transaction ID : SA11.59015**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.16</b>
<b>TOTAL</b> 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 305 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES KING**

Mailing Address 5017 SAN JOAQUIN DRIVE

City State Zip Code  
SAN DIEGO CA 92109-1513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DLK INVESTMENT MANAGEMENT INVESTMENT ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76295**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CHARLES KING**

Mailing Address 5017 SAN JOAQUIN DRIVE

City State Zip Code  
SAN DIEGO CA 92109-1513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DLK INVESTMENT MANAGEMENT INVESTMENT ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81608**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SAM KIRBY**

Mailing Address 14519 WINDY RIDGE

City State Zip Code  
HOUSTON TX 77062-2363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED AIR FORCE RETIRED AIR FORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 04 / 2015  
**Transaction ID : SA11.55071**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  125.00

**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: (check only one)	PAGE 306 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SAM KIRBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14519 WINDY RIDGE

City HOUSTON State TX Zip Code 77062-2363

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED AIR FORCE Occupation RETIRED AIR FORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.57606**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SAM KIRBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14519 WINDY RIDGE

City HOUSTON State TX Zip Code 77062-2363

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED AIR FORCE Occupation RETIRED AIR FORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11.59667**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SAM KIRBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14519 WINDY RIDGE

City HOUSTON State TX Zip Code 77062-2363

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED AIR FORCE Occupation RETIRED AIR FORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60284**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 307 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES KIRK**

Mailing Address 6132 RAINBOW HEIGHTS RD

City FALLBROOK State CA Zip Code 92028-8847

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11.56873**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JAMES KIRK**

Mailing Address 6132 RAINBOW HEIGHTS RD

City FALLBROOK State CA Zip Code 92028-8847

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.59470**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GERALD KIRKE**

Mailing Address 5465 MILLS CIVIC PARKWAY

City WEST DES MOINES State IA Zip Code 50266-5318

FEC ID number of contributing federal political committee. **C**

Name of Employer KIRKE FINANCIAL SERVICES Occupation SELF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79981**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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: (check only one)	PAGE 308 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BERNARD KOETHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 757 SE 17TH STREET  
STE 1074

City FORT LAUDERDALE State FL Zip Code 33316-2960

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
03 / 03 / 2015  
**Transaction ID : SA11.57353**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BERNARD KOETHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 757 SE 17TH STREET  
STE 1074

City FORT LAUDERDALE State FL Zip Code 33316-2960

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : SA11.62872**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BERNARD KOETHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 757 SE 17TH STREET  
STE 1074

City FORT LAUDERDALE State FL Zip Code 33316-2960

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
03 / 07 / 2015  
**Transaction ID : SA11.63735**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 309 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MICHAEL KOSLOSKY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 181

City NEBRASKA CITY State NE Zip Code 68410-0181

FEC ID number of contributing federal political committee. **C**

Name of Employer MAGNOLIA METAL CORP. Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.64035**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MICHAEL KOSLOSKY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 181

City NEBRASKA CITY State NE Zip Code 68410-0181

FEC ID number of contributing federal political committee. **C**

Name of Employer MAGNOLIA METAL CORP. Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83636**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. STANLEY KUECKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 WEST MARKEY ROAD

City BELTON State MO Zip Code 64012-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer KUECKER LOGISTICS GROUP Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.71261**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00

**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: (check only one)	PAGE 310 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. ANNE KURZET</b>			Date of Receipt MM / DD / YYYY 02 / 02 / 2015 <b>Transaction ID : SA11.54623</b>
Mailing Address 33762 VALLE ROAD			Amount of Each Receipt this Period 100.00
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675-4816	CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT	
Name of Employer NOT APPLICABLE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. ANNE KURZET</b>			Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.64917</b>
Mailing Address 33762 VALLE ROAD			Amount of Each Receipt this Period 100.00
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675-4816	CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT	
Name of Employer NOT APPLICABLE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. ANNE KURZET</b>			Date of Receipt MM / DD / YYYY 03 / 23 / 2015 <b>Transaction ID : SA11.65305</b>
Mailing Address 33762 VALLE ROAD			Amount of Each Receipt this Period 100.00
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675-4816	CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT	
Name of Employer NOT APPLICABLE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 311 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ANNE KURZET**  
Full Name (Last, First, Middle Initial)

Mailing Address 33762 VALLE ROAD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675-4816
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT APPLICABLE	Occupation RETIRED
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 30 / 2015  
**Transaction ID : SA11.65402**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DANIEL KUZNAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 648 RANCH DR

City MUSKEGON	State MI	Zip Code 49441-4942
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer QUALITY TOOL & STAMPING CO	Occupation SELF EMPL
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 23 / 2015  
**Transaction ID : SA11.65578**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DANIEL KUZNAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 648 RANCH DR

City MUSKEGON	State MI	Zip Code 49441-4942
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer QUALITY TOOL & STAMPING CO	Occupation SELF EMPL
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 10 / 2015  
**Transaction ID : SA11.80689**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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: (check only one)	PAGE 312 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD LABARE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 PRINCETON DR.  
City RANCHO MIRAGE State CA Zip Code 92270-3159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RBC CORRESPONDENT SERVICES Occupation CERTIFIED FINANCIAL PLANNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 17 / 2015  
Transaction ID : SA11.56450  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD LABARE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 PRINCETON DR.  
City RANCHO MIRAGE State CA Zip Code 92270-3159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RBC CORRESPONDENT SERVICES Occupation CERTIFIED FINANCIAL PLANNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 09 / 2015  
Transaction ID : SA11.58209  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROLLAND LACHARITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 GLEN ECHO  
City DOVE CANYON State CA Zip Code 92679-3507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 19 / 2015  
Transaction ID : SA11.56633  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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: (check only one)	PAGE 313 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROLLAND LACHARITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 GLEN ECHO

City DOVE CANYON	State CA	Zip Code 92679-3507
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11.76975**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROLLAND LACHARITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 GLEN ECHO

City DOVE CANYON	State CA	Zip Code 92679-3507
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.77990**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. HARRIETT LACKEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1506 CANDLER RD

City GAINESVILLE	State GA	Zip Code 30507-8423
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NEGAMEDICALCENTER	Occupation RETIRED
---------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.57559**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 314 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. HARRIETT LACKEY**  
 Mailing Address 1506 CANDLER RD  
 City Gainesville State GA Zip Code 30507-8423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEGAMEDICALCENTER RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 02 / 04 / 2015  
**Transaction ID : SA11.60230**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. HARRIETT LACKEY**  
 Mailing Address 1506 CANDLER RD  
 City Gainesville State GA Zip Code 30507-8423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEGAMEDICALCENTER RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 02 / 17 / 2015  
**Transaction ID : SA11.62048**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. HARRIETT LACKEY**  
 Mailing Address 1506 CANDLER RD  
 City Gainesville State GA Zip Code 30507-8423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEGAMEDICALCENTER RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 03 / 2015  
**Transaction ID : SA11.63101**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**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 315 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. SARA LAMAN**

Mailing Address 8501 BAZEMORE RD.

City State Zip Code  
CORDOVA TN 38018-4339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SEMI-RETIRED REAL ESTATE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.77651**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. SARA LAMAN**

Mailing Address 8501 BAZEMORE RD.

City State Zip Code  
CORDOVA TN 38018-4339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SEMI-RETIRED REAL ESTATE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.79406**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LESLIE LAMONT**

Mailing Address 7215 WINTER BERRY LANE

City State Zip Code  
CASTLE PINES CO 80108-3687

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.57238**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....

**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: (check only one)	PAGE 316 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LESLIE LAMONT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7215 WINTER BERRY LANE

City CASTLE PINES	State CO	Zip Code 80108-3687
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.61007**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LESLIE LAMONT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7215 WINTER BERRY LANE

City CASTLE PINES	State CO	Zip Code 80108-3687
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11.80613**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ARLYN LANTING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26407 BRICK LANE

City BONITA SPRINGS	State FL	Zip Code 34134-5627
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.64033**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> 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 317 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ARLYN LANTING**

Mailing Address **26407 BRICK LANE**

City State Zip Code  
**BONITA SPRINGS FL 34134-5627**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**04 / 27 / 2015**  
**Transaction ID : SA11.83651**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. SANDRA LAPADOT**

Mailing Address **1941 SQUIRREL RD**

City State Zip Code  
**BLOOMFIELD HILLS MI 48304-1162**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NA RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**02 / 05 / 2015**  
**Transaction ID : SA11.55356**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SANDRA LAPADOT**

Mailing Address **1941 SQUIRREL RD**

City State Zip Code  
**BLOOMFIELD HILLS MI 48304-1162**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NA RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**02 / 25 / 2015**  
**Transaction ID : SA11.56989**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► **560.00**

**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: (check only one)	PAGE 318 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SANDRA LAPADOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1941 SQUIRREL RD  
City BLOOMFIELD HILLS State MI Zip Code 48304-1162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 01 / 29 / 2015  
**Transaction ID : SA11.59948**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SANDRA LAPADOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1941 SQUIRREL RD  
City BLOOMFIELD HILLS State MI Zip Code 48304-1162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 02 / 19 / 2015  
**Transaction ID : SA11.62390**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SANDRA LAPADOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1941 SQUIRREL RD  
City BLOOMFIELD HILLS State MI Zip Code 48304-1162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.71285**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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 319 OF 705
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SANDRA LAPADOT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 SQUIRREL RD

City BLOOMFIELD HILLS State MI Zip Code 48304-1162

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 16 / 2015  
**Transaction ID : SA11.81286**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LEONARD L LASSOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 690 SALMON FALLS ROAD

City ROCHESTER State NH Zip Code 03868-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 03 / 2015  
**Transaction ID : SA11.54690**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LEONARD L LASSOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 690 SALMON FALLS ROAD

City ROCHESTER State NH Zip Code 03868-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 18 / 2015  
**Transaction ID : SA11.56578**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 320 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LEONARD L LASSOR**

Mailing Address 690 SALMON FALLS ROAD

City State Zip Code  
ROCHESTER NH 03868-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71292**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LEONARD L LASSOR**

Mailing Address 690 SALMON FALLS ROAD

City State Zip Code  
ROCHESTER NH 03868-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71293**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LEONARD L LASSOR**

Mailing Address 690 SALMON FALLS ROAD

City State Zip Code  
ROCHESTER NH 03868-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76079**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 321 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LEONARD L LASSOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 690 SALMON FALLS ROAD  
 City ROCHESTER State NH Zip Code 03868-5910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76093**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LEONARD L LASSOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 690 SALMON FALLS ROAD  
 City ROCHESTER State NH Zip Code 03868-5910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79545**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LEONARD L LASSOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 690 SALMON FALLS ROAD  
 City ROCHESTER State NH Zip Code 03868-5910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79547**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 322 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. HAZEL LATHAM**

Mailing Address 1880 BROOKWOOD AVENUE  
APARTMENT 505

City BURLINGTON State NC Zip Code 27215-3207

FEC ID number of contributing federal political committee. **C**

Name of Employer NA/ Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 29 / 2015  
**Transaction ID : SA11.54571**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. HAZEL LATHAM**

Mailing Address 1880 BROOKWOOD AVENUE  
APARTMENT 505

City BURLINGTON State NC Zip Code 27215-3207

FEC ID number of contributing federal political committee. **C**

Name of Employer NA/ Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 03 / 2015  
**Transaction ID : SA11.63144**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RON LAVENDER**

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
02 / 06 / 2015  
**Transaction ID : SA11.55671**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 323 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RON LAVENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 03 / 19 / 2015  
**Transaction ID : SA11.65156**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RON LAVENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 03 / 26 / 2015  
**Transaction ID : SA11.65350**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RON LAVENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 04 / 07 / 2015  
**Transaction ID : SA11.80205**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 324 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RON LAVENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2015

**Transaction ID : SA11.80783**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RON LAVENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : SA11.81692**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RON LAVENDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9349 LINCOLN AV

City CLIVE State IA Zip Code 50325-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015

**Transaction ID : SA11.84968**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

**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: (check only one)	PAGE 325 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ANNE LAWRENCE**

Mailing Address 2585 162ND ROAD

City OXFORD State KS Zip Code 67119-9044

FEC ID number of contributing federal political committee. **C**

Name of Employer FAMILY FARM Occupation SELF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 01 / 29 / 2015  
**Transaction ID : SA11.60051**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. THOMAS LAWRENCE**

Mailing Address 1717HOMEWOOD BLVD  
APT 523

City DELRAY BEACH State FL Zip Code 33445-6944

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 01 / 22 / 2015  
**Transaction ID : SA11.59599**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. THOMAS LAWRENCE**

Mailing Address 1717HOMEWOOD BLVD  
APT 523

City DELRAY BEACH State FL Zip Code 33445-6944

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 02 / 20 / 2015  
**Transaction ID : SA11.62415**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> 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: (check only one)	PAGE 326 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. THOMAS LAWRENCE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717HOMEWOOD BLVD  
APT 523  
City DELRAY BEACH State FL Zip Code 33445-6944  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.76210**  
Amount of Each Receipt this Period 15.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. THOMAS LAWRENCE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717HOMEWOOD BLVD  
APT 523  
City DELRAY BEACH State FL Zip Code 33445-6944  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.77904**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THOMAS LAWRENCE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1717HOMEWOOD BLVD  
APT 523  
City DELRAY BEACH State FL Zip Code 33445-6944  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 23 / 2015  
**Transaction ID : SA11.81672**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.00  
**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: (check only one)	PAGE 327 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EVA LAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 BUNKER HILL DRIVE

City CARSON CITY State NV Zip Code 89703-3611

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.57713**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EVA LAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 BUNKER HILL DRIVE

City CARSON CITY State NV Zip Code 89703-3611

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : SA11.59248**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EVA LAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 BUNKER HILL DRIVE

City CARSON CITY State NV Zip Code 89703-3611

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : SA11.62493**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**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: (check only one)	PAGE 328 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EVA LAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 BUNKER HILL DRIVE

City CARSON CITY State NV Zip Code 89703-3611

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.82974**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BRYCE LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 BROAD ST.

City NEVADA CITY State CA Zip Code 95959-2502

FEC ID number of contributing federal political committee. **C**

Name of Employer MINE SHAFT Occupation MERCHANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74565**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN LEHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 554 PINE STREET

City MEADVILLE State PA Zip Code 16335-2954

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81592**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 329 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN LEHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 554 PINE STREET

City MEADVILLE State PA Zip Code 16335-2954

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : SA11.81729**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHRISTOPHER LEITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2428 ACANTHUS DR.

City WAKE FOREST State NC Zip Code 27587-7356

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation AUTOMOBILE DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : SA11.59725**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GERALD LEOPOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2507 AMHERST DR

City WICHITA FALLS State TX Zip Code 76308-5327

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED SUPERMARKETS Occupation REGISTERED PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11.54706**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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: (check only one)	PAGE 330 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GERALD LEOPOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2507 AMHERST DR

City WICHITA FALLS State TX Zip Code 76308-5327

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED SUPERMARKETS Occupation REGISTERED PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11.57584**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GERALD LEOPOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2507 AMHERST DR

City WICHITA FALLS State TX Zip Code 76308-5327

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED SUPERMARKETS Occupation REGISTERED PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015

**Transaction ID : SA11.59898**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GERALD LEOPOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2507 AMHERST DR

City WICHITA FALLS State TX Zip Code 76308-5327

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED SUPERMARKETS Occupation REGISTERED PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2015

**Transaction ID : SA11.65639**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 331 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. ASHLEY LEWIS</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 <b>Transaction ID : SA11.55686</b>
Mailing Address 24320 MALIBU ROAD		Amount of Each Receipt this Period 10.00
City MALIBU	State CA	Zip Code 90265-4612
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation FILMMAKER	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>B. ASHLEY LEWIS</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : SA11.57083</b>
Mailing Address 24320 MALIBU ROAD		Amount of Each Receipt this Period 10.00
City MALIBU	State CA	Zip Code 90265-4612
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation FILMMAKER	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>C. ASHLEY LEWIS</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : SA11.62736</b>
Mailing Address 24320 MALIBU ROAD		Amount of Each Receipt this Period 10.00
City MALIBU	State CA	Zip Code 90265-4612
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation FILMMAKER	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 332 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

**Transaction ID : SA11.64442**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

**Transaction ID : SA11.65388**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2015

**Transaction ID : SA11.65628**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 333 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71310**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74567**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

**Transaction ID : SA11.76715**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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: (check only one)	PAGE 334 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : SA11.77256**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.78375**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ASHLEY LEWIS**

Mailing Address 24320 MALIBU ROAD

City MALIBU	State CA	Zip Code 90265-4612
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation FILMMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79256**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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: (check only one)	PAGE 335 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NADINE LEYTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 POLARIS DR  
 City NEWPORT BEACH State CA Zip Code 92660-5723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt: **03 / 03 / 2015**  
**Transaction ID : SA11.63146**  
 Amount of Each Receipt this Period: **100.00**  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NADINE LEYTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 POLARIS DR  
 City NEWPORT BEACH State CA Zip Code 92660-5723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt: **05 / 06 / 2015**  
**Transaction ID : SA11.72366**  
 Amount of Each Receipt this Period: **100.00**  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD LILLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 CALEF HWY BX 222  
 City LEE State NH Zip Code 03861-6701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **SELF** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: **05 / 09 / 2015**  
**Transaction ID : SA11.73257**  
 Amount of Each Receipt this Period: **25.00**  
**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 336 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD LILLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 62 CALEF HWY BX 222

City LEE	State NH	Zip Code 03861-6701
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83563**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN LINDSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12416 WILLOW HILL AVE

City MOORPARK	State CA	Zip Code 93021-2764
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SECURITIES AMERICA	Occupation FINANCIAL ADVISOR
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	07	/	2015

**Transaction ID : SA11.72827**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN LINDSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12416 WILLOW HILL AVE

City MOORPARK	State CA	Zip Code 93021-2764
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SECURITIES AMERICA	Occupation FINANCIAL ADVISOR
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	07	/	2015

**Transaction ID : SA11.72828**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 337 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALT LINEBERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13550 NORLAND ST.  
 City SAN ANTONIO State TX Zip Code 78232-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74574**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALT LINEBERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13550 NORLAND ST.  
 City SAN ANTONIO State TX Zip Code 78232-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11.77629**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALT LINEBERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13550 NORLAND ST.  
 City SAN ANTONIO State TX Zip Code 78232-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2015  
**Transaction ID : SA11.80817**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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: (check only one)	PAGE 338 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALT LINEBERRY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13550 NORLAND ST.  
City SAN ANTONIO State TX Zip Code 78232-4917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.83560  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FREDERICK LLOYD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 37245 VALGIO DR  
City CALIMESA State CA Zip Code 92320-1481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 29 / 2015  
Transaction ID : SA11.75817  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES LONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1903 PEYCO DRIVE NORTH  
City ARLINGTON State TX Zip Code 76001-6705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RELIABLE Occupation REAL ESTATE / CONSTRUCTIONS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 24 / 2015  
Transaction ID : SA11.75516  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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: (check only one)	PAGE 339 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES LONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1903 PEYCO DRIVE NORTH

City ARLINGTON	State TX	Zip Code 76001-6705
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FEC ID number of contributing federal political committee. **C**

Name of Employer RELIABLE	Occupation REAL ESTATE / CONSTRUCTIONS
------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2015

**Transaction ID : SA11.75526**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES LONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1903 PEYCO DRIVE NORTH

City ARLINGTON	State TX	Zip Code 76001-6705
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FEC ID number of contributing federal political committee. **C**

Name of Employer RELIABLE	Occupation REAL ESTATE / CONSTRUCTIONS
------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83641**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT LONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO 99

City MILL SPRING	State NC	Zip Code 28756-
---------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CABLE TEL	Occupation RETIRED
-------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74581**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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: (check only one)	PAGE 340 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARGARET LOPES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1721 N LAUREL AVE

City UPLAND	State CA	Zip Code 91784-1977
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.57592**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARGARET LOPES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1721 N LAUREL AVE

City UPLAND	State CA	Zip Code 91784-1977
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.61203**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALONAH LORENZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 40TH AVE SE

City BENSON	State MN	Zip Code 56215-1358
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79369**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 341 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LORRAINE LOVELACE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4974 RIO VERDE DR

City SAN JOSE	State CA	Zip Code 95118-2303
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IHSS	Occupation PROVIDER
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60767**

Amount of Each Receipt this Period  

800.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LORRAINE LOVELACE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4974 RIO VERDE DR

City SAN JOSE	State CA	Zip Code 95118-2303
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IHSS	Occupation PROVIDER
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.75375**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LORRAINE LOVELACE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4974 RIO VERDE DR

City SAN JOSE	State CA	Zip Code 95118-2303
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer IHSS	Occupation PROVIDER
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83536**

Amount of Each Receipt this Period  

50.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 342 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CAROL LUTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 PINECREST DRIVE

City WOODCLIFF LAKE	State NJ	Zip Code 07677-8220
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PSYCHOTHERAPIST
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	07	/	2015

**Transaction ID : SA11.55759**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CAROL LUTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 PINECREST DRIVE

City WOODCLIFF LAKE	State NJ	Zip Code 07677-8220
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PSYCHOTHERAPIST
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.57260**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CAROL LUTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 PINECREST DRIVE

City WOODCLIFF LAKE	State NJ	Zip Code 07677-8220
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PSYCHOTHERAPIST
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.58178**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 343 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CAROL LUTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 PINECREST DRIVE

City WOODCLIFF LAKE	State NJ	Zip Code 07677-8220
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PSYCHOTHERAPIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : SA11.60445**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CAROL LUTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 PINECREST DRIVE

City WOODCLIFF LAKE	State NJ	Zip Code 07677-8220
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PSYCHOTHERAPIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2015  
**Transaction ID : SA11.79795**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES LYNDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3306 FULLER AVE SE

City GRAND RAPIDS	State MI	Zip Code 49508-2496
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : SA11.55371**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 344 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES LYNDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3306 FULLER AVE SE

City GRAND RAPIDS State MI Zip Code 49508-2496

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015

**Transaction ID : SA11.59538**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES LYNDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3306 FULLER AVE SE

City GRAND RAPIDS State MI Zip Code 49508-2496

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11.63361**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES LYNDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3306 FULLER AVE SE

City GRAND RAPIDS State MI Zip Code 49508-2496

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11.71348**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 345 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES LYNDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3306 FULLER AVE SE  
 City GRAND RAPIDS State MI Zip Code 49508-2496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76119**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES LYNDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3306 FULLER AVE SE  
 City GRAND RAPIDS State MI Zip Code 49508-2496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79559**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JIM LYTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18301 GLADES FARM RD  
 City ESTERO State FL Zip Code 33928-9606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.57816**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 346 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JIM LYTELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 18301 GLADES FARM RD

City ESTERO State FL Zip Code 33928-9606

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SELF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : SA11.79081**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JIM LYTELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 18301 GLADES FARM RD

City ESTERO State FL Zip Code 33928-9606

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SELF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11.83589**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GLENN MACEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8136 E. CORTEZ DR.

City SCOTTSDALE State AZ Zip Code 85260-5653

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2015

**Transaction ID : SA11.73807**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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: (check only one)	PAGE 347 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GLENN MACEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8136 E. CORTEZ DR.  
City SCOTTSDALE State AZ Zip Code 85260-5653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
05 / 15 / 2015  
**Transaction ID : SA11.74113**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GLENN MACEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8136 E. CORTEZ DR.  
City SCOTTSDALE State AZ Zip Code 85260-5653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
04 / 15 / 2015  
**Transaction ID : SA11.81198**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GLENN MACEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8136 E. CORTEZ DR.  
City SCOTTSDALE State AZ Zip Code 85260-5653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
04 / 28 / 2015  
**Transaction ID : SA11.84405**  
Amount of Each Receipt this Period  
100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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: (check only one)	PAGE 348 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LELA E. MADERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 GEORGE STRAIT

City CANYON LAKE State TX Zip Code 78133-2153

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED RANCHER Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 26 / 2015  
Transaction ID : SA11.65353

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LELA E. MADERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 GEORGE STRAIT

City CANYON LAKE State TX Zip Code 78133-2153

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED RANCHER Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 06 / 2015  
Transaction ID : SA11.76388

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THOMAS MADISON SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 FRANKLIN AVENUE

City BINGHAMTON State NY Zip Code 13901-1751

FEC ID number of contributing federal political committee. **C**

Name of Employer T.J. MADISON CONSTRUCTION CO., INC Occupation PRESIDENT/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2015  
Transaction ID : SA11.64921

Amount of Each Receipt this Period 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 325.00

**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

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(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. M. A. MAEDGEN JR.**

Mailing Address P. O. BOX 87

City MATHIS State TX Zip Code 78368-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation AG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.55531**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. M. A. MAEDGEN JR.**

Mailing Address P. O. BOX 87

City MATHIS State TX Zip Code 78368-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation AG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : SA11.65405**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. M. A. MAEDGEN JR.**

Mailing Address P. O. BOX 87

City MATHIS State TX Zip Code 78368-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation AG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : SA11.72377**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 350 OF 705
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. M. A. MAEDGEN JR.
Mailing Address P. O. BOX 87
City MATHIS State TX Zip Code 78368-0087
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation AG
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 260.00

Date of Receipt 05 / 21 / 2015
Transaction ID : SA11.75093
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

B. M. A. MAEDGEN JR.
Mailing Address P. O. BOX 87
City MATHIS State TX Zip Code 78368-0087
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation AG
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 260.00

Date of Receipt 04 / 17 / 2015
Transaction ID : SA11.81383
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

C. EVELYN MALPASS
Mailing Address 21330 N. COBURG ROAD
City HARRISBURG State OR Zip Code 97446-9747
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 625.00

Date of Receipt 02 / 05 / 2015
Transaction ID : SA11.55616
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... 210.00
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 351 OF 705  
(check only one)  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. EVELYN MALPASS**

Mailing Address 21330 N. COBURG ROAD

City State Zip Code  
HARRISBURG OR 97446-9747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
**02 / 28 / 2015**

Transaction ID : **SA11.62879**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. EVELYN MALPASS**

Mailing Address 21330 N. COBURG ROAD

City State Zip Code  
HARRISBURG OR 97446-9747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
**04 / 06 / 2015**

Transaction ID : **SA11.79978**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ROBERT MANIERI**

Mailing Address 901 COPPERFIELD TER

City State Zip Code  
CASSELBERRY FL 32707-5829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KELLER WILLIAMS REALTY REALTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**03 / 09 / 2015**

Transaction ID : **SA11.58210**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**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: (check only one)	PAGE 352 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT MANIERI**

Mailing Address 901 COPPERFIELD TER

City State Zip Code  
CASSELBERRY FL 32707-5829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KELLER WILLIAMS REALTY REALTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2015  
**Transaction ID : SA11.64552**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT MANIERI**

Mailing Address 901 COPPERFIELD TER

City State Zip Code  
CASSELBERRY FL 32707-5829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KELLER WILLIAMS REALTY REALTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2015  
**Transaction ID : SA11.84264**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DONNA MARIANO**

Mailing Address 63 DWYER STREET

City State Zip Code  
WEST SENECA NY 14224-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : SA11.62497**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 353 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DONNA MARIANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 DWYER STREET

City WEST SENECA	State NY	Zip Code 14224-1113
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : SA11.62790**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DONNA MARIANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 DWYER STREET

City WEST SENECA	State NY	Zip Code 14224-1113
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : SA11.62839**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DONNA MARIANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 DWYER STREET

City WEST SENECA	State NY	Zip Code 14224-1113
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2015

**Transaction ID : SA11.73322**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 354 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DONNA MARIANO**

Mailing Address **63 DWYER STREET**

City State Zip Code  
**WEST SENECA NY 14224-1113**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NONE RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**490.00**

Date of Receipt  
**06 / 05 / 2015**

**Transaction ID : SA11.76175**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DONNA MARIANO**

Mailing Address **63 DWYER STREET**

City State Zip Code  
**WEST SENECA NY 14224-1113**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NONE RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**490.00**

Date of Receipt  
**04 / 12 / 2015**

**Transaction ID : SA11.80914**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RUTH MARK**

Mailing Address **1811 WOODGATE DRIVE**

City State Zip Code  
**GOSHEN IN 46526-6456**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**270.00**

Date of Receipt  
**03 / 09 / 2015**

**Transaction ID : SA11.58113**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.00**

**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: (check only one)	PAGE 355 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. RUTH MARK</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 <b>Transaction ID : SA11.59793</b>
Mailing Address 1811 WOODGATE DRIVE		Amount of Each Receipt this Period 10.00
City GOSHEN	State IN	Zip Code 46526-6456
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. RUTH MARK</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 <b>Transaction ID : SA11.62952</b>
Mailing Address 1811 WOODGATE DRIVE		Amount of Each Receipt this Period 5.00
City GOSHEN	State IN	Zip Code 46526-6456
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. RUTH MARK</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : SA11.63485</b>
Mailing Address 1811 WOODGATE DRIVE		Amount of Each Receipt this Period 10.00
City GOSHEN	State IN	Zip Code 46526-6456
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> 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: (check only one)	PAGE 356 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JACQUELINE MAROOF**  
Full Name (Last, First, Middle Initial)

Mailing Address 294 WESTVIEW TERRACE

City ARLINGTON State TX Zip Code 76013-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHWEST AIRLINES Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 17 / 2015  
Transaction ID : SA11.56423

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JACQUELINE MAROOF**  
Full Name (Last, First, Middle Initial)

Mailing Address 294 WESTVIEW TERRACE

City ARLINGTON State TX Zip Code 76013-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHWEST AIRLINES Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 02 / 2015  
Transaction ID : SA11.60105

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KENNETH MARSHALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 COOLIDGE AVE, #310

City WATERTOWN State MA Zip Code 02472-2874

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 06 / 2015  
Transaction ID : SA11.57735

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 357 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KENNETH MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 COOLIDGE AVE, #310  
 City WATERTOWN State MA Zip Code 02472-2874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 18 / 2015  
**Transaction ID : SA11.62221**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KENNETH MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 COOLIDGE AVE, #310  
 City WATERTOWN State MA Zip Code 02472-2874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : SA11.64330**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KENNETH MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 COOLIDGE AVE, #310  
 City WATERTOWN State MA Zip Code 02472-2874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 28 / 2015  
**Transaction ID : SA11.75696**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 358 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KENNETH MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 COOLIDGE AVE, #310  
 City WATERTOWN State MA Zip Code 02472-2874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 04 / 25 / 2015  
**Transaction ID : SA11.81910**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KENNETH MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 COOLIDGE AVE, #310  
 City WATERTOWN State MA Zip Code 02472-2874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.84825**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. L. A. MARSHA, JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5655 PINEBRANCH RD.  
 City COLUMBIA State SC Zip Code 29206-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WHOLESALE/EXPORT- TEXTILES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.57589**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 359 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. L. A. MARSHA, JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5655 PINEBRANCH RD.  
 City COLUMBIA State SC Zip Code 29206-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WHOLESALE/EXPORT- TEXTILES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 01 / 05 / 2015  
**Transaction ID : SA11.59541**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. L. A. MARSHA, JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5655 PINEBRANCH RD.  
 City COLUMBIA State SC Zip Code 29206-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WHOLESALE/EXPORT- TEXTILES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 02 / 05 / 2015  
**Transaction ID : SA11.65480**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. L. A. MARSHA, JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5655 PINEBRANCH RD.  
 City COLUMBIA State SC Zip Code 29206-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WHOLESALE/EXPORT- TEXTILES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 04 / 05 / 2015  
**Transaction ID : SA11.79567**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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: (check only one)	PAGE 360 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. L. A. MARSHA, JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5655 PINEBRANCH RD.  
 City COLUMBIA State SC Zip Code 29206-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WHOLESALE/EXPORT- TEXTILES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : SA11.84380**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALVARO MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15948 NW 82ND PLACE  
 City HIALEAH State FL Zip Code 33016-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11.59247**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALVARO MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15948 NW 82ND PLACE  
 City HIALEAH State FL Zip Code 33016-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.61494**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 361 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ALVARO MARTINEZ**

Mailing Address 15948 NW 82ND PLACE

City State Zip Code  
HIALEAH FL 33016-6618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**325.00**

Date of Receipt  
**02 / 25 / 2015**  
Transaction ID : **SA11.62714**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ALVARO MARTINEZ**

Mailing Address 15948 NW 82ND PLACE

City State Zip Code  
HIALEAH FL 33016-6618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**325.00**

Date of Receipt  
**03 / 15 / 2015**  
Transaction ID : **SA11.64546**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ALVARO MARTINEZ**

Mailing Address 15948 NW 82ND PLACE

City State Zip Code  
HIALEAH FL 33016-6618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**325.00**

Date of Receipt  
**05 / 05 / 2015**  
Transaction ID : **SA11.71381**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**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 362 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALVARO MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15948 NW 82ND PLACE  
 City HIALEAH State FL Zip Code 33016-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 20 / 2015  
**Transaction ID : SA11.74606**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALVARO MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15948 NW 82ND PLACE  
 City HIALEAH State FL Zip Code 33016-6618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 26 / 2015  
**Transaction ID : SA11.82174**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JEFFREY MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 STANFORD  
 City SAN ANTONIO State TX Zip Code 78212-2009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PVA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.71382**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 363 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEFFREY MARTINEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 STANFORD

City SAN ANTONIO State TX Zip Code 78212-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer PVA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : SA11.76146**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEFFREY MARTINEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 STANFORD

City SAN ANTONIO State TX Zip Code 78212-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer PVA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015

**Transaction ID : SA11.81454**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THELMA J. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8014 N. CIRCLE DR.

City HOUSTON State TX Zip Code 77071-3603

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11.58526**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 364 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DEBBIE MARUSH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1570 BAY BLVD

City ATLANTIC BEACH	State NY	Zip Code 11509-1606
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation R.N.
-----------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.59903**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM MARX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1509 SOUTHWICK ROAD

City VIRGINIA BEACH	State VA	Zip Code 23451-5965
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NEXCOM	Occupation BUYER
----------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2015

**Transaction ID : SA11.56219**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM MARX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1509 SOUTHWICK ROAD

City VIRGINIA BEACH	State VA	Zip Code 23451-5965
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NEXCOM	Occupation BUYER
----------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.65438**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> 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: (check only one)	PAGE 365 OF 705
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM MARX</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : SA11.72835</b>
Mailing Address 1509 SOUTHWICK ROAD		Amount of Each Receipt this Period 25.00
City VIRGINIA BEACH	State VA	Zip Code 23451-5965
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NEXCOM	Occupation BUYER	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM MARX</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 <b>Transaction ID : SA11.75099</b>
Mailing Address 1509 SOUTHWICK ROAD		Amount of Each Receipt this Period 35.00
City VIRGINIA BEACH	State VA	Zip Code 23451-5965
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NEXCOM	Occupation BUYER	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM MARX</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : SA11.80920</b>
Mailing Address 1509 SOUTHWICK ROAD		Amount of Each Receipt this Period 35.00
City VIRGINIA BEACH	State VA	Zip Code 23451-5965
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NEXCOM	Occupation BUYER	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> 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 366 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL State MT Zip Code 59044-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.56005**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL State MT Zip Code 59044-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11.56987**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL State MT Zip Code 59044-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 22 / 2015  
**Transaction ID : SA11.59597**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 367 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL State MT Zip Code 59044-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2015  
**Transaction ID : SA11.63790**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL State MT Zip Code 59044-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11.72836**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL State MT Zip Code 59044-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : SA11.80497**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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: (check only one)	PAGE 368 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RAMIN MASSING**

Mailing Address 1007 5TH.AVE.

City LAUREL	State MT	Zip Code 59044-1701
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83141**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GILBERT MATHEWS**

Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.61118**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GILBERT MATHEWS**

Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.61598**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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: (check only one)	PAGE 369 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GILBERT MATHEWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 911

City BURNSVILLE	State MN	Zip Code 55337-0911
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2015  
**Transaction ID : SA11.75380**

Amount of Each Receipt this Period  
900.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT MATOKA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 PERRYVISTA AVE

City PITTSBURGH	State PA	Zip Code 15237-4852
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation BOOKKEEPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2015  
**Transaction ID : SA11.78421**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW

City ATLANTA	State GA	Zip Code 30327-3718
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2015  
**Transaction ID : SA11.56952**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 370 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW

City ATLANTA	State GA	Zip Code 30327-3718
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

**Transaction ID : SA11.57359**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW

City ATLANTA	State GA	Zip Code 30327-3718
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71394**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW

City ATLANTA	State GA	Zip Code 30327-3718
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76189**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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: (check only one)	PAGE 371 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW  
City ATLANTA State GA Zip Code 30327-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.77667**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW  
City ATLANTA State GA Zip Code 30327-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : SA11.80187**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY J MAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4380 SUMMER LANE NW  
City ATLANTA State GA Zip Code 30327-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83001**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 372 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARBARA MC DONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 HAWTHORN DRIVE  
 City RICHMOND State TX Zip Code 77469-4821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 02 / 17 / 2015  
**Transaction ID : SA11.56339**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWIN MC DONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 W. ESCALON  
 City FRESNO State CA Zip Code 93711-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M.D. Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.60795**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWIN MC DONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 W. ESCALON  
 City FRESNO State CA Zip Code 93711-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M.D. Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 05 / 2015  
**Transaction ID : SA11.61126**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 373 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. EDWIN MC DONALD**  
Mailing Address 1604 W. ESCALON  
City State Zip Code  
FRESNO CA 93711-1938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
M.D. RETIRED  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**255.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 10 / 2015**  
**Transaction ID : SA11.61618**  
Amount of Each Receipt this Period  
**10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. EDWIN MC DONALD**  
Mailing Address 1604 W. ESCALON  
City State Zip Code  
FRESNO CA 93711-1938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
M.D. RETIRED  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**255.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 16 / 2015**  
**Transaction ID : SA11.64706**  
Amount of Each Receipt this Period  
**10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. EDWIN MC DONALD**  
Mailing Address 1604 W. ESCALON  
City State Zip Code  
FRESNO CA 93711-1938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
M.D. RETIRED  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**255.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 03 / 2015**  
**Transaction ID : SA11.65459**  
Amount of Each Receipt this Period  
**10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► **30.00**  
**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: (check only one)	PAGE 374 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWIN MC DONALD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1604 W. ESCALON

City FRESNO	State CA	Zip Code 93711-1938
FEC ID number of contributing federal political committee. C		
Name of Employer M.D.	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2015  
**Transaction ID : SA11.76659**

Amount of Each Receipt this Period  
255.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWIN MC DONALD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1604 W. ESCALON

City FRESNO	State CA	Zip Code 93711-1938
FEC ID number of contributing federal political committee. C		
Name of Employer M.D.	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015  
**Transaction ID : SA11.83548**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES MC DONALD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8778 DUNBLANE COURT

City TALLAHASSEE	State GA	Zip Code 30024-
FEC ID number of contributing federal political committee. C		
Name of Employer MCDONALD & ASSOCIATES, P.C.	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015  
**Transaction ID : SA11.83645**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 375 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PAULINE MCATEE**

Mailing Address 509 COUNTY ROAD 704

City State Zip Code  
JOSHUA TX 76058-5518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 04 / 2015  
**Transaction ID : SA11.60414**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LUCY MCBAIN**

Mailing Address 47100 W. ELDORADO DR.

City State Zip Code  
INDIAN WELLS CA 92210-8653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
02 / 05 / 2015  
**Transaction ID : SA11.55376**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LUCY MCBAIN**

Mailing Address 47100 W. ELDORADO DR.

City State Zip Code  
INDIAN WELLS CA 92210-8653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
01 / 05 / 2015  
**Transaction ID : SA11.59521**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**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 376 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LUCY MCBAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47100 W. ELDORADO DR.  
 City INDIAN WELLS State CA Zip Code 92210-8653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63241**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LUCY MCBAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47100 W. ELDORADO DR.  
 City INDIAN WELLS State CA Zip Code 92210-8653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71398**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LUCY MCBAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47100 W. ELDORADO DR.  
 City INDIAN WELLS State CA Zip Code 92210-8653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76058**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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: (check only one)	PAGE 377 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LUCY MCBAIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 47100 W. ELDORADO DR.

City INDIAN WELLS	State CA	Zip Code 92210-8653
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2015

**Transaction ID : SA11.79449**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LAURA MCCARTHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 SONORA STREET

City NEWPORT BEACH	State CA	Zip Code 92663-1741
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED RN
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

**Transaction ID : SA11.55081**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LAURA MCCARTHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 SONORA STREET

City NEWPORT BEACH	State CA	Zip Code 92663-1741
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED RN
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

**Transaction ID : SA11.60614**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> 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: (check only one)	PAGE 378 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LAURA MCCARTHY**

Mailing Address 109 SONORA STREET

City State Zip Code  
NEWPORT BEACH CA 92663-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015  
**Transaction ID : SA11.63606**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LAURA MCCARTHY**

Mailing Address 109 SONORA STREET

City State Zip Code  
NEWPORT BEACH CA 92663-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015  
**Transaction ID : SA11.64890**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LAURA MCCARTHY**

Mailing Address 109 SONORA STREET

City State Zip Code  
NEWPORT BEACH CA 92663-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2015  
**Transaction ID : SA11.75104**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 379 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LAURA MCCARTHY**

Mailing Address 109 SONORA STREET

City State Zip Code  
NEWPORT BEACH CA 92663-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015  
**Transaction ID : SA11.77058**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LAURA MCCARTHY**

Mailing Address 109 SONORA STREET

City State Zip Code  
NEWPORT BEACH CA 92663-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : SA11.83454**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SCOTT MCGEE**

Mailing Address 44 ROUVILLE AVE

City State Zip Code  
GARDNER MA 01440-3567

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MILTON CAT SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2015  
**Transaction ID : SA11.54115**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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: (check only one)	PAGE 380 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SCOTT MCGEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 ROUVILLE AVE

City GARDNER	State MA	Zip Code 01440-3567
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MILTON CAT	Occupation SALES
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.55368**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SCOTT MCGEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 ROUVILLE AVE

City GARDNER	State MA	Zip Code 01440-3567
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MILTON CAT	Occupation SALES
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.63318**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SCOTT MCGEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 ROUVILLE AVE

City GARDNER	State MA	Zip Code 01440-3567
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MILTON CAT	Occupation SALES
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71409**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 381 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SCOTT MCGEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 ROUVILLE AVE

City GARDNER	State MA	Zip Code 01440-3567
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MILTON CAT	Occupation SALES
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76050**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SCOTT MCGEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 ROUVILLE AVE

City GARDNER	State MA	Zip Code 01440-3567
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MILTON CAT	Occupation SALES
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2015

**Transaction ID : SA11.79523**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN MCKAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2231 SW 43 TER

City FT LAUDERDALE	State FL	Zip Code 33317-6633
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71417**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 382 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN MCKAY**  
 Mailing Address 2231 SW 43 TER  
 City State Zip Code  
 FT LAUDERDALE FL 33317-6633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74618**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN MCKAY**  
 Mailing Address 2231 SW 43 TER  
 City State Zip Code  
 FT LAUDERDALE FL 33317-6633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83307**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SHERRY MCKEAN**  
 Mailing Address P.O. BOX 9254  
 City State Zip Code  
 AMARILLO TX 79105-9254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INDIAN INK LEASING INC. SELF EMPLOYED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.59003**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 383 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SHERRY MCKEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 9254

City AMARILLO	State TX	Zip Code 79105-9254
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer INDIAN INK LEASING INC.	Occupation SELF EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Date of Receipt  
**06 / 30 / 2015**  
Transaction ID : SA11.77752

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN MCKINLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3241 RILMAN LAKE CT

City ATLANTA	State GA	Zip Code 30327-1537
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BRAND BANK	Occupation BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>325.00</b>	

Date of Receipt  
**02 / 18 / 2015**  
Transaction ID : SA11.56553

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN MCKINLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3241 RILMAN LAKE CT

City ATLANTA	State GA	Zip Code 30327-1537
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BRAND BANK	Occupation BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>325.00</b>	

Date of Receipt  
**02 / 06 / 2015**  
Transaction ID : SA11.61288

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</b>
<b>TOTAL</b> 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 384 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN MCKINLEY**  
 Mailing Address 3241 RILMAN LAKE CT  
 City ATLANTA State GA Zip Code 30327-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**BRAND BANK** **BANKER**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 03 / 08 / 2015  
**Transaction ID : SA11.63838**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN MCKINLEY**  
 Mailing Address 3241 RILMAN LAKE CT  
 City ATLANTA State GA Zip Code 30327-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**BRAND BANK** **BANKER**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 03 / 16 / 2015  
**Transaction ID : SA11.64883**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN MCKINLEY**  
 Mailing Address 3241 RILMAN LAKE CT  
 City ATLANTA State GA Zip Code 30327-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**BRAND BANK** **BANKER**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 05 / 05 / 2015  
**Transaction ID : SA11.71420**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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: (check only one)	PAGE 385 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN MCNULTY</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 <b>Transaction ID : SA11.76823</b>
Mailing Address 680 SOUTH EATON COURT		Amount of Each Receipt this Period 225.00
City LAKE FOREST	State IL	Zip Code 60045-4846
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SIGMATRON	Occupation SALES	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN MCNULTY</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 <b>Transaction ID : SA11.81362</b>
Mailing Address 680 SOUTH EATON COURT		Amount of Each Receipt this Period 25.00
City LAKE FOREST	State IL	Zip Code 60045-4846
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SIGMATRON	Occupation SALES	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN MCNULTY</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2015 <b>Transaction ID : SA11.81922</b>
Mailing Address 680 SOUTH EATON COURT		Amount of Each Receipt this Period 25.00
City LAKE FOREST	State IL	Zip Code 60045-4846
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SIGMATRON	Occupation SALES	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 386 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOANNA MCPARTLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5250 HORIZON DR.  
City MALIBU State CA Zip Code 90265-3736  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **03 / 26 / 2015**  
**Transaction ID : SA11.65365**  
Amount of Each Receipt this Period: **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOANNA MCPARTLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5250 HORIZON DR.  
City MALIBU State CA Zip Code 90265-3736  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 29 / 2015**  
**Transaction ID : SA11.85062**  
Amount of Each Receipt this Period: **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RUBEN A MENDIOLA JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 566300  
City MIAMI State FL Zip Code 33256-6300  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **DEALRNFA, INC** Occupation: **PRESIDENT**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **04 / 15 / 2015**  
**Transaction ID : SA11.81201**  
Amount of Each Receipt this Period: **250.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 387 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. NORMAN MERRIAM**

Mailing Address 4212 CLIFF ST.

City LARAMIE State WY Zip Code 82070-5321

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.55931**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN MEYER**

Mailing Address 4617 AMBERLEY DRIVE

City BIRMINGHAM State AL Zip Code 35242-7588

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. COURTS Occupation RETIRED FROM U. S. COURTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84422**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DAVID MICHAEL**

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.56301**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> 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 388 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID MICHAEL**  
 Mailing Address 3406 MARYWOOD DR  
 City SPRING State TX Zip Code 77388-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.56612**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DAVID MICHAEL**  
 Mailing Address 3406 MARYWOOD DR  
 City SPRING State TX Zip Code 77388-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57570**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DAVID MICHAEL**  
 Mailing Address 3406 MARYWOOD DR  
 City SPRING State TX Zip Code 77388-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60324**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 389 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID MICHAEL**

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : SA11.77838**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DAVID MICHAEL**

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 03 / 2015**

**Transaction ID : SA11.78828**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GORDON R MILLER**

Mailing Address 14289 W SHELLEY LANE

City WADSWORTH State IL Zip Code 60083-9550

FEC ID number of contributing federal political committee. **C**

Name of Employer REAL MFG CONSULTING Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 27 / 2015**

**Transaction ID : SA11.59722**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**

**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: (check only one)	PAGE 390 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MICHAEL MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 123 WEST MAIN ST

City BARRINGTON State IL Zip Code 60010-4302

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation JEWELER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79958**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MICHAEL MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 123 WEST MAIN ST

City BARRINGTON State IL Zip Code 60010-4302

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation JEWELER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83488**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PAUL MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 678

City MADILL State OK Zip Code 73446-0678

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.58258**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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 391 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PAUL MITCHELL**

Mailing Address P.O. BOX 678

City State Zip Code  
MADILL OK 73446-0678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 07 / 2015  
**Transaction ID : SA11.72848**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. PAUL MITCHELL**

Mailing Address P.O. BOX 678

City State Zip Code  
MADILL OK 73446-0678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79971**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. PAUL MITCHELL**

Mailing Address P.O. BOX 678

City State Zip Code  
MADILL OK 73446-0678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83329**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 150.00

**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: (check only one)	PAGE 392 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY	State IN	Zip Code 47116-9325
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED SOLDIER
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
457.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54351**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY	State IN	Zip Code 47116-9325
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED SOLDIER
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
457.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2015

**Transaction ID : SA11.56177**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY	State IN	Zip Code 47116-9325
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED SOLDIER
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
457.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

**Transaction ID : SA11.57331**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 393 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY State IN Zip Code 47116-9325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED SOLDIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.00

Date of Receipt 03 / 07 / 2015  
**Transaction ID : SA11.57893**

Amount of Each Receipt this Period 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY State IN Zip Code 47116-9325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED SOLDIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA11.59799**

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY State IN Zip Code 47116-9325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED SOLDIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.61660**

Amount of Each Receipt this Period 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00

**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: (check only one)	PAGE 394 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY State IN Zip Code 47116-9325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED SOLDIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : SA11.65349**

Amount of Each Receipt this Period 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY State IN Zip Code 47116-9325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED SOLDIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.00

Date of Receipt 04 / 06 / 2015  
**Transaction ID : SA11.79889**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLIAM E MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W GOVERNORS TRACE

City ECKERTY State IN Zip Code 47116-9325

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED SOLDIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.00

Date of Receipt 04 / 22 / 2015  
**Transaction ID : SA11.81566**

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 65.00

**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: (check only one)	PAGE 395 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARILYN MITSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 CHARLEY LAKE COURT

City NORTH OAKS State MN Zip Code 55127-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58214**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARILYN MITSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 CHARLEY LAKE COURT

City NORTH OAKS State MN Zip Code 55127-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2015  
**Transaction ID : SA11.64478**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RONALD MITSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 CHARLEY LAKE CT.

City NORTH OAKS State MN Zip Code 55127-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71446**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 396 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RONALD MITSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 CHARLEY LAKE CT.

City NORTH OAKS State MN Zip Code 55127-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11.71447**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RONALD MITSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 CHARLEY LAKE CT.

City NORTH OAKS State MN Zip Code 55127-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11.83597**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE State NC Zip Code 28791-

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : SA11.55927**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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: (check only one)	PAGE 397 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2015  
**Transaction ID : SA11.57070**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2015  
**Transaction ID : SA11.58555**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2015  
**Transaction ID : SA11.59950**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 398 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : SA11.60511**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2015  
**Transaction ID : SA11.62245**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2015  
**Transaction ID : SA11.62299**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> 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: (check only one)	PAGE 399 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
-------------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

**Transaction ID : SA11.63171**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
-------------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63471**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN MIZERAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4.0609509015E+015

City 78 BROGDEN LANE	State NC	Zip Code 28791-
-------------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.64576**

Amount of Each Receipt this Period  

5.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> 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 400 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALAN MIZERAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4.0609509015E+015  
 City State Zip Code  
 78 BROGDEN LANE NC 28791-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.75116**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN MIZERAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4.0609509015E+015  
 City State Zip Code  
 78 BROGDEN LANE NC 28791-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76310**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN MIZERAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4.0609509015E+015  
 City State Zip Code  
 78 BROGDEN LANE NC 28791-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : SA11.77451**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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: (check only one)	PAGE 401 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
FEC ID number of contributing federal political committee. C		
Name of Employer MOORE AND ASSOCIATES	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Date of Receipt  
01 / 16 / 2015  
Transaction ID : SA11.54130

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
FEC ID number of contributing federal political committee. C		
Name of Employer MOORE AND ASSOCIATES	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Date of Receipt  
02 / 04 / 2015  
Transaction ID : SA11.54735

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
FEC ID number of contributing federal political committee. C		
Name of Employer MOORE AND ASSOCIATES	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Date of Receipt  
03 / 03 / 2015  
Transaction ID : SA11.57316

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 402 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE AND ASSOCIATES	Occupation SELF
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.59729**

Amount of Each Receipt this Period  

215.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE AND ASSOCIATES	Occupation SELF
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.59959**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE AND ASSOCIATES	Occupation SELF
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

**Transaction ID : SA11.63189**

Amount of Each Receipt this Period  

10.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> 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: (check only one)	PAGE 403 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE AND ASSOCIATES	Occupation SELF
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SA11.65707**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANE MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 MONARCH COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE AND ASSOCIATES	Occupation SELF
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84064**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LEN MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16650 SCHOENBORN ST.

City NORTH HILLS	State CA	Zip Code 91343-6106
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE INDUSTRIES	Occupation ENGR.
--------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63614**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> 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: (check only one)	PAGE 404 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. LEON MORGAN</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 <b>Transaction ID : SA11.55014</b>
Mailing Address 43 FOREST BROOK ROAD		Amount of Each Receipt this Period 25.00
City GUILFORD	State CT	Zip Code 06437-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>B. LEON MORGAN</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2015 <b>Transaction ID : SA11.56285</b>
Mailing Address 43 FOREST BROOK ROAD		Amount of Each Receipt this Period 10.00
City GUILFORD	State CT	Zip Code 06437-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>C. LEON MORGAN</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 <b>Transaction ID : SA11.56964</b>
Mailing Address 43 FOREST BROOK ROAD		Amount of Each Receipt this Period 25.00
City GUILFORD	State CT	Zip Code 06437-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 405 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. LEON MORGAN</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2015 <b>Transaction ID : SA11.57440</b>
Mailing Address 43 FOREST BROOK ROAD		Amount of Each Receipt this Period 25.00
City GUILFORD	State CT	Zip Code 06437-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>B. LEON MORGAN</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2015 <b>Transaction ID : SA11.59863</b>
Mailing Address 43 FOREST BROOK ROAD		Amount of Each Receipt this Period 25.00
City GUILFORD	State CT	Zip Code 06437-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>C. LEON MORGAN</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015 <b>Transaction ID : SA11.63536</b>
Mailing Address 43 FOREST BROOK ROAD		Amount of Each Receipt this Period 25.00
City GUILFORD	State CT	Zip Code 06437-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 406 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LEON MORGAN**

Mailing Address 43 FOREST BROOK ROAD

City State Zip Code  
GUILFORD CT 06437-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2015  
**Transaction ID : SA11.63781**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LEON MORGAN**

Mailing Address 43 FOREST BROOK ROAD

City State Zip Code  
GUILFORD CT 06437-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : SA11.83364**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LEON MORGAN**

Mailing Address 43 FOREST BROOK ROAD

City State Zip Code  
GUILFORD CT 06437-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015  
**Transaction ID : SA11.85262**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 407 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PATRICK MURPHY**

Mailing Address W267N2899 WOODLAND DR

City State Zip Code  
PEWAUKEE WI 53072-4474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF HEALTH CARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2015  
**Transaction ID : SA11.61902**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. PATRICK MURPHY**

Mailing Address W267N2899 WOODLAND DR

City State Zip Code  
PEWAUKEE WI 53072-4474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF HEALTH CARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2015  
**Transaction ID : SA11.65235**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. PATRICK MURPHY**

Mailing Address W267N2899 WOODLAND DR

City State Zip Code  
PEWAUKEE WI 53072-4474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF HEALTH CARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2015  
**Transaction ID : SA11.71476**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 408 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARIA NAGY**

Mailing Address 2500 PARKVIEW DRIVE  
2207

City HALLANDALE BEACH State FL Zip Code 33009-2885

FEC ID number of contributing federal political committee. **C**

Name of Employer PFIZER Occupation CHEMIST (RET)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
03 / 03 / 2015  
**Transaction ID : SA11.57360**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARIA NAGY**

Mailing Address 2500 PARKVIEW DRIVE  
2207

City HALLANDALE BEACH State FL Zip Code 33009-2885

FEC ID number of contributing federal political committee. **C**

Name of Employer PFIZER Occupation CHEMIST (RET)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
03 / 16 / 2015  
**Transaction ID : SA11.58917**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARIA NAGY**

Mailing Address 2500 PARKVIEW DRIVE  
2207

City HALLANDALE BEACH State FL Zip Code 33009-2885

FEC ID number of contributing federal political committee. **C**

Name of Employer PFIZER Occupation CHEMIST (RET)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
04 / 04 / 2015  
**Transaction ID : SA11.79307**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 409 OF 705

(check only one)

Grid for line numbers 11a-17, with 17 checked.

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NAME OF COMMITTEE (In Full)

Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. MARIA NAGY

Mailing Address 2500 PARKVIEW DRIVE
2207

City HALLANDALE BEACH State FL Zip Code 33009-2885

FEC ID number of contributing federal political committee. C

Name of Employer PFIZER Occupation CHEMIST (RET)

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 375.00

Date of Receipt

04 / 28 / 2015

Transaction ID : SA11.84337

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)

B. ALBERT NAKATA

Mailing Address 1304 RUBIO VISTA ROAD

City ALTADENA State CA Zip Code 91001-1536

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 275.00

Date of Receipt

03 / 19 / 2015

Transaction ID : SA11.59268

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)

C. ALBERT NAKATA

Mailing Address 1304 RUBIO VISTA ROAD

City ALTADENA State CA Zip Code 91001-1536

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 275.00

Date of Receipt

01 / 28 / 2015

Transaction ID : SA11.59871

Amount of Each Receipt this Period 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 410 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ALBERT NAKATA**

Mailing Address 1304 RUBIO VISTA ROAD

City State Zip Code  
ALTADENA CA 91001-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60315**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ALBERT NAKATA**

Mailing Address 1304 RUBIO VISTA ROAD

City State Zip Code  
ALTADENA CA 91001-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63540**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ALBERT NAKATA**

Mailing Address 1304 RUBIO VISTA ROAD

City State Zip Code  
ALTADENA CA 91001-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64846**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  75.00

**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: (check only one)	PAGE 411 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALBERT NAKATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1304 RUBIO VISTA ROAD

City ALTADENA	State CA	Zip Code 91001-1536
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

**Transaction ID : SA11.82239**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALBERT NAKATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1304 RUBIO VISTA ROAD

City ALTADENA	State CA	Zip Code 91001-1536
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83295**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT NAPPI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 384 EAGLE DRIVE

City JUPITER	State FL	Zip Code 33477-4066
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation SELF-EMPLOYED
--------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60512**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 412 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT NAPPI**

Mailing Address **384 EAGLE DRIVE**

City <b>JUPITER</b>	State <b>FL</b>	Zip Code <b>33477-4066</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>SELF</b>	Occupation <b>SELF-EMPLOYED</b>
---------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63621**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. BYRON NELSON**

Mailing Address **220 AVE 1**

City <b>REDONDO BEACH</b>	State <b>CA</b>	Zip Code <b>90277</b>
------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA17.3525**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARGARET NICHOLS**

Mailing Address **9 HERITAGE LANE**

City <b>SCARBOROUGH</b>	State <b>ME</b>	Zip Code <b>04074-9785</b>
----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : SA11.55794**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>775.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 413 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARGARET NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 HERITAGE LANE

City SCARBOROUGH	State ME	Zip Code 04074-9785
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.63359**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARGARET NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 HERITAGE LANE

City SCARBOROUGH	State ME	Zip Code 04074-9785
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.63994**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DONALD NORBURY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 SE 28TH COURT

City OCALA	State FL	Zip Code 34471-4738
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : SA11.56747**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 414 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DONALD NORBURY**  
 Mailing Address 1414 SE 28TH COURT  
 City State Zip Code  
 Ocala FL 34471-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : SA11.61408**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DONALD NORBURY**  
 Mailing Address 1414 SE 28TH COURT  
 City State Zip Code  
 Ocala FL 34471-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.62185**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DONALD NORBURY**  
 Mailing Address 1414 SE 28TH COURT  
 City State Zip Code  
 Ocala FL 34471-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.62573**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**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 415 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DONALD NORBURY**

Mailing Address 1414 SE 28TH COURT

City State Zip Code  
OCALA FL 34471-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63597**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DONALD NORBURY**

Mailing Address 1414 SE 28TH COURT

City State Zip Code  
OCALA FL 34471-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71500**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DONALD NORBURY**

Mailing Address 1414 SE 28TH COURT

City State Zip Code  
OCALA FL 34471-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 08 / 2015  
**Transaction ID : SA11.73119**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 100.00

**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 416 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DONALD NORBURY**

Mailing Address 1414 SE 28TH COURT

City State Zip Code  
OCALA FL 34471-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 14 / 2015  
**Transaction ID : SA11.73958**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DONALD NORBURY**

Mailing Address 1414 SE 28TH COURT

City State Zip Code  
OCALA FL 34471-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74650**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DONALD NORBURY**

Mailing Address 1414 SE 28TH COURT

City State Zip Code  
OCALA FL 34471-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 15 / 2015  
**Transaction ID : SA11.76857**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 60.00

**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 417 OF 705
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DONALD NORBURY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 SE 28TH COURT

City OCALA	State FL	Zip Code 34471-4738
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2015  
**Transaction ID : SA11.77075**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DONALD NORBURY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 SE 28TH COURT

City OCALA	State FL	Zip Code 34471-4738
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2015  
**Transaction ID : SA11.80394**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DONALD NORBURY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 SE 28TH COURT

City OCALA	State FL	Zip Code 34471-4738
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015  
**Transaction ID : SA11.83148**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 418 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JON NORLING**  
 Mailing Address 1060 BUTTERCUP PLACE  
 City State Zip Code  
 MANTECA CA 95336-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.60024**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JON NORLING**  
 Mailing Address 1060 BUTTERCUP PLACE  
 City State Zip Code  
 MANTECA CA 95336-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61434**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JON NORLING**  
 Mailing Address 1060 BUTTERCUP PLACE  
 City State Zip Code  
 MANTECA CA 95336-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2015  
**Transaction ID : SA11.63754**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 419 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JON NORLING**  
 Mailing Address 1060 BUTTERCUP PLACE  
 City State Zip Code  
 MANTECA CA 95336-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11.73626**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JON NORLING**  
 Mailing Address 1060 BUTTERCUP PLACE  
 City State Zip Code  
 MANTECA CA 95336-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : SA11.76839**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JON NORLING**  
 Mailing Address 1060 BUTTERCUP PLACE  
 City State Zip Code  
 MANTECA CA 95336-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80174**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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: (check only one)	PAGE 420 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JON NORLING**

Mailing Address 1060 BUTTERCUP PLACE

City State Zip Code  
MANTECA CA 95336-9144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2015

Transaction ID : SA11.85264

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. TAMMY NORRIS**

Mailing Address 46 WHITE PLAINS DR

City State Zip Code  
JACKSON TN 38305-7328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WADE NORRIS LOGGING LLC BUSINESS MGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015

Transaction ID : SA11.83431

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CARL O'BERRY**

Mailing Address 10159 N 119TH PLACE

City State Zip Code  
SCOTTSDALE AZ 85259-5075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : SA11.62810

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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: (check only one)	PAGE 421 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CARL O'BERRY**

Mailing Address 10159 N 119TH PLACE

City State Zip Code  
SCOTTSDALE AZ 85259-5075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**725.00**

Date of Receipt  
**06 / 29 / 2015**

**Transaction ID : SA11.77420**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. HARVEY ORLIN**

Mailing Address 2 WINDSOR DRIVE

City State Zip Code  
OLD WESTBURY NY 11568-1529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**05 / 05 / 2015**

**Transaction ID : SA11.71528**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. HARVEY ORLIN**

Mailing Address 2 WINDSOR DRIVE

City State Zip Code  
OLD WESTBURY NY 11568-1529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**05 / 05 / 2015**

**Transaction ID : SA11.71529**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 422 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. HARVEY ORLIN**  
 Mailing Address **2 WINDSOR DRIVE**  
 City State Zip Code  
**OLD WESTBURY NY 11568-1529**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SELF PHYSICIAN**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**04 / 03 / 2015**  
**Transaction ID : SA11.79071**  
 Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. HARVEY ORLIN**  
 Mailing Address **2 WINDSOR DRIVE**  
 City State Zip Code  
**OLD WESTBURY NY 11568-1529**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SELF PHYSICIAN**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**04 / 03 / 2015**  
**Transaction ID : SA11.79074**  
 Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. HARVEY ORLIN**  
 Mailing Address **2 WINDSOR DRIVE**  
 City State Zip Code  
**OLD WESTBURY NY 11568-1529**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SELF PHYSICIAN**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**04 / 28 / 2015**  
**Transaction ID : SA11.84106**  
 Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**  
**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: (check only one)	PAGE 423 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARYGINA ORTIZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 188 STEADWELL RD

City AMSTERDAM	State NY	Zip Code 12010-7507
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE PROFESSIONAL
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.57263**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARYGINA ORTIZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 188 STEADWELL RD

City AMSTERDAM	State NY	Zip Code 12010-7507
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE PROFESSIONAL
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.65190**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARYGINA ORTIZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 188 STEADWELL RD

City AMSTERDAM	State NY	Zip Code 12010-7507
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE PROFESSIONAL
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11.72462**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 424 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN OTT**

Mailing Address 2381 S. BRENTWOOD ST

City State Zip Code  
LAKEWOOD CO 80227-3141

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.54153**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN OTT**

Mailing Address 2381 S. BRENTWOOD ST

City State Zip Code  
LAKEWOOD CO 80227-3141

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.57169**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN OTT**

Mailing Address 2381 S. BRENTWOOD ST

City State Zip Code  
LAKEWOOD CO 80227-3141

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.64344**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....

**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: (check only one)	PAGE 425 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KENNETH OTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 N THIRD ST

City TIPP CITY	State OH	Zip Code 45371-1916
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71533**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KENNETH OTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 N THIRD ST

City TIPP CITY	State OH	Zip Code 45371-1916
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77561**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KENNETH OTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 N THIRD ST

City TIPP CITY	State OH	Zip Code 45371-1916
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79415**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 426 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. ROYCE OWENS</b>		Date of Receipt
Mailing Address 1107 NARCILLE STREET		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
BAYTOWN	TX	77520-5702
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.63619</b>
NOT A CHANCE!	RETIRED!	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. DIANNE PADGETT</b>		Date of Receipt
Mailing Address 10803 BURGOYNE ROAD		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOUSTON	TX	77042-2719
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.54562</b>
SELF - PADGETT EXPLORATION	GEOPHYSICAL CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. DIANNE PADGETT</b>		Date of Receipt
Mailing Address 10803 BURGOYNE ROAD		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOUSTON	TX	77042-2719
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.57587</b>
SELF - PADGETT EXPLORATION	GEOPHYSICAL CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 427 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANNE PADGETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10803 BURGOYNE ROAD

City HOUSTON	State TX	Zip Code 77042-2719
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF - PADGETT EXPLORATION	Occupation GEOPHYSICAL CONSULTANT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.59021**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANNE PADGETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10803 BURGOYNE ROAD

City HOUSTON	State TX	Zip Code 77042-2719
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF - PADGETT EXPLORATION	Occupation GEOPHYSICAL CONSULTANT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.59275**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DIANNE PADGETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10803 BURGOYNE ROAD

City HOUSTON	State TX	Zip Code 77042-2719
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF - PADGETT EXPLORATION	Occupation GEOPHYSICAL CONSULTANT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.75398**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 428 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARY PADILLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 179 LA MEDIA RD SW

City ALBUQUERQUE	State NM	Zip Code 87105-2719
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54355**

Amount of Each Receipt this Period  

290.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARY PADILLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 179 LA MEDIA RD SW

City ALBUQUERQUE	State NM	Zip Code 87105-2719
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2015

**Transaction ID : SA11.58000**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARY PADILLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 179 LA MEDIA RD SW

City ALBUQUERQUE	State NM	Zip Code 87105-2719
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.58903**

Amount of Each Receipt this Period  

20.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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: (check only one)	PAGE 429 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARY PADILLA**

Mailing Address 179 LA MEDIA RD SW

City State Zip Code  
ALBUQUERQUE NM 87105-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2015  
**Transaction ID : SA11.62204**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARY PADILLA**

Mailing Address 179 LA MEDIA RD SW

City State Zip Code  
ALBUQUERQUE NM 87105-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015  
**Transaction ID : SA11.63882**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARY PADILLA**

Mailing Address 179 LA MEDIA RD SW

City State Zip Code  
ALBUQUERQUE NM 87105-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2015  
**Transaction ID : SA11.75140**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> 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 430 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARY PADILLA**  
 Mailing Address 179 LA MEDIA RD SW  
 City ALBUQUERQUE State NM Zip Code 87105-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11.78382**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. SHERWOOD PARKHURST**  
 Mailing Address 3920 E. PIONEER ROAD  
 City ROGERSVILLE State MO Zip Code 65742-9494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60819**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SHERWOOD PARKHURST**  
 Mailing Address 3920 E. PIONEER ROAD  
 City ROGERSVILLE State MO Zip Code 65742-9494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.65186**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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: (check only one)	PAGE 431 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SHERWOOD PARKHURST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3920 E. PIONEER ROAD

City ROGERSVILLE	State MO	Zip Code 65742-9494
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SA11.65678**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SHERWOOD PARKHURST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3920 E. PIONEER ROAD

City ROGERSVILLE	State MO	Zip Code 65742-9494
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79395**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MICHAEL PARR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2426 NW MILL POND RD

City PORTLAND	State OR	Zip Code 97229-7536
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CASCADE	Occupation DISTRIBUTION
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11.76976**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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: (check only one)	PAGE 432 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MICHAEL PARR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2426 NW MILL POND RD

City PORTLAND	State OR	Zip Code 97229-7536
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CASCADE	Occupation DISTRIBUTION
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.80380**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MICHAEL PARR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2426 NW MILL POND RD

City PORTLAND	State OR	Zip Code 97229-7536
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CASCADE	Occupation DISTRIBUTION
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.81372**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JEANNE PATRICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14606 BERRY CIR

City OMAHA	State NE	Zip Code 68137-2566
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N P DODGE COMPANY	Occupation REAL ESTATE SALES
---------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.54994**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 433 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEANNE PATRICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14606 BERRY CIR  
City OMAHA State NE Zip Code 68137-2566  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N P DODGE COMPANY Occupation REAL ESTATE SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2015  
Transaction ID : SA11.60049  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEANNE PATRICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14606 BERRY CIR  
City OMAHA State NE Zip Code 68137-2566  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N P DODGE COMPANY Occupation REAL ESTATE SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2015  
Transaction ID : SA11.71549  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE  
City TARZANA State CA Zip Code 91356-5823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 925.00

Date of Receipt 01 / 16 / 2015  
Transaction ID : SA11.54133  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**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: (check only one)	PAGE 434 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARTHA PAULISSIAN**

Full Name (Last, First, Middle Initial)  
MARTHA PAULISSIAN

Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : SA11.54162**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARTHA PAULISSIAN**

Full Name (Last, First, Middle Initial)  
MARTHA PAULISSIAN

Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2015

**Transaction ID : SA11.55747**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARTHA PAULISSIAN**

Full Name (Last, First, Middle Initial)  
MARTHA PAULISSIAN

Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : SA11.56702**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 435 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City TARZANA	State CA	Zip Code 91356-5823
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : SA11.58274**

Amount of Each Receipt this Period  

925.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City TARZANA	State CA	Zip Code 91356-5823
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA11.58530**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City TARZANA	State CA	Zip Code 91356-5823
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2015

**Transaction ID : SA11.59554**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 436 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARTHA PAULISSIAN**

Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.62059**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARTHA PAULISSIAN**

Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2015  
**Transaction ID : SA11.62485**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARTHA PAULISSIAN**

Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : SA11.62737**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 437 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARTHA PAULISSIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3848 WINFORD DRIVE  
 City State Zip Code  
 TARZANA CA 91356-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.63136**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARTHA PAULISSIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3848 WINFORD DRIVE  
 City State Zip Code  
 TARZANA CA 91356-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63584**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARTHA PAULISSIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3848 WINFORD DRIVE  
 City State Zip Code  
 TARZANA CA 91356-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64904**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 438 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARTHA PAULISSIAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **925.00**

Date of Receipt  
**03 / 21 / 2015**

**Transaction ID : SA11.65253**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARTHA PAULISSIAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **925.00**

Date of Receipt  
**05 / 31 / 2015**

**Transaction ID : SA11.75923**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARTHA PAULISSIAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City State Zip Code  
TARZANA CA 91356-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **925.00**

Date of Receipt  
**06 / 21 / 2015**

**Transaction ID : SA11.77267**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**

**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 439 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MARTHA PAULISSIAN**  
 Mailing Address 3848 WINFORD DRIVE  
 City State Zip Code  
 TARZANA CA 91356-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80339**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARTHA PAULISSIAN**  
 Mailing Address 3848 WINFORD DRIVE  
 City State Zip Code  
 TARZANA CA 91356-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2015  
**Transaction ID : SA11.80763**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MARTHA PAULISSIAN**  
 Mailing Address 3848 WINFORD DRIVE  
 City State Zip Code  
 TARZANA CA 91356-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : SA11.81260**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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: (check only one)	PAGE 440 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City TARZANA	State CA	Zip Code 91356-5823
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

**Transaction ID : SA11.81713**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City TARZANA	State CA	Zip Code 91356-5823
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

**Transaction ID : SA11.81720**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE

City TARZANA	State CA	Zip Code 91356-5823
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83327**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 441 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARTHA PAULISSIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3848 WINFORD DRIVE  
City TARZANA State CA Zip Code 91356-5823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **925.00**

Date of Receipt **04 / 28 / 2015**  
**Transaction ID : SA11.84221**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE  
City TORRANCE State CA Zip Code 90501-6045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **465.00**

Date of Receipt **02 / 19 / 2015**  
**Transaction ID : SA11.56637**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE  
City TORRANCE State CA Zip Code 90501-6045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **465.00**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : SA11.60669**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**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: (check only one)	PAGE 442 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE

City TORRANCE	State CA	Zip Code 90501-6045
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : SA11.61772**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE

City TORRANCE	State CA	Zip Code 90501-6045
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : SA11.62072**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE

City TORRANCE	State CA	Zip Code 90501-6045
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SA11.62209**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 443 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE

City TORRANCE	State CA	Zip Code 90501-6045
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : SA11.62214**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE

City TORRANCE	State CA	Zip Code 90501-6045
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.63014**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT PAULSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 W. 235TH PLACE

City TORRANCE	State CA	Zip Code 90501-6045
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11.73126**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 444 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT PAULSON**

Mailing Address 2133 W. 235TH PLACE

City State Zip Code  
TORRANCE CA 90501-6045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2015

**Transaction ID : SA11.74668**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT PAULSON**

Mailing Address 2133 W. 235TH PLACE

City State Zip Code  
TORRANCE CA 90501-6045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : SA11.79824**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ROBERT PAULSON**

Mailing Address 2133 W. 235TH PLACE

City State Zip Code  
TORRANCE CA 90501-6045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : SA11.80071**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 445 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT PAULSON**

Mailing Address 2133 W. 235TH PLACE

City State Zip Code  
TORRANCE CA 90501-6045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83317**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City State Zip Code  
LEONIA NJ 07605-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2015  
**Transaction ID : SA11.54152**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City State Zip Code  
LEONIA NJ 07605-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : SA11.57154**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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: (check only one)	PAGE 446 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City LEONIA State NJ Zip Code 07605-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57507**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City LEONIA State NJ Zip Code 07605-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.59384**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City LEONIA State NJ Zip Code 07605-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60868**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 447 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City LEONIA	State NJ	Zip Code 07605-1550
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2015

**Transaction ID : SA11.62473**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
									10.00

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City LEONIA	State NJ	Zip Code 07605-1550
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

**Transaction ID : SA11.72864**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
									25.00

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CLARK PEALE**

Mailing Address 135 OVERLOOK AVE

City LEONIA	State NJ	Zip Code 07605-1550
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2015

**Transaction ID : SA11.73276**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
									25.00

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 448 OF 705
11a 11b 11c 12
13 14 15 16 [X] 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. CLARK PEALE
Full Name (Last, First, Middle Initial)
Mailing Address 135 OVERLOOK AVE
City LEONIA State NJ Zip Code 07605-1550
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 335.00

Date of Receipt 06 / 16 / 2015
Transaction ID : SA11.77077
Amount of Each Receipt this Period 25.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

B. JOHN PECK
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 829
City RANCHO SANTA FE State CA Zip Code 92067-0829
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation REAL ESTATE INVESTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 3100.00

Date of Receipt 01 / 28 / 2015
Transaction ID : SA11.59910
Amount of Each Receipt this Period 100.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

C. JOHN PECK
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 829
City RANCHO SANTA FE State CA Zip Code 92067-0829
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation REAL ESTATE INVESTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 3100.00

Date of Receipt 06 / 12 / 2015
Transaction ID : SA11.76604
Amount of Each Receipt this Period 2500.00
CONTRIBUTION
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

SUBTOTAL of Receipts This Page (optional) 2625.00
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: (check only one)	PAGE 449 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MILDRED PEERY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 COWPER

City PALO ALTO	State CA	Zip Code 94301-4112
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : SA11.57101**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANNE PELLISSIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1515 SHASTA DR.

City DAVIS	State CA	Zip Code 95616-6691
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SA11.55483**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DIANNE PELLISSIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1515 SHASTA DR.

City DAVIS	State CA	Zip Code 95616-6691
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : SA11.56514**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 450 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANNE PELLISSIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1515 SHASTA DR.  
City DAVIS State CA Zip Code 95616-6691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.58211**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANNE PELLISSIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1515 SHASTA DR.  
City DAVIS State CA Zip Code 95616-6691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.61661**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICK PENDLETON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35829 OAK SPRINGS RD.  
City TOLLHOUSE State CA Zip Code 93667-9611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation ARCHITECT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.83643**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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: (check only one)	PAGE 451 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES PETE**

Mailing Address 77 TALBOT CT

City MEDIA State PA Zip Code 19063-5527

FEC ID number of contributing federal political committee. **C**

Name of Employer HANOVER INSURANCE GROUP Occupation INSURANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84423**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT PHIPPS**

Mailing Address 80 MAIN STREET

City HOPKINTON State MA Zip Code 01748-1177

FEC ID number of contributing federal political committee. **C**

Name of Employer PAUL M PHIPPS INSURANCE AGENCY, INC. Occupation BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : SA11.77022**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DORIS PINSLEY**

Mailing Address 17 HARBOR DRIVE

City RUMSON State NJ Zip Code 07760-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11.54103**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00

**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 452 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DORIS PINSLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 HARBOR DRIVE  
 City RUMSON State NJ Zip Code 07760-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.57214**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DORIS PINSLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 HARBOR DRIVE  
 City RUMSON State NJ Zip Code 07760-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.62492**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DORIS PINSLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 HARBOR DRIVE  
 City RUMSON State NJ Zip Code 07760-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63237**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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: (check only one)	PAGE 453 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DORIS PINSLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 HARBOR DRIVE

City RUMSON State NJ Zip Code 07760-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
03 / 16 / 2015  
Transaction ID : SA11.64627

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DORIS PINSLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 HARBOR DRIVE

City RUMSON State NJ Zip Code 07760-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
02 / 05 / 2015  
Transaction ID : SA11.65481

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DORIS PINSLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 HARBOR DRIVE

City RUMSON State NJ Zip Code 07760-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
05 / 05 / 2015  
Transaction ID : SA11.71573

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**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: (check only one)	PAGE 454 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DORIS PINSLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 HARBOR DRIVE

City RUMSON	State NJ	Zip Code 07760-1018
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2015  
**Transaction ID : SA11.76046**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DORIS PINSLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 HARBOR DRIVE

City RUMSON	State NJ	Zip Code 07760-1018
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2015  
**Transaction ID : SA11.79442**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ANTHONY POGODZINSKI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9609 MANITOU PARK DR

City MINOCQUA	State WI	Zip Code 54548-9362
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation RETIRED
------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015  
**Transaction ID : SA11.61439**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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 455 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ANTHONY POGODZINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9609 MANITOU PARK DR  
 City State Zip Code  
 MINOCQUA WI 54548-9362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NA RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.62309**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ANTHONY POGODZINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9609 MANITOU PARK DR  
 City State Zip Code  
 MINOCQUA WI 54548-9362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NA RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.65160**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ANTHONY POGODZINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9609 MANITOU PARK DR  
 City State Zip Code  
 MINOCQUA WI 54548-9362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NA RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74677**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 456 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ANTHONY POGODZINSKI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9609 MANITOU PARK DR  
City MINOCQUA State WI Zip Code 54548-9362  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **475.00**

Date of Receipt **04 / 23 / 2015**  
**Transaction ID : SA11.81694**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW  
City BIG LAKE State MN Zip Code 55309-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 14 / 2015**  
**Transaction ID : SA11.58580**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW  
City BIG LAKE State MN Zip Code 55309-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 16 / 2015**  
**Transaction ID : SA11.61971**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**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: (check only one)	PAGE 457 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW

City BIG LAKE	State MN	Zip Code 55309-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : SA11.62312**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW

City BIG LAKE	State MN	Zip Code 55309-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : SA11.62807**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW

City BIG LAKE	State MN	Zip Code 55309-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SA11.63889**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 458 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW

City BIG LAKE	State MN	Zip Code 55309-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.65129**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW

City BIG LAKE	State MN	Zip Code 55309-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : SA11.79757**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EARL POIRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19987-182 AVE NW

City BIG LAKE	State MN	Zip Code 55309-
------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation NONE
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.82810**

Amount of Each Receipt this Period  

10.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 459 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD POLLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 20404  
 City ST. SIMONS ISLAND State GA Zip Code 31522-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMORY UNIVERSITY Occupation ACADEMICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 18 / 2015  
**Transaction ID : SA11.65054**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD POLLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 20404  
 City ST. SIMONS ISLAND State GA Zip Code 31522-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMORY UNIVERSITY Occupation ACADEMICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.79092**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARGUERITE POTTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2007  
 City BOCA GRANDE State FL Zip Code 33921-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.78016**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 600.00  
**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: (check only one)	PAGE 460 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LUE POWERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 S. BC AVE.  
City LYNDEN State WA Zip Code 98264-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : SA11.58201**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LUE POWERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 S. BC AVE.  
City LYNDEN State WA Zip Code 98264-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 14 / 2015**  
**Transaction ID : SA11.58634**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LUE POWERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 S. BC AVE.  
City LYNDEN State WA Zip Code 98264-2010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation HOME MAKER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : SA11.60506**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**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 461 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LUE POWERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 S. BC AVE.  
 City LYNDEN State WA Zip Code 98264-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOME MAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.62319**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LUE POWERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 S. BC AVE.  
 City LYNDEN State WA Zip Code 98264-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOME MAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2015  
**Transaction ID : SA11.73822**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN PRATT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1479 SW SHORELINE DRIVE  
 City PALM CITY State FL Zip Code 34990-4535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71581**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 462 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN PRATT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1479 SW SHORELINE DRIVE

City PALM CITY	State FL	Zip Code 34990-4535
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11.73141**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN PRATT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1479 SW SHORELINE DRIVE

City PALM CITY	State FL	Zip Code 34990-4535
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : SA11.76417**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN PRATT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1479 SW SHORELINE DRIVE

City PALM CITY	State FL	Zip Code 34990-4535
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11.76906**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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

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(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN PRATT**

Mailing Address 1479 SW SHORELINE DRIVE

City PALM CITY State FL Zip Code 34990-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **04 / 12 / 2015**

**Transaction ID : SA11.80936**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN PRATT**

Mailing Address 1479 SW SHORELINE DRIVE

City PALM CITY State FL Zip Code 34990-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **04 / 28 / 2015**

**Transaction ID : SA11.84302**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN PRATT**

Mailing Address 1479 SW SHORELINE DRIVE

City PALM CITY State FL Zip Code 34990-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **04 / 28 / 2015**

**Transaction ID : SA11.84379**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**

**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: (check only one)	PAGE 464 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RALPH PRESCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 GARLAND LANE

City WEST GARDINER State ME Zip Code 04345-3389

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation MAINE GUIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2015

**Transaction ID : SA11.58576**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RALPH PRESCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 GARLAND LANE

City WEST GARDINER State ME Zip Code 04345-3389

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation MAINE GUIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : SA11.62073**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RALPH PRESCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 GARLAND LANE

City WEST GARDINER State ME Zip Code 04345-3389

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation MAINE GUIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.64705**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 465 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RALPH PRESCOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 GARLAND LANE

City WEST GARDINER	State ME	Zip Code 04345-3389
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation MAINE GUIDE
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2015

**Transaction ID : SA11.74196**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RALPH PRESCOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 GARLAND LANE

City WEST GARDINER	State ME	Zip Code 04345-3389
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation MAINE GUIDE
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77446**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RALPH PRESCOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 GARLAND LANE

City WEST GARDINER	State ME	Zip Code 04345-3389
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation MAINE GUIDE
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

**Transaction ID : SA11.80295**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 466 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RALPH PRESCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 GARLAND LANE  
 City WEST GARDINER State ME Zip Code 04345-3389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation MAINE GUIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 22 / 2015  
**Transaction ID : SA11.81534**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RALPH PRESCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 GARLAND LANE  
 City WEST GARDINER State ME Zip Code 04345-3389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation MAINE GUIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : SA11.82825**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LENORA H PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W. SUNFLOWER DRIVE  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EUCLID, OH BD OF EDUCATION Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.00

Date of Receipt 02 / 05 / 2015  
**Transaction ID : SA11.55363**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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 467 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LENORA H PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W. SUNFLOWER DRIVE  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EUCLID, OH BD OF EDUCATION Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.00

Date of Receipt 01 / 05 / 2015  
**Transaction ID : SA11.59542**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LENORA H PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W. SUNFLOWER DRIVE  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EUCLID, OH BD OF EDUCATION Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.63375**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LENORA H PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W. SUNFLOWER DRIVE  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EUCLID, OH BD OF EDUCATION Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.71590**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: (check only one)	PAGE 468 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LENORA H PUSTA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138 W. SUNFLOWER DRIVE

City PAYSON	State AZ	Zip Code 85541-6152
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EUCLID, OH BD OF EDUCATION	Occupation RETIRED
--	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1735.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	05	/	2015

**Transaction ID : SA11.79568**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LENORA PUSTA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138 WEST SUNFLOWER DRIVE

City PAYSON	State AZ	Zip Code 85541-6152
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	06	/	2015

**Transaction ID : SA11.79983**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLOTTE RACKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2096

City CLOVIS	State CA	Zip Code 93613-2096
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	05	/	2015

**Transaction ID : SA11.54116**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> 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: (check only one)	PAGE 469 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLOTTE RACKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2096

City CLOVIS	State CA	Zip Code 93613-2096
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2015  
**Transaction ID : SA11.55372**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLOTTE RACKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2096

City CLOVIS	State CA	Zip Code 93613-2096
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2015  
**Transaction ID : SA11.57534**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLOTTE RACKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2096

City CLOVIS	State CA	Zip Code 93613-2096
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2015  
**Transaction ID : SA11.71593**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 470 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLOTTE RACKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2096  
 City CLOVIS State CA Zip Code 93613-2096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76055**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLOTTE RACKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2096  
 City CLOVIS State CA Zip Code 93613-2096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79524**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN RAINONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 LANDERS RD.  
 City READING State MA Zip Code 01867-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.64107**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 471 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN RAINONE**  
 Mailing Address 12 LANDERS RD.  
 City State Zip Code  
 READING MA 01867-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71595**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN RAINONE**  
 Mailing Address 12 LANDERS RD.  
 City State Zip Code  
 READING MA 01867-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.75167**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN RAINONE**  
 Mailing Address 12 LANDERS RD.  
 City State Zip Code  
 READING MA 01867-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79067**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 472 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DICK RANDALL**

Mailing Address 22348 REGNART RD

City State Zip Code  
CUPERTINO CA 95014-4825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015  
**Transaction ID : SA11.57595**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DICK RANDALL**

Mailing Address 22348 REGNART RD

City State Zip Code  
CUPERTINO CA 95014-4825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2015  
**Transaction ID : SA11.60443**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DICK RANDALL**

Mailing Address 22348 REGNART RD

City State Zip Code  
CUPERTINO CA 95014-4825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015  
**Transaction ID : SA11.78422**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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: (check only one)	PAGE 473 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DICK RANDALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22348 REGNART RD  
City CUPERTINO State CA Zip Code 95014-4825  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3500.00**

Date of Receipt **04 / 07 / 2015**  
**Transaction ID : SA11.80359**  
Amount of Each Receipt this Period **1000.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KAKARALA RAO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 630,103RD AVE N  
City NAPLES State FL Zip Code 34108-3219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US GOVERNMENT Occupation PHYSICIAN RTD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **215.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : SA11.59296**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KAKARALA RAO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 630,103RD AVE N  
City NAPLES State FL Zip Code 34108-3219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US GOVERNMENT Occupation PHYSICIAN RTD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **215.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : SA11.60921**  
Amount of Each Receipt this Period **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **1020.00**  
**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: (check only one)	PAGE 474 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KENNETH RASCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 JOHNSON AVE

City FORT DODGE State IA Zip Code 50501-8572

FEC ID number of contributing federal political committee. **C**

Name of Employer RASCH FARMS Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.57253**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KENNETH RASCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 JOHNSON AVE

City FORT DODGE State IA Zip Code 50501-8572

FEC ID number of contributing federal political committee. **C**

Name of Employer RASCH FARMS Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.65606**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KENNETH RASCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 JOHNSON AVE

City FORT DODGE State IA Zip Code 50501-8572

FEC ID number of contributing federal political committee. **C**

Name of Employer RASCH FARMS Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.65611**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 475 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. KENNETH RASCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 JOHNSON AVE

City FORT DODGE State IA Zip Code 50501-8572

FEC ID number of contributing federal political committee. **C**

Name of Employer RASCH FARMS Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **05 / 12 / 2015**  
Transaction ID : **SA11.73657**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KENNETH RASCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 JOHNSON AVE

City FORT DODGE State IA Zip Code 50501-8572

FEC ID number of contributing federal political committee. **C**

Name of Employer RASCH FARMS Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **04 / 03 / 2015**  
Transaction ID : **SA11.78595**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES RATHBONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 940 NE RAVEN CT.

City BEND State OR Zip Code 97701-8816

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 28 / 2015**  
Transaction ID : **SA11.59895**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **85.00**

**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: (check only one)	PAGE 476 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES RATHBONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 940 NE RAVEN CT.  
City BEND State OR Zip Code 97701-8816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 24 / 2015  
Transaction ID : SA11.62622  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN D. REED**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 N. SCOTT RD.  
City FORT WAYNE State IN Zip Code 46814-8722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INS. AGT/BROKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 02 / 04 / 2015  
Transaction ID : SA11.60365  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN D. REED**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 N. SCOTT RD.  
City FORT WAYNE State IN Zip Code 46814-8722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INS. AGT/BROKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 02 / 25 / 2015  
Transaction ID : SA11.62688  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**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: (check only one)	PAGE 477 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALAN D. REED**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 N. SCOTT RD.  
City FORT WAYNE State IN Zip Code 46814-8722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INS. AGT/BROKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.63352**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN D. REED**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 N. SCOTT RD.  
City FORT WAYNE State IN Zip Code 46814-8722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INS. AGT/BROKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11.64204**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALAN D. REED**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 N. SCOTT RD.  
City FORT WAYNE State IN Zip Code 46814-8722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INS. AGT/BROKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : SA11.75173**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 478 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALAN D. REED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 N. SCOTT RD.  
 City State Zip Code  
 FORT WAYNE IN 46814-8722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INS. AGT/BROKER  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80190**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALAN D. REED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 N. SCOTT RD.  
 City State Zip Code  
 FORT WAYNE IN 46814-8722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INS. AGT/BROKER  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11.81711**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EUGENE RHODES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 PARK GREEN DR.  
 City State Zip Code  
 CORONA DEL MAR CA 92625-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RHODESDEVELOPMENT CO. REAL ESTATE  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.54446**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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: (check only one)	PAGE 479 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN RINNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 N WAKONDA ST

City FLAGSTAFF State AZ Zip Code 86004-7262

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.54566**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN RINNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 N WAKONDA ST

City FLAGSTAFF State AZ Zip Code 86004-7262

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : SA11.62841**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN RINNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 N WAKONDA ST

City FLAGSTAFF State AZ Zip Code 86004-7262

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.62979**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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: (check only one)	PAGE 480 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN RINNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 N WAKONDA ST

City FLAGSTAFF State AZ Zip Code 86004-7262

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.65623**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JAMES ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 ORIOLE CT.

City GENESEO State IL Zip Code 61254-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11.54121**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 ORIOLE CT.

City GENESEO State IL Zip Code 61254-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.55374**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 481 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES ROBERTS**

Mailing Address 830 ORIOLE CT.

City State Zip Code  
GENESEO IL 61254-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1525.00

Date of Receipt  
 M  M  /  D  D  /  Y  Y  Y  Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57593**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JAMES ROBERTS**

Mailing Address 830 ORIOLE CT.

City State Zip Code  
GENESEO IL 61254-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1525.00

Date of Receipt  
 M  M  /  D  D  /  Y  Y  Y  Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71633**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JAMES ROBERTS**

Mailing Address 830 ORIOLE CT.

City State Zip Code  
GENESEO IL 61254-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1525.00

Date of Receipt  
 M  M  /  D  D  /  Y  Y  Y  Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76128**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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: (check only one)	PAGE 482 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES ROBERTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 830 ORIOLE CT.  
City GENESEO State IL Zip Code 61254-1156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1525.00**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : SA11.79088**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JAMES ROBERTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 830 ORIOLE CT.  
City GENESEO State IL Zip Code 61254-1156  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1525.00**

Date of Receipt **04 / 05 / 2015**  
**Transaction ID : SA11.79571**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARK RODACK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16051 COLLINS AVE  
City SUNNY ISLES BEACH State FL Zip Code 33160-4505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 14 / 2015**  
**Transaction ID : SA11.73977**  
Amount of Each Receipt this Period **100.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 483 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARK RODACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 16051 COLLINS AVE

City SUNNY ISLES BEACH	State FL	Zip Code 33160-4505
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74705**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARK RODACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 16051 COLLINS AVE

City SUNNY ISLES BEACH	State FL	Zip Code 33160-4505
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : SA11.80940**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JON ROGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 AVIATION BLVD

City LINCOLN	State CA	Zip Code 95648-9317
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RFC	Occupation MANAGER
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60200**

Amount of Each Receipt this Period  

50.00
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CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 484 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JON ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 AVIATION BLVD  
 City LINCORN State CA Zip Code 95648-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RFC Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.63608**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JON ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 AVIATION BLVD  
 City LINCORN State CA Zip Code 95648-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RFC Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79006**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JON ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 AVIATION BLVD  
 City LINCORN State CA Zip Code 95648-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RFC Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80314**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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: (check only one)	PAGE 485 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JON ROGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 AVIATION BLVD

City LINCOLN State CA Zip Code 95648-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer RFC Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83424**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. KATHLEEN ROGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5730 WIGTON

City HOUSTON State TX Zip Code 77096-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11.58520**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. KATHLEEN ROGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5730 WIGTON

City HOUSTON State TX Zip Code 77096-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11.65358**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 486 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. KATHLEEN ROGERS**

Mailing Address 5730 WIGTON

City HOUSTON State TX Zip Code 77096-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71645**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. KATHLEEN ROGERS**

Mailing Address 5730 WIGTON

City HOUSTON State TX Zip Code 77096-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2015  
**Transaction ID : SA11.79413**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. KATHLEEN ROGERS**

Mailing Address 5730 WIGTON

City HOUSTON State TX Zip Code 77096-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83483**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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: (check only one)	PAGE 487 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JESSE RUF**  
Full Name (Last, First, Middle Initial)

Mailing Address 20525 NORDHOFF STREET  
SUITE 210

City CHATSWORTH State CA Zip Code 91311-6135

FEC ID number of contributing federal political committee. **C**

Name of Employer LUMBER CITY CORP. Occupation CEO/OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
02 / 17 / 2015  
**Transaction ID : SA11.62136**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JESSE RUF**  
Full Name (Last, First, Middle Initial)

Mailing Address 20525 NORDHOFF STREET  
SUITE 210

City CHATSWORTH State CA Zip Code 91311-6135

FEC ID number of contributing federal political committee. **C**

Name of Employer LUMBER CITY CORP. Occupation CEO/OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
02 / 19 / 2015  
**Transaction ID : SA11.65447**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JESSE RUF**  
Full Name (Last, First, Middle Initial)

Mailing Address 20525 NORDHOFF STREET  
SUITE 210

City CHATSWORTH State CA Zip Code 91311-6135

FEC ID number of contributing federal political committee. **C**

Name of Employer LUMBER CITY CORP. Occupation CEO/OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
04 / 16 / 2015  
**Transaction ID : SA11.81276**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

**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: (check only one)	PAGE 488 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALEXANDRA RUKEYSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1131 ALTA LOMA ROAD  
 City WEST HOLLYWOOD State CA Zip Code 90069-2459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED AS I AM 80 YEARS OLD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 22 / 2015**  
**Transaction ID : SA11.81636**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NICHOLAS RUSSAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 685 NW PERSIMMON PL  
 City BEAVERTON State OR Zip Code 97006-8390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **01 / 29 / 2015**  
**Transaction ID : SA11.54534**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NICHOLAS RUSSAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 685 NW PERSIMMON PL  
 City BEAVERTON State OR Zip Code 97006-8390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **03 / 01 / 2015**  
**Transaction ID : SA11.57186**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 489 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. NICHOLAS RUSSAK**

Mailing Address **685 NW PERSIMMON PL**

City **BEAVERTON** State **OR** Zip Code **97006-8390**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**05 / 21 / 2015**  
**Transaction ID : SA11.75190**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. NICHOLAS RUSSAK**

Mailing Address **685 NW PERSIMMON PL**

City **BEAVERTON** State **OR** Zip Code **97006-8390**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**05 / 22 / 2015**  
**Transaction ID : SA11.75418**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. NICHOLAS RUSSAK**

Mailing Address **685 NW PERSIMMON PL**

City **BEAVERTON** State **OR** Zip Code **97006-8390**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**06 / 30 / 2015**  
**Transaction ID : SA11.77880**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 490 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NICHOLAS RUSSAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 685 NW PERSIMMON PL

City BEAVERTON State OR Zip Code 97006-8390

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79882**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NICHOLAS RUSSAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 685 NW PERSIMMON PL

City BEAVERTON State OR Zip Code 97006-8390

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2015  
**Transaction ID : SA11.82249**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NICHOLAS RUSSAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 685 NW PERSIMMON PL

City BEAVERTON State OR Zip Code 97006-8390

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83384**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 491 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD RUSSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LIGADURA LANE

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-5462
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.55169**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD RUSSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LIGADURA LANE

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-5462
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.57542**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD RUSSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LIGADURA LANE

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-5462
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.57770**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 492 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD RUSSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LIGADURA LANE

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-5462
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

**Transaction ID : SA11.62639**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD RUSSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LIGADURA LANE

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-5462
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

**Transaction ID : SA11.82033**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD RUSSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LIGADURA LANE

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-5462
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84279**

Amount of Each Receipt this Period  

25.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 493 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PAUL RYDEN**

Mailing Address 8701 LOMAS AZULES PLACE

City State Zip Code  
SAN JOSE CA 95135-2129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 16 / 2015  
**Transaction ID : SA11.58986**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. PAUL RYDEN**

Mailing Address 8701 LOMAS AZULES PLACE

City State Zip Code  
SAN JOSE CA 95135-2129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 05 / 2015  
**Transaction ID : SA11.61163**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. PAUL RYDEN**

Mailing Address 8701 LOMAS AZULES PLACE

City State Zip Code  
SAN JOSE CA 95135-2129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71662**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  150.00

**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: (check only one)	PAGE 494 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT SALA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 MOONLIGHT DRIVE

City BARNEGAT	State NJ	Zip Code 08005-1171
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN AIRLINES	Occupation PILOT
---------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

**Transaction ID : SA11.58614**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT SALA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 MOONLIGHT DRIVE

City BARNEGAT	State NJ	Zip Code 08005-1171
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN AIRLINES	Occupation PILOT
---------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : SA11.62340**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT SALA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 MOONLIGHT DRIVE

City BARNEGAT	State NJ	Zip Code 08005-1171
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN AIRLINES	Occupation PILOT
---------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

**Transaction ID : SA11.73983**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 495 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT SALA**

Mailing Address **2 MOONLIGHT DRIVE**

City <b>BARNEGAT</b>	State <b>NJ</b>	Zip Code <b>08005-1171</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>AMERICAN AIRLINES</b>	Occupation <b>PILOT</b>
--	----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**05 / 20 / 2015**

**Transaction ID : SA11.74717**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT SALA**

Mailing Address **2 MOONLIGHT DRIVE**

City <b>BARNEGAT</b>	State <b>NJ</b>	Zip Code <b>08005-1171</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>AMERICAN AIRLINES</b>	Occupation <b>PILOT</b>
--	----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**04 / 09 / 2015**

**Transaction ID : SA11.80513**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RAYMOND SALZMAN**

Mailing Address **11151 RAWHIODE RD.**

City <b>LUSBY</b>	State <b>MD</b>	Zip Code <b>20657-3183</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**255.00**

Date of Receipt  
**03 / 05 / 2015**

**Transaction ID : SA11.63363**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 496 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

**Transaction ID : SA11.54257**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.54908**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.55814**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 497 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.57222**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.59983**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
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FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2015

**Transaction ID : SA11.61881**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 498 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11.72531**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
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FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74722**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

**Transaction ID : SA11.75623**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 499 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78538**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

**Transaction ID : SA11.80203**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALLACE SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 HAWK RUN

City O FALLON	State MO	Zip Code 63368-8185
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

**Transaction ID : SA11.81145**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 500 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WALLACE SAUNDERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 624 HAWK RUN  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RET. Occupation RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81607**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WALLACE SAUNDERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 624 HAWK RUN  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RET. Occupation RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2015  
**Transaction ID : SA11.81784**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALLACE SAUNDERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 624 HAWK RUN  
 City O FALLON State MO Zip Code 63368-8185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RET. Occupation RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83040**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**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 501 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GERALD SCHLIEF**

Mailing Address 5773 WOODWAY DR.

City HOUSTON State TX Zip Code 77057-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79075**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GERALD SCHLIEF**

Mailing Address 5773 WOODWAY DR.

City HOUSTON State TX Zip Code 77057-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80350**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GERALD SCHLIEF**

Mailing Address 5773 WOODWAY DR.

City HOUSTON State TX Zip Code 77057-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81611**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00

**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: (check only one)	PAGE 502 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT SCHOULTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19231 NO 88TH AVE

City PEORIA	State AZ	Zip Code 85382-8543
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SAME	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.57796**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT SCHOULTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19231 NO 88TH AVE

City PEORIA	State AZ	Zip Code 85382-8543
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SAME	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SA11.60040**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT SCHOULTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19231 NO 88TH AVE

City PEORIA	State AZ	Zip Code 85382-8543
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SAME	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60850**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 503 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT SCHOULTZ**

Mailing Address 19231 NO 88TH AVE

City State Zip Code  
PEORIA AZ 85382-8543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAME RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 06 / 2015  
**Transaction ID : SA11.72537**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT SCHOULTZ**

Mailing Address 19231 NO 88TH AVE

City State Zip Code  
PEORIA AZ 85382-8543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAME RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79007**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LOIS SCHROEDER**

Mailing Address 8017 OAKDALE AVE.

City State Zip Code  
WINNETKA CA 91306-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 30 / 2015  
**Transaction ID : SA11.77819**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**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: (check only one)	PAGE 504 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CLINTON SCHULZ**

Mailing Address **4217 PEACH CREEK CT**

City **CORPUS CHRISTI** State **TX** Zip Code **78410-5616**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CITGO REFINING & CHEMICALS** Occupation **ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 23 / 2015**  
**Transaction ID : SA11.62489**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DIANE SCHULTE**

Mailing Address **4555 BARBARA AVE E**

City **INVER GROVE HEIGHT** State **MN** Zip Code **55077-1311**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 03 / 2015**  
**Transaction ID : SA11.57365**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DIANE SCHULTE**

Mailing Address **4555 BARBARA AVE E**

City **INVER GROVE HEIGHT** State **MN** Zip Code **55077-1311**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : SA11.63000**

Amount of Each Receipt this Period **15.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **290.00**

**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 505 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DIANE SCHULTE**  
 Mailing Address 4555 BARBARA AVE E  
 City State Zip Code  
 INVER GROVE HEIGHT MN 55077-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63356**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DIANE SCHULTE**  
 Mailing Address 4555 BARBARA AVE E  
 City State Zip Code  
 INVER GROVE HEIGHT MN 55077-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11.64100**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DIANE SCHULTE**  
 Mailing Address 4555 BARBARA AVE E  
 City State Zip Code  
 INVER GROVE HEIGHT MN 55077-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.65302**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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: (check only one)	PAGE 506 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANE SCHULTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4555 BARBARA AVE E

City INVER GROVE HEIGHT	State MN	Zip Code 55077-1311
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

**Transaction ID : SA11.80307**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANE SCHULTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4555 BARBARA AVE E

City INVER GROVE HEIGHT	State MN	Zip Code 55077-1311
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11.80657**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DIANE SCHULTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4555 BARBARA AVE E

City INVER GROVE HEIGHT	State MN	Zip Code 55077-1311
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

**Transaction ID : SA11.81277**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 507 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANE SCHULTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4555 BARBARA AVE E  
City INVER GROVE HEIGHT State MN Zip Code 55077-1311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 25 / 2015  
**Transaction ID : SA11.81939**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANE SCHULTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4555 BARBARA AVE E  
City INVER GROVE HEIGHT State MN Zip Code 55077-1311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.84969**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WL SCHULZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 SPARROW LANE  
City NEW ORLEANS State LA Zip Code 70123-2033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation R/E BROKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 05 / 2015  
**Transaction ID : SA11.55478**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**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: (check only one)	PAGE 508 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WL SCHULZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 SPARROW LANE

City NEW ORLEANS	State LA	Zip Code 70123-2033
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation R/E BROKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2015  
**Transaction ID : SA11.72895**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WL SCHULZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 SPARROW LANE

City NEW ORLEANS	State LA	Zip Code 70123-2033
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation R/E BROKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2015  
**Transaction ID : SA11.85268**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CARL SCIORTINO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1302 ALSATIA DRIVE

City HENRICO	State VA	Zip Code 23238-5107
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2015  
**Transaction ID : SA11.56738**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 509 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CARL SCIORTINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1302 ALSATIA DRIVE

City HENRICO State VA Zip Code 23238-5107

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 03 / 09 / 2015  
**Transaction ID : SA11.58204**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CARL SCIORTINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1302 ALSATIA DRIVE

City HENRICO State VA Zip Code 23238-5107

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 03 / 03 / 2015  
**Transaction ID : SA11.63127**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CARMELO SCKITTONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 AVE L

City DICKINSON State TX Zip Code 77539-8282

FEC ID number of contributing federal political committee. **C**

Name of Employer STYROLUTION AMERICA Occupation PROCESS OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 03 / 04 / 2015  
**Transaction ID : SA11.57447**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00

**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: (check only one)	PAGE 510 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CARMELO SCKITTONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 AVE L

City DICKINSON State TX Zip Code 77539-8282

FEC ID number of contributing federal political committee. **C**

Name of Employer STYROLUTION AMERICA Occupation PROCESS OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2015  
**Transaction ID : SA11.82288**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CARMELO SCKITTONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 AVE L

City DICKINSON State TX Zip Code 77539-8282

FEC ID number of contributing federal political committee. **C**

Name of Employer STYROLUTION AMERICA Occupation PROCESS OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83573**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT SEALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6627 WANITA PLACE

City HOUSTON State TX Zip Code 77007-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.62098**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 511 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT SEALE**

Mailing Address **6627 WANITA PLACE**

City **HOUSTON** State **TX** Zip Code **77007-2034**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 20 / 2015**

**Transaction ID : SA11.74731**

Amount of Each Receipt this Period  
**100.00**

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

Full Name (Last, First, Middle Initial)  
**B. ROBERT SEALE**

Mailing Address **6627 WANITA PLACE**

City **HOUSTON** State **TX** Zip Code **77007-2034**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2015**

**Transaction ID : SA11.76414**

Amount of Each Receipt this Period  
**100.00**

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

Full Name (Last, First, Middle Initial)  
**C. ROBERT SEALE**

Mailing Address **6627 WANITA PLACE**

City **HOUSTON** State **TX** Zip Code **77007-2034**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 02 / 2015**

**Transaction ID : SA11.78427**

Amount of Each Receipt this Period  
**100.00**

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ► **300.00**

**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 512 OF 705
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. ROBERT SEALE</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2015 <b>Transaction ID : SA11.83644</b>
Mailing Address 6627 WANITA PLACE		Amount of Each Receipt this Period 250.00
City HOUSTON	State TX	Zip Code 77007-2034
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation ATTORNEY	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. SARAH SEALS</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2015 <b>Transaction ID : SA11.75498</b>
Mailing Address 8538 KINGSLEY CIR		Amount of Each Receipt this Period 25.00
City GRANBURY	State TX	Zip Code 76049-4761
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation NOT EMPLOYED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. SARAH SEALS</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 <b>Transaction ID : SA11.79015</b>
Mailing Address 8538 KINGSLEY CIR		Amount of Each Receipt this Period 50.00
City GRANBURY	State TX	Zip Code 76049-4761
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation NOT EMPLOYED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 513 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. PHILLIP SECKER**

Mailing Address **3692 E CAMINO DE JAIME**

City State Zip Code  
**TUCSON AZ 85718-7432**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF EMPLOYED SELF EMPLOYED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**370.00**

Date of Receipt  
**02 / 04 / 2015**  
**Transaction ID : SA11.54937**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. PHILLIP SECKER**

Mailing Address **3692 E CAMINO DE JAIME**

City State Zip Code  
**TUCSON AZ 85718-7432**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF EMPLOYED SELF EMPLOYED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**370.00**

Date of Receipt  
**02 / 05 / 2015**  
**Transaction ID : SA11.55367**

Amount of Each Receipt this Period  
**15.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. PHILLIP SECKER**

Mailing Address **3692 E CAMINO DE JAIME**

City State Zip Code  
**TUCSON AZ 85718-7432**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF EMPLOYED SELF EMPLOYED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**370.00**

Date of Receipt  
**03 / 05 / 2015**  
**Transaction ID : SA11.57474**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35.00**

**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 514 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PHILLIP SECKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3692 E CAMINO DE JAIME  
 City TUCSON State AZ Zip Code 85718-7432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11.59532**  
 Amount of Each Receipt this Period  
 15.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PHILLIP SECKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3692 E CAMINO DE JAIME  
 City TUCSON State AZ Zip Code 85718-7432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.60947**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PHILLIP SECKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3692 E CAMINO DE JAIME  
 City TUCSON State AZ Zip Code 85718-7432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71705**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00  
**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: (check only one)	PAGE 515 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PHILLIP SECKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3692 E CAMINO DE JAIME

City TUCSON	State AZ	Zip Code 85718-7432
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71706**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PHILLIP SECKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3692 E CAMINO DE JAIME

City TUCSON	State AZ	Zip Code 85718-7432
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76068**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PHILLIP SECKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3692 E CAMINO DE JAIME

City TUCSON	State AZ	Zip Code 85718-7432
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2015

**Transaction ID : SA11.79456**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 516 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DON SENTELL**  
 Mailing Address 5730 CAMERON HALL PLACE  
 City State Zip Code  
 SANDY SPRINGS GA 30328-4896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11.85214**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT SHAFFER**  
 Mailing Address POBOX 295  
 City State Zip Code  
 CATLETT VA 20119-0295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : SA11.64553**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ROBERT SHAFFER**  
 Mailing Address POBOX 295  
 City State Zip Code  
 CATLETT VA 20119-0295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83557**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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: (check only one)	PAGE 517 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11.55205**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11.60746**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : SA11.61503**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**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: (check only one)	PAGE 518 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2015

**Transaction ID : SA11.61816**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.62330**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : SA11.62511**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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: (check only one)	PAGE 519 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11.62770**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63312**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11.73684**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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: (check only one)	PAGE 520 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. R. ANNE SHALE</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015
Mailing Address 1104 CHRISTI CIRCLE		<b>Transaction ID : SA11.74733</b>
City BEAVERCREEK	State OH	Zip Code 45434-6376
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. R. ANNE SHALE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1104 CHRISTI CIRCLE		<b>Transaction ID : SA11.78078</b>
City BEAVERCREEK	State OH	Zip Code 45434-6376
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. R. ANNE SHALE</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015
Mailing Address 1104 CHRISTI CIRCLE		<b>Transaction ID : SA11.80864</b>
City BEAVERCREEK	State OH	Zip Code 45434-6376
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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: (check only one)	PAGE 521 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015

**Transaction ID : SA11.81437**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2015

**Transaction ID : SA11.81839**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 CHRISTI CIRCLE

City BEAVERCREEK State OH Zip Code 45434-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2015

**Transaction ID : SA11.82099**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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: (check only one)	PAGE 522 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. R. ANNE SHALE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104 CHRISTI CIRCLE  
City BEAVERCREEK State OH Zip Code 45434-6376  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **255.00**

Date of Receipt **04 / 29 / 2015**  
**Transaction ID : SA11.84709**  
Amount of Each Receipt this Period **200.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALVAN SHANE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2270 N EUCLID AVE  
City UPLAND State CA Zip Code 91784-1390  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF / BUSINESS MANAGEMENT ASSOCIATES Occupation TAX ACCOUNTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1050.00**

Date of Receipt **04 / 29 / 2015**  
**Transaction ID : SA11.85065**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RUSSELL SHANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8407 E CR 6300  
City LUBBOCK State TX Zip Code 79403-7848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 27 / 2015**  
**Transaction ID : SA11.62768**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>320.00</b>
<b>TOTAL</b> 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 523 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Stop Hillary PAC

Full Name (Last, First, Middle Initial)  
**A. RUSSELL SHANNON**  
Mailing Address 8407 E CR 6300  
City LUBBOCK State TX Zip Code 79403-7848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : SA11.62882  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RUSSELL SHANNON**  
Mailing Address 8407 E CR 6300  
City LUBBOCK State TX Zip Code 79403-7848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 05 / 2015  
Transaction ID : SA11.63374  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RUSSELL SHANNON**  
Mailing Address 8407 E CR 6300  
City LUBBOCK State TX Zip Code 79403-7848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation NONE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 05 / 2015  
Transaction ID : SA11.71719  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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 524 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RUSSELL SHANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8407 E CR 6300  
 City LUBBOCK State TX Zip Code 79403-7848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 07 / 2015  
**Transaction ID : SA11.72898**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RUSSELL SHANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8407 E CR 6300  
 City LUBBOCK State TX Zip Code 79403-7848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 20 / 2015  
**Transaction ID : SA11.74734**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RUSSELL SHANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8407 E CR 6300  
 City LUBBOCK State TX Zip Code 79403-7848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.79002**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 525 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RUSSELL SHANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8407 E CR 6300

City LUBBOCK	State TX	Zip Code 79403-7848
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2015  
**Transaction ID : SA11.80312**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RUSSELL SHANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8407 E CR 6300

City LUBBOCK	State TX	Zip Code 79403-7848
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015  
**Transaction ID : SA11.83437**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES SHAW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4427 WOODFIELD BL

City BOCA RATON	State FL	Zip Code 33434-5305
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015  
**Transaction ID : SA11.60638**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 526 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES SHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4427 WOODFIELD BL

City BOCA RATON State FL Zip Code 33434-5305

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : SA11.71723**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SANDRA SHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 6234 PARTRIDGE HILL DR.

City MOUNT PLEASANT State WI Zip Code 53406-3480

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : SA11.62053**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SANDRA SHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 6234 PARTRIDGE HILL DR.

City MOUNT PLEASANT State WI Zip Code 53406-3480

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : SA11.63123**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 527 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SANDRA SHAW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6234 PARTRIDGE HILL DR.  
City MOUNT PLEASANT State WI Zip Code 53406-3480  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation N/A  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.63858**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SANDRA SHAW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6234 PARTRIDGE HILL DR.  
City MOUNT PLEASANT State WI Zip Code 53406-3480  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation N/A  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.63973**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 E 23 ST  
City LONG BEACH TOWNSHI State NJ Zip Code 08008-2431  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WIFE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA11.59387**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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: (check only one)	PAGE 528 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI State NJ Zip Code 08008-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.72555**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI State NJ Zip Code 08008-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.73687**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI State NJ Zip Code 08008-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : SA11.75568**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 529 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI	State NJ	Zip Code 08008-2431
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : SA11.80910**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI	State NJ	Zip Code 08008-2431
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : SA11.80917**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI	State NJ	Zip Code 08008-2431
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

**Transaction ID : SA11.82213**

Amount of Each Receipt this Period  

25.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 530 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PETER F SHERIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 E 23 ST

City LONG BEACH TOWNSHI State NJ Zip Code 08008-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer WIFE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84142**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PATRICIA SHOCKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 39124 HUGHESVILLE ROAD

City LEESBURG State VA Zip Code 20175-6659

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.57594**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JACKIE SIKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 S. BANANA RIVER BLVD.

City COCOA BEACH State FL Zip Code 32931-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2015  
**Transaction ID : SA11.57897**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.00
<b>TOTAL</b> 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 531 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JACKIE SIKES**  
 Mailing Address 420 S. BANANA RIVER BLVD.  
 City State Zip Code  
 COCOA BEACH FL 32931-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58108**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JEROME SILECCHIA**  
 Mailing Address 55 LENOX ROAD  
 City State Zip Code  
 ROCKVILLE CENTRE NY 11570-5207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11.72901**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JEROME SILECCHIA**  
 Mailing Address 55 LENOX ROAD  
 City State Zip Code  
 ROCKVILLE CENTRE NY 11570-5207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11.73989**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 120.00  
**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: (check only one)	PAGE 532 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEROME SILECCHIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 LENOX ROAD

City ROCKVILLE CENTRE	State NY	Zip Code 11570-5207
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74739**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEROME SILECCHIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 LENOX ROAD

City ROCKVILLE CENTRE	State NY	Zip Code 11570-5207
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.79090**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JEROME SILECCHIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 LENOX ROAD

City ROCKVILLE CENTRE	State NY	Zip Code 11570-5207
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation RETIRED
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84293**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 533 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. LYNN SILVERNALE</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : SA11.60006</b>
Mailing Address 116 OAK GROVE PKWY		Amount of Each Receipt this Period 255.00
City OROVILLE	State CA	Zip Code 95966-5753
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NA	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. LYNN SILVERNALE</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2015 <b>Transaction ID : SA11.71734</b>
Mailing Address 116 OAK GROVE PKWY		Amount of Each Receipt this Period 10.00
City OROVILLE	State CA	Zip Code 95966-5753
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NA	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. LYNN SILVERNALE</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 <b>Transaction ID : SA11.74740</b>
Mailing Address 116 OAK GROVE PKWY		Amount of Each Receipt this Period 10.00
City OROVILLE	State CA	Zip Code 95966-5753
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NA	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 534 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LYNN SILVERNALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 OAK GROVE PKWY

City OROVILLE State CA Zip Code 95966-5753

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : SA11.76870**

Amount of Each Receipt this Period  
 255.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LYNN SILVERNALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 OAK GROVE PKWY

City OROVILLE State CA Zip Code 95966-5753

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11.81658**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALLEN SIMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1383 N CRISS ST

City CHANDLER State AZ Zip Code 85226-1307

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61589**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

**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: (check only one)	PAGE 535 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ALLEN SIMON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1383 N CRISS ST  
City CHANDLER State AZ Zip Code 85226-1307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 875.00

Date of Receipt 02 / 16 / 2015  
Transaction ID : SA11.61964  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ALLEN SIMON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1383 N CRISS ST  
City CHANDLER State AZ Zip Code 85226-1307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 875.00

Date of Receipt 02 / 23 / 2015  
Transaction ID : SA11.62488  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ALLEN SIMON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1383 N CRISS ST  
City CHANDLER State AZ Zip Code 85226-1307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 07 / 2015  
Transaction ID : SA11.63762  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 450.00  
**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: (check only one)	PAGE 536 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ALLEN SIMON**

Mailing Address 1383 N CRISS ST

City CHANDLER State AZ Zip Code 85226-1307

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 14 / 2015**

Transaction ID : **SA11.73990**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GEORGE H SINGLETON**

Mailing Address P.O. BOX 717

City WAXAHACHIE State TX Zip Code 75168-0717

FEC ID number of contributing federal political committee. **C**

Name of Employer CNB OF TEXAS Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2015**

Transaction ID : **SA11.54128**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GEORGE H SINGLETON**

Mailing Address P.O. BOX 717

City WAXAHACHIE State TX Zip Code 75168-0717

FEC ID number of contributing federal political committee. **C**

Name of Employer CNB OF TEXAS Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2015**

Transaction ID : **SA11.54445**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 537 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LESLIE SLOAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8300 NORTH FM 620

City AUSTIN	State TX	Zip Code 78726-4007
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation INVESTOR
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83648**

Amount of Each Receipt this Period  

250.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DONALD B SMALLWOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27872 S SATSUMA RD

City LIVINGSTON	State LA	Zip Code 70754-3115
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED, US ARMY
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11.73163**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DONALD B SMALLWOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27872 S SATSUMA RD

City LIVINGSTON	State LA	Zip Code 70754-3115
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED, US ARMY
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.75429**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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: (check only one)	PAGE 538 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DONALD B SMALLWOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27872 S SATSUMA RD

City LIVINGSTON	State LA	Zip Code 70754-3115
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED, US ARMY
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : SA11.76592**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DONALD B SMALLWOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27872 S SATSUMA RD

City LIVINGSTON	State LA	Zip Code 70754-3115
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED, US ARMY
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

**Transaction ID : SA11.85046**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DONALD B SMALLWOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27872 S SATSUMA RD

City LIVINGSTON	State LA	Zip Code 70754-3115
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED, US ARMY
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

**Transaction ID : SA11.85047**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 539 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARBARA SMART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2033 BUTTERFLY LANE

City NAPERVILLE	State IL	Zip Code 60563-4166
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.55139**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BARBARA SMART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2033 BUTTERFLY LANE

City NAPERVILLE	State IL	Zip Code 60563-4166
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SA11.56995**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BARBARA SMART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2033 BUTTERFLY LANE

City NAPERVILLE	State IL	Zip Code 60563-4166
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.57245**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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 540 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. BARBARA SMART**

Mailing Address **2033 BUTTERFLY LANE**

City **NAPERVILLE** State **IL** Zip Code **60563-4166**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**03 / 16 / 2015**  
**Transaction ID : SA11.58804**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. BARBARA SMART**

Mailing Address **2033 BUTTERFLY LANE**

City **NAPERVILLE** State **IL** Zip Code **60563-4166**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**03 / 19 / 2015**  
**Transaction ID : SA11.59194**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. BARBARA SMART**

Mailing Address **2033 BUTTERFLY LANE**

City **NAPERVILLE** State **IL** Zip Code **60563-4166**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**03 / 03 / 2015**  
**Transaction ID : SA11.63102**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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: (check only one)	PAGE 541 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARBARA SMART**  
Full Name (Last, First, Middle Initial)

Mailing Address 2033 BUTTERFLY LANE

City NAPERVILLE State IL Zip Code 60563-4166

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2015  
**Transaction ID : SA11.64422**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BARBARA SMART**  
Full Name (Last, First, Middle Initial)

Mailing Address 2033 BUTTERFLY LANE

City NAPERVILLE State IL Zip Code 60563-4166

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : SA11.75870**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BERNON SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 621 S RIVER BREEZE DRIVE

City OREM State UT Zip Code 84097-6685

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.54785**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00

**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: (check only one)	PAGE 542 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DANIEL SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 SEMINOLE LANE

City GREEN BAY State WI Zip Code 54313-4950

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.57261**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DANIEL SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 SEMINOLE LANE

City GREEN BAY State WI Zip Code 54313-4950

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60233**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DANIEL SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 SEMINOLE LANE

City GREEN BAY State WI Zip Code 54313-4950

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83613**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 543 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID SMITH**  
 Mailing Address 709 BAYLOR BLVD  
 City State Zip Code  
 BIG SPRING TX 79720-3425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U.S. POSTAL SERVICE ELECTRONICS TECHNICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2015  
**Transaction ID : SA11.54156**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DAVID SMITH**  
 Mailing Address 709 BAYLOR BLVD  
 City State Zip Code  
 BIG SPRING TX 79720-3425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U.S. POSTAL SERVICE ELECTRONICS TECHNICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.54855**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DAVID SMITH**  
 Mailing Address 709 BAYLOR BLVD  
 City State Zip Code  
 BIG SPRING TX 79720-3425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U.S. POSTAL SERVICE ELECTRONICS TECHNICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.64835**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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: (check only one)	PAGE 544 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID SMITH**

Mailing Address 709 BAYLOR BLVD

City State Zip Code  
BIG SPRING TX 79720-3425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. POSTAL SERVICE ELECTRONICS TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2015

Transaction ID : **SA11.77382**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LTC (RET) CLARENCE SMITH III**

Mailing Address 504 FAIRVIEW PKW

City State Zip Code  
LAFAYETTE LA 70508-6334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USARMY (25 9 MO) - PHI COMR PILOT 17 RET X TWO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2015

Transaction ID : **SA11.54597**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LTC (RET) CLARENCE SMITH III**

Mailing Address 504 FAIRVIEW PKW

City State Zip Code  
LAFAYETTE LA 70508-6334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USARMY (25 9 MO) - PHI COMR PILOT 17 RET X TWO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2015

Transaction ID : **SA11.84387**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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: (check only one)	PAGE 545 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.54774**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
10.00							

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : SA11.56690**

Amount of Each Receipt this Period  

4	3	2	1	0	.	2	5
25.00							

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.59741**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
10.00							

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>4</td> <td>5</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="4" style="text-align: right;">45.00</td> </tr> </table>	4	5	0	0	45.00			
4	5	0	0						
45.00									
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> </table>	4	3	2	1	0	.	0	0
4	3	2	1	0	.	0	0		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 546 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA11.64319**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SA11.65676**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11.72571**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 547 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

**Transaction ID : SA11.73993**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2015

**Transaction ID : SA11.75500**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROY SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 BRENTHILL DR

City NEWARK	State OH	Zip Code 43055-9777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation WEB DESIGNER
--------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79121**

Amount of Each Receipt this Period  

10.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 548 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROY SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 BRENTHILL DR  
 City NEWARK State OH Zip Code 43055-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WEB DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80219**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROY SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 BRENTHILL DR  
 City NEWARK State OH Zip Code 43055-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation WEB DESIGNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : SA11.85272**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GRETA SNELLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 BAYNE ST.  
 City NORWALK State CT Zip Code 06851-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.56273**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 549 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GRETA SNELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 BAYNE ST.  
City NORWALK State CT Zip Code 06851-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **407.00**

Date of Receipt: **02 / 17 / 2015**  
**Transaction ID : SA11.56407**  
Amount of Each Receipt this Period: **20.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GRETA SNELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 BAYNE ST.  
City NORWALK State CT Zip Code 06851-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **407.00**

Date of Receipt: **03 / 03 / 2015**  
**Transaction ID : SA11.57310**  
Amount of Each Receipt this Period: **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GRETA SNELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 BAYNE ST.  
City NORWALK State CT Zip Code 06851-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **407.00**

Date of Receipt: **03 / 19 / 2015**  
**Transaction ID : SA11.59261**  
Amount of Each Receipt this Period: **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **55.00**  
**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 550 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GRETA SNELLMAN**

Mailing Address 9 BAYNE ST.

City NORWALK State CT Zip Code 06851-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

Transaction ID : **SA11.59402**

Amount of Each Receipt this Period  
**5.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GRETA SNELLMAN**

Mailing Address 9 BAYNE ST.

City NORWALK State CT Zip Code 06851-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2015**

Transaction ID : **SA11.59654**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GRETA SNELLMAN**

Mailing Address 9 BAYNE ST.

City NORWALK State CT Zip Code 06851-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2015**

Transaction ID : **SA11.59806**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **25.00**

**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 551 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GRETA SNELLMAN**  
 Mailing Address 9 BAYNE ST.  
 City NORWALK State CT Zip Code 06851-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 407.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : SA11.60116**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GRETA SNELLMAN**  
 Mailing Address 9 BAYNE ST.  
 City NORWALK State CT Zip Code 06851-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 407.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60190**  
 Amount of Each Receipt this Period  
 5.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GRETA SNELLMAN**  
 Mailing Address 9 BAYNE ST.  
 City NORWALK State CT Zip Code 06851-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 407.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.63256**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 25.00  
**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 552 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. GRETA SNELLMAN**

Mailing Address **9 BAYNE ST.**

City <b>NORWALK</b>	State <b>CT</b>	Zip Code <b>06851-1202</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>HOMEMAKER</b>	Occupation <b>RETIRED</b>
--------------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : SA11.63934**

Amount of Each Receipt this Period  
**19.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GRETA SNELLMAN**

Mailing Address **9 BAYNE ST.**

City <b>NORWALK</b>	State <b>CT</b>	Zip Code <b>06851-1202</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>HOMEMAKER</b>	Occupation <b>RETIRED</b>
--------------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.64862**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GRETA SNELLMAN**

Mailing Address **9 BAYNE ST.**

City <b>NORWALK</b>	State <b>CT</b>	Zip Code <b>06851-1202</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>HOMEMAKER</b>	Occupation <b>RETIRED</b>
--------------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 16 / 2015**

**Transaction ID : SA11.76959**

Amount of Each Receipt this Period  
**9.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>53.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 553 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. GRETA SNELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 BAYNE ST.  
City NORWALK State CT Zip Code 06851-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **407.00**

Date of Receipt: **04 / 06 / 2015**  
**Transaction ID : SA11.79714**  
Amount of Each Receipt this Period: **10.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. GRETA SNELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 BAYNE ST.  
City NORWALK State CT Zip Code 06851-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **407.00**

Date of Receipt: **04 / 11 / 2015**  
**Transaction ID : SA11.80698**  
Amount of Each Receipt this Period: **6.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. GRETA SNELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 BAYNE ST.  
City NORWALK State CT Zip Code 06851-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **407.00**

Date of Receipt: **04 / 27 / 2015**  
**Transaction ID : SA11.82918**  
Amount of Each Receipt this Period: **19.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **35.00**  
**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 554 OF 705  
(check only one)  
 11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11.54246**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.55293**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58159**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 555 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11.65569**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.75220**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83326**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**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 556 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MARGO A. SOMMERFELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4454 CASITAS ST.  
 City SAN DIEGO State CA Zip Code 92107-4218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.84779**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD SPARBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 9371  
 City RANCHO SANTA FE State CA Zip Code 92067-4371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPARBER ANNEN MORRIS & GABRIEL Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.63622**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES SPEIGHTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 BENT OAK DR  
 City SAN ANTONIO State TX Zip Code 78231-1503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 13 / 2015  
**Transaction ID : SA11.56138**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**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 557 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JAMES SPEIGHTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 BENT OAK DR  
 City SAN ANTONIO State TX Zip Code 78231-1503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2015  
**Transaction ID : SA11.79403**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JIM SPEIGHTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 BENT OAK DR  
 City SAN ANTONIO State TX Zip Code 78231-1503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11.56864**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CORINNE SPENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1508 EUREKA ROAD  
 City ROSEVILLE State CA Zip Code 95661-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.59137**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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: (check only one)	PAGE 558 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. CORINNE SPENCE**

Mailing Address 1508 EUREKA ROAD

City ROSEVILLE	State CA	Zip Code 95661-2809
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : SA11.79982**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DAN SPENGLER**

Mailing Address 5400 STANFORD DRIVE

City NASHVILLE	State TN	Zip Code 37215-4236
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer VANDERBILT MEDICAL CENTER	Occupation MEDICAL DOCTOR
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.64922**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City CHADDS FORD	State PA	Zip Code 19317-9707
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED AGE 85
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2015

**Transaction ID : SA11.54151**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> 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: (check only one)	PAGE 559 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. AVIS SPIES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 HEYBURN RD

City CHADDS FORD	State PA	Zip Code 19317-9707
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED AGE 85
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : SA11.56717**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. AVIS SPIES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 HEYBURN RD

City CHADDS FORD	State PA	Zip Code 19317-9707
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED AGE 85
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.57545**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. AVIS SPIES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 HEYBURN RD

City CHADDS FORD	State PA	Zip Code 19317-9707
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED AGE 85
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60251**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED AGE 85

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2015  
**Transaction ID : SA11.61850**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED AGE 85

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2015  
**Transaction ID : SA11.62876**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED AGE 85

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015  
**Transaction ID : SA11.64326**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

**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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED AGE 85

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2015  
**Transaction ID : SA11.73289**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED AGE 85

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015  
**Transaction ID : SA11.80313**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. AVIS SPIES**

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED AGE 85

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2015  
**Transaction ID : SA11.81707**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

**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: (check only one)	PAGE 562 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Date of Receipt  
03 / 09 / 2015  
Transaction ID : SA11.58145

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Date of Receipt  
03 / 14 / 2015  
Transaction ID : SA11.58572

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Date of Receipt  
02 / 04 / 2015  
Transaction ID : SA11.60893

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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

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(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WARREN SPIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61429**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WARREN SPIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.62556**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WARREN SPIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71770**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 564 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74761**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76087**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11.76516**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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 565 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WARREN SPIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.78810**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WARREN SPIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79530**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WARREN SPIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 578  
 City HUGOTON State KS Zip Code 67951-0578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80199**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 566 OF 705
<input 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 checked="" type="checkbox"/> 17

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)  
**Stop Hillary PAC**

**A. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : SA11.80487**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WARREN SPIKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83049**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SANDY SPRADLING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 ASHLAND CREEK

City VICTORIA	State TX	Zip Code 77901-3685
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOWES	Occupation CSA
---------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60560**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 567 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. SANDY SPRADLING**  
 Mailing Address 306 ASHLAND CREEK  
 City State Zip Code  
 VICTORIA TX 77901-3685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOWES CSA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.61535**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. SANDY SPRADLING**  
 Mailing Address 306 ASHLAND CREEK  
 City State Zip Code  
 VICTORIA TX 77901-3685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOWES CSA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.63129**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SANDY SPRADLING**  
 Mailing Address 306 ASHLAND CREEK  
 City State Zip Code  
 VICTORIA TX 77901-3685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOWES CSA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.64194**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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: (check only one)	PAGE 568 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SANDY SPRADLING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 ASHLAND CREEK

City VICTORIA	State TX	Zip Code 77901-3685
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOWES	Occupation CSA
---------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : SA11.65226**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. SANDY SPRADLING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 ASHLAND CREEK

City VICTORIA	State TX	Zip Code 77901-3685
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOWES	Occupation CSA
---------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2015

**Transaction ID : SA11.79380**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. SANDY SPRADLING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 ASHLAND CREEK

City VICTORIA	State TX	Zip Code 77901-3685
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOWES	Occupation CSA
---------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11.84329**

Amount of Each Receipt this Period  

50.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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: (check only one)	PAGE 569 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN SQUIRES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1411 BAY HILL DR  
City AUSTIN State TX Zip Code 78746-6201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RET MILITARY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.83639  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES ST JAMES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 VISCOUNT DRIVE  
City MILFORD State CT Zip Code 06460-5781  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : SA11.57130  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES ST JAMES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 VISCOUNT DRIVE  
City MILFORD State CT Zip Code 06460-5781  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 07 / 2015  
Transaction ID : SA11.57842  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00  
**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 570 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City State Zip Code  
 MILFORD CT 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2015  
**Transaction ID : SA11.58612**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City State Zip Code  
 MILFORD CT 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11.62793**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City State Zip Code  
 MILFORD CT 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.64166**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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 571 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City MILFORD State CT Zip Code 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11.65300**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City MILFORD State CT Zip Code 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2015  
**Transaction ID : SA11.73291**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City MILFORD State CT Zip Code 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11.73999**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 572 OF 705	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. CHARLES ST JAMES</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 <b>Transaction ID : SA11.74764</b>
Mailing Address 85 VISCOUNT DRIVE		Amount of Each Receipt this Period 450.00
City MILFORD	State CT	Zip Code 06460-5781
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES ST JAMES</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : SA11.75630</b>
Mailing Address 85 VISCOUNT DRIVE		Amount of Each Receipt this Period 50.00
City MILFORD	State CT	Zip Code 06460-5781
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLES ST JAMES</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2015 <b>Transaction ID : SA11.76688</b>
Mailing Address 85 VISCOUNT DRIVE		Amount of Each Receipt this Period 25.00
City MILFORD	State CT	Zip Code 06460-5781
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 573 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City MILFORD State CT Zip Code 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2015  
**Transaction ID : SA11.77237**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City MILFORD State CT Zip Code 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : SA11.77616**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. CHARLES ST JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 VISCOUNT DRIVE  
 City MILFORD State CT Zip Code 06460-5781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2015  
**Transaction ID : SA11.79158**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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: (check only one)	PAGE 574 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID STAINBACK**

Mailing Address 112 BRANDYWINE RD

City MALVERN State PA Zip Code 19355-8505

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SMALL BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 17 / 2015  
**Transaction ID : SA11.65562**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DAVID STAINBACK**

Mailing Address 112 BRANDYWINE RD

City MALVERN State PA Zip Code 19355-8505

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SMALL BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 20 / 2015  
**Transaction ID : SA11.74766**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DAVID STAINBACK**

Mailing Address 112 BRANDYWINE RD

City MALVERN State PA Zip Code 19355-8505

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SMALL BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79060**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . 250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> . <input type="text"/> .

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 575 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. TERRY STONEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1144 INDEPENDENCE DR  
 City State Zip Code  
 ROCKY MOUNT NC 27804-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFFORDABLE SUITES OF AMERICA GENERAL MANAGER  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11.54101**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. TERRY STONEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1144 INDEPENDENCE DR  
 City State Zip Code  
 ROCKY MOUNT NC 27804-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFFORDABLE SUITES OF AMERICA GENERAL MANAGER  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.55364**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. TERRY STONEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1144 INDEPENDENCE DR  
 City State Zip Code  
 ROCKY MOUNT NC 27804-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFFORDABLE SUITES OF AMERICA GENERAL MANAGER  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60517**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 30.00  
**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: (check only one)	PAGE 576 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. TERRY STONEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 INDEPENDENCE DR

City ROCKY MOUNT	State NC	Zip Code 27804-1904
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFFORDABLE SUITES OF AMERICA	Occupation GENERAL MANAGER
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.63236**

Amount of Each Receipt this Period  

600	.	00
-----	---	----

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. TERRY STONEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 INDEPENDENCE DR

City ROCKY MOUNT	State NC	Zip Code 27804-1904
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFFORDABLE SUITES OF AMERICA	Occupation GENERAL MANAGER
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

**Transaction ID : SA11.64464**

Amount of Each Receipt this Period  

600	.	25
-----	---	----

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. TERRY STONEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 INDEPENDENCE DR

City ROCKY MOUNT	State NC	Zip Code 27804-1904
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFFORDABLE SUITES OF AMERICA	Occupation GENERAL MANAGER
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.65464**

Amount of Each Receipt this Period  

600	.	25
-----	---	----

**CONTRIBUTION**

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 577 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. TERRY STONEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 INDEPENDENCE DR

City ROCKY MOUNT	State NC	Zip Code 27804-1904
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFFORDABLE SUITES OF AMERICA	Occupation GENERAL MANAGER
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : SA11.71792**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. TERRY STONEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 INDEPENDENCE DR

City ROCKY MOUNT	State NC	Zip Code 27804-1904
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFFORDABLE SUITES OF AMERICA	Occupation GENERAL MANAGER
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11.76045**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. TERRY STONEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1144 INDEPENDENCE DR

City ROCKY MOUNT	State NC	Zip Code 27804-1904
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFFORDABLE SUITES OF AMERICA	Occupation GENERAL MANAGER
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2015

**Transaction ID : SA11.79441**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 578 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MIKE STRODE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 731 GOLDEN PARK AVE.  
City SAN DIEGO State CA Zip Code 92106-2912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.60601**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MIKE STRODE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 731 GOLDEN PARK AVE.  
City SAN DIEGO State CA Zip Code 92106-2912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11.61477**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PATRICIA STYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6629 113TH PLACE S. E.  
City BELLEVUE State WA Zip Code 98006-6429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUSBAND Occupation HOUSEWIFE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.55141**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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: (check only one)	PAGE 579 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PATRICIA STYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6629 113TH PLACE S. E.

City BELLEVUE State WA Zip Code 98006-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer HUSBAND Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11.57591**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PATRICIA STYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6629 113TH PLACE S. E.

City BELLEVUE State WA Zip Code 98006-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer HUSBAND Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11.58534**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PATRICIA STYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6629 113TH PLACE S. E.

City BELLEVUE State WA Zip Code 98006-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer HUSBAND Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015

**Transaction ID : SA11.81758**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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: (check only one)	PAGE 580 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. CATHERINE STYZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2023 SPRINGBROOK SOUTH

City WAUKESHA State WI Zip Code 53186-1200

FEC ID number of contributing federal political committee. **C**

Name of Employer RYAN ROAD STORAGE, LLC Occupation PROPERTY OWNER/MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11.85218**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD SUGDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2468 / 557 E. BROADWAY

City JACKSON State WY Zip Code 83001-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11.57819**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY SWEATT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3087

City SANTA CRUZ State CA Zip Code 95063-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RET ATTY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11.55611**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1260.00
<b>TOTAL</b> 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: (check only one)	PAGE 581 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NANCY SWEATT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-3087
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF	Occupation RET ATTY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2015  
**Transaction ID : SA11.59809**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NANCY SWEATT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-3087
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF	Occupation RET ATTY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2015  
**Transaction ID : SA11.64353**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NANCY SWEATT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063-3087
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF	Occupation RET ATTY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2015  
**Transaction ID : SA11.75726**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 582 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. NANCY SWEATT</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015
Mailing Address P.O. BOX 3087		<b>Transaction ID : SA11.76805</b>
City SANTA CRUZ	State CA	Zip Code 95063-3087
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer SELF	Occupation RET ATTY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. STEPHEN SWEET</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015
Mailing Address 13102 INDIAN CREEK		<b>Transaction ID : SA11.60050</b>
City HOUSTON	State TX	Zip Code 77079-7218
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer ALLIANCE RESIDENTIAL COMPANY	Occupation REAL ESTATE DEVELOPMENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. STEPHEN SWEET</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015
Mailing Address 13102 INDIAN CREEK		<b>Transaction ID : SA11.63590</b>
City HOUSTON	State TX	Zip Code 77079-7218
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ALLIANCE RESIDENTIAL COMPANY	Occupation REAL ESTATE DEVELOPMENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 583 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. STEPHEN SWEET**  
Full Name (Last, First, Middle Initial)

Mailing Address 13102 INDIAN CREEK

City HOUSTON State TX Zip Code 77079-7218

FEC ID number of contributing federal political committee. **C**

Name of Employer ALLIANCE RESIDENTIAL COMPANY Occupation REAL ESTATE DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2015  
**Transaction ID : SA11.72921**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MICHIO TAKAHASHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 JOSHUA COURT

City WALNUT CREEK State CA Zip Code 94598-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 689.00

Date of Receipt 02 / 17 / 2015  
**Transaction ID : SA11.56341**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MICHIO TAKAHASHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 JOSHUA COURT

City WALNUT CREEK State CA Zip Code 94598-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 689.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : SA11.57119**

Amount of Each Receipt this Period 23.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 173.00

**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: (check only one)	PAGE 584 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MICHIO TAKAHASHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 JOSHUA COURT

City State Zip Code  
WALNUT CREEK CA 94598-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
689.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015  
**Transaction ID : SA11.57787**

Amount of Each Receipt this Period  
689.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MICHIO TAKAHASHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 JOSHUA COURT

City State Zip Code  
WALNUT CREEK CA 94598-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
689.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2015  
**Transaction ID : SA11.60043**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MICHIO TAKAHASHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 JOSHUA COURT

City State Zip Code  
WALNUT CREEK CA 94598-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
689.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015  
**Transaction ID : SA11.65149**

Amount of Each Receipt this Period  
18.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00

**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 585 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHIO TAKAHASHI**

Mailing Address **656 JOSHUA COURT**

City State Zip Code  
**WALNUT CREEK CA 94598-1726**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**689.00**

Date of Receipt  
**05 / 22 / 2015**

**Transaction ID : SA11.75437**

Amount of Each Receipt this Period  
**53.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MICHIO TAKAHASHI**

Mailing Address **656 JOSHUA COURT**

City State Zip Code  
**WALNUT CREEK CA 94598-1726**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**689.00**

Date of Receipt  
**04 / 27 / 2015**

**Transaction ID : SA11.83532**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RICHARD TALLMAN**

Mailing Address **977 BAYSIDE COVE W**

City State Zip Code  
**NEWPORT BEACH CA 92660-7419**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**NOT EMPLOYED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**01 / 05 / 2015**

**Transaction ID : SA11.54104**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► **113.00**

**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: (check only one)	PAGE 586 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD TALLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 977 BAYSIDE COVE W  
City NEWPORT BEACH State CA Zip Code 92660-7419  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : SA11.63238**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD TALLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 977 BAYSIDE COVE W  
City NEWPORT BEACH State CA Zip Code 92660-7419  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : SA11.63463**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD TALLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 977 BAYSIDE COVE W  
City NEWPORT BEACH State CA Zip Code 92660-7419  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOT EMPLOYED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 05 / 2015  
**Transaction ID : SA11.65482**  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 587 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD TALLMAN**  
 Mailing Address 977 BAYSIDE COVE W  
 City State Zip Code  
 NEWPORT BEACH CA 92660-7419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOT EMPLOYED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : SA11.79443**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. BARBARA TANTAROS**  
 Mailing Address 4200 INDIAN CREEK RD  
 City State Zip Code  
 EMMAUS PA 18049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA17.3418**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. STANLEY TATE**  
 Mailing Address 1175 NE 125TH ST.  
 City State Zip Code  
 NORTH MIAMI FL 33161-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED DEVELOPER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.71824**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00  
**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: (check only one)	PAGE 588 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MIKE TAYLOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 543 AUWINA ST

City KAILUA	State HI	Zip Code 96734-3426
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST HAWAIIAN BANK	Occupation MANAGER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : SA11.56373**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MIKE TAYLOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 543 AUWINA ST

City KAILUA	State HI	Zip Code 96734-3426
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST HAWAIIAN BANK	Occupation MANAGER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : SA11.74782**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. MIKE TAYLOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 543 AUWINA ST

City KAILUA	State HI	Zip Code 96734-3426
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST HAWAIIAN BANK	Occupation MANAGER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : SA11.79973**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 589 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILFORD TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.54563**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILFORD TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11.56056**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILFORD TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11.58147**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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: (check only one)	PAGE 590 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILFORD TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60600**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILFORD TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.78923**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRED TEDESCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 9216 SPRING RUNBLVD

City BONITA SPRINGS State FL Zip Code 34135-4048

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11.59845**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 591 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. FRED TEDESCO**

Mailing Address 9216 SPRING RUNBLVD

City State Zip Code  
BONITA SPRINGS FL 34135-4048

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.60320**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. FRED TEDESCO**

Mailing Address 9216 SPRING RUNBLVD

City State Zip Code  
BONITA SPRINGS FL 34135-4048

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.62320**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. FRED TEDESCO**

Mailing Address 9216 SPRING RUNBLVD

City State Zip Code  
BONITA SPRINGS FL 34135-4048

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11.64975**

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....

**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: (check only one)	PAGE 592 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRED TEDESCO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9216 SPRING RUNBLVD  
City BONITA SPRINGS State FL Zip Code 34135-4048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 06 / 2015  
Transaction ID : SA11.72605  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRED TEDESCO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9216 SPRING RUNBLVD  
City BONITA SPRINGS State FL Zip Code 34135-4048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.82882  
Amount of Each Receipt this Period 10.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BRANDT TEMPLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4626 SAINT CHARLES AVE  
City NEW ORLEANS State LA Zip Code 70115-4834  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OWNER OF SUNRISE EXPLORATION & PROI Occupation SELF EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : SA11.62883  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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: (check only one)	PAGE 593 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BRANDT TEMPLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4626 SAINT CHARLES AVE

City NEW ORLEANS	State LA	Zip Code 70115-4834
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OWNER OF SUNRISE EXPLORATION & PROI	Occupation SELF EMPLOYED
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

**Transaction ID : SA11.63220**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BRANDT TEMPLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4626 SAINT CHARLES AVE

City NEW ORLEANS	State LA	Zip Code 70115-4834
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OWNER OF SUNRISE EXPLORATION & PRODUCT	Occupation SELF EMPLOYED
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : SA11.79974**

Amount of Each Receipt this Period  

100.00
--------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. BRANDT TEMPLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4626 SAINT CHARLES AVE

City NEW ORLEANS	State LA	Zip Code 70115-4834
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OWNER OF SUNRISE EXPLORATION & PROI	Occupation SELF EMPLOYED
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11.80677**

Amount of Each Receipt this Period  

100.00
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CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 594 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. MEL TOLHURST**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 ALPINE DRIVE

City PERRINEVILLE State NJ Zip Code 08535-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation NA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2015  
**Transaction ID : SA11.77188**

Amount of Each Receipt this Period  
 49.99

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. HOWARD TUGGEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 558 TIMBER RIDGE DRIVE

City TROPHY CLUB State TX Zip Code 76262-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED BUT BUSY. Occupation RETIRED US ARMY COLONEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11.57025**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. HOWARD TUGGEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 558 TIMBER RIDGE DRIVE

City TROPHY CLUB State TX Zip Code 76262-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED BUT BUSY. Occupation RETIRED US ARMY COLONEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : SA11.59129**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 199.99

**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: (check only one)	PAGE 595 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. HOWARD TUGGEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 558 TIMBER RIDGE DRIVE

City TROPHY CLUB	State TX	Zip Code 76262-5645
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED BUT BUSY.	Occupation RETIRED US ARMY COLONEL
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2015

**Transaction ID : SA11.59516**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. HOWARD TUGGEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 558 TIMBER RIDGE DRIVE

City TROPHY CLUB	State TX	Zip Code 76262-5645
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED BUT BUSY.	Occupation RETIRED US ARMY COLONEL
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2015

**Transaction ID : SA11.65254**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. HOWARD TUGGEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 558 TIMBER RIDGE DRIVE

City TROPHY CLUB	State TX	Zip Code 76262-5645
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED BUT BUSY.	Occupation RETIRED US ARMY COLONEL
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SA11.65324**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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: (check only one)	PAGE 596 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JEAN TURLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17308 NE 85TH PL

City REDMOND	State WA	Zip Code 98052-3953
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

Date of Receipt  
06 / 09 / 2015  
Transaction ID : SA11.76551

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JEAN TURLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17308 NE 85TH PL

City REDMOND	State WA	Zip Code 98052-3953
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation HOUSEWIFE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

Date of Receipt  
04 / 28 / 2015  
Transaction ID : SA11.83963

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. PATRICIA VACKAR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 HENDERSON STREET

City FORT WORTH	State TX	Zip Code 76102-4500
FEC ID number of contributing federal political committee. C		
Name of Employer XTO ENERGY, INC.	Occupation SR. LAND ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
02 / 10 / 2015  
Transaction ID : SA11.55831

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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: (check only one)	PAGE 597 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. PATRICIA VACKAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 HENDERSON STREET

City FORT WORTH State TX Zip Code 76102-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer XTO ENERGY, INC. Occupation SR. LAND ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79055**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. PATRICIA VACKAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 HENDERSON STREET

City FORT WORTH State TX Zip Code 76102-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer XTO ENERGY, INC. Occupation SR. LAND ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.79057**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. VINCENT VAN PELT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2906 CALLE GAUCHO

City SAN CLEMENTE State CA Zip Code 92673-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : SA11.54559**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 598 OF 705  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. DEBORAH VANDYK</b></p> <p>Mailing Address <b>2767 NEW HOLLAND STREET</b></p> <table style="width:100%;"> <tr> <td>City <b>HUDSONVILLE</b></td> <td>State <b>MI</b></td> <td>Zip Code <b>49426-9454</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <table style="width:100%;"> <tr> <td style="width:35%;">Name of Employer <b>NONE</b></td> <td>Occupation <b>HOUSEWIFE</b></td> </tr> <tr> <td>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td>Aggregate Year-to-Date ▼ <b>300.00</b></td> </tr> </table>	City <b>HUDSONVILLE</b>	State <b>MI</b>	Zip Code <b>49426-9454</b>	Name of Employer <b>NONE</b>	Occupation <b>HOUSEWIFE</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	<p>Date of Receipt  <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>  <b>Transaction ID : SA11.77340</b> </p> <p>Amount of Each Receipt this Period  <input type="text" value="300.00"/> </p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT</p>
City <b>HUDSONVILLE</b>	State <b>MI</b>	Zip Code <b>49426-9454</b>						
Name of Employer <b>NONE</b>	Occupation <b>HOUSEWIFE</b>							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>							

<p>Full Name (Last, First, Middle Initial) <b>B. THOMAS VILLAMANA</b></p> <p>Mailing Address <b>151 DEVON ROAD</b></p> <table style="width:100%;"> <tr> <td>City <b>BRONXVILLE</b></td> <td>State <b>NY</b></td> <td>Zip Code <b>10708-5700</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <table style="width:100%;"> <tr> <td style="width:35%;">Name of Employer <b>RETIRED</b></td> <td>Occupation <b>RETIRED</b></td> </tr> <tr> <td>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td>Aggregate Year-to-Date ▼ <b>425.00</b></td> </tr> </table>	City <b>BRONXVILLE</b>	State <b>NY</b>	Zip Code <b>10708-5700</b>	Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.00</b>	<p>Date of Receipt  <input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>  <b>Transaction ID : SA11.55264</b> </p> <p>Amount of Each Receipt this Period  <input type="text" value="25.00"/> </p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT</p>
City <b>BRONXVILLE</b>	State <b>NY</b>	Zip Code <b>10708-5700</b>						
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.00</b>							

<p>Full Name (Last, First, Middle Initial) <b>C. THOMAS VILLAMANA</b></p> <p>Mailing Address <b>151 DEVON ROAD</b></p> <table style="width:100%;"> <tr> <td>City <b>BRONXVILLE</b></td> <td>State <b>NY</b></td> <td>Zip Code <b>10708-5700</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <table style="width:100%;"> <tr> <td style="width:35%;">Name of Employer <b>RETIRED</b></td> <td>Occupation <b>RETIRED</b></td> </tr> <tr> <td>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td>Aggregate Year-to-Date ▼ <b>425.00</b></td> </tr> </table>	City <b>BRONXVILLE</b>	State <b>NY</b>	Zip Code <b>10708-5700</b>	Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.00</b>	<p>Date of Receipt  <input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>  <b>Transaction ID : SA11.61423</b> </p> <p>Amount of Each Receipt this Period  <input type="text" value="25.00"/> </p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT</p>
City <b>BRONXVILLE</b>	State <b>NY</b>	Zip Code <b>10708-5700</b>						
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.00</b>							

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 599 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. THOMAS VILLAMANA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 DEVON ROAD

City BRONXVILLE	State NY	Zip Code 10708-5700
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.75451**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. THOMAS VILLAMANA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 DEVON ROAD

City BRONXVILLE	State NY	Zip Code 10708-5700
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11.77570**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THOMAS VILLAMANA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 DEVON ROAD

City BRONXVILLE	State NY	Zip Code 10708-5700
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11.78780**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 600 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. THOMAS VILLAMANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 DEVON ROAD  
 City BRONXVILLE State NY Zip Code 10708-5700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79791**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. THOMAS VILLAMANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 DEVON ROAD  
 City BRONXVILLE State NY Zip Code 10708-5700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.80217**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. THOMAS VILLAMANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 DEVON ROAD  
 City BRONXVILLE State NY Zip Code 10708-5700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11.83467**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 601 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. WALTER VINES**

Mailing Address 174 MORRISON AVE

City State Zip Code  
STATEN ISLAND NY 10310-2835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FDNY RETIRED FIREFIGHTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 09 / 2015  
**Transaction ID : SA11.64036**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DRURY L. VINTON**

Mailing Address 365 N.MAIN ST.

City State Zip Code  
WEST LEBANON NH 03784-1011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 15 / 2015  
**Transaction ID : SA11.64554**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DRURY L. VINTON**

Mailing Address 365 N.MAIN ST.

City State Zip Code  
WEST LEBANON NH 03784-1011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76350**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  600.00

**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: (check only one)	PAGE 602 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DRURY L. VINTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 365 N.MAIN ST.  
City WEST LEBANON State NH Zip Code 03784-1011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 22 / 2015  
**Transaction ID : SA11.81624**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DRURY L. VINTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 365 N.MAIN ST.  
City WEST LEBANON State NH Zip Code 03784-1011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : SA11.84375**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD VOELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13611 DEERING BAY DRIVE  
City CORAL GABLES State FL Zip Code 33158-2839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2350.00

Date of Receipt 01 / 28 / 2015  
**Transaction ID : SA11.54443**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 603 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 28 / 2015  
**Transaction ID : SA11.57094**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 29 / 2015  
**Transaction ID : SA11.60052**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 04 / 2015  
**Transaction ID : SA11.60675**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 600.00

**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

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(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 24 / 2015  
**Transaction ID : SA11.62606**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 17 / 2015  
**Transaction ID : SA11.65033**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 20 / 2015  
**Transaction ID : SA11.65236**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  450.00

**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: (check only one)	PAGE 605 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
05 / 05 / 2015  
**Transaction ID : SA11.71884**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
05 / 05 / 2015  
**Transaction ID : SA11.71885**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
05 / 08 / 2015  
**Transaction ID : SA11.73188**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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: (check only one)	PAGE 606 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD VOELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 13611 DEERING BAY DRIVE

City CORAL GABLES State FL Zip Code 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2015

**Transaction ID : SA11.75917**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD VOELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 13611 DEERING BAY DRIVE

City CORAL GABLES State FL Zip Code 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2015

**Transaction ID : SA11.75918**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD VOELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 13611 DEERING BAY DRIVE

City CORAL GABLES State FL Zip Code 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015

**Transaction ID : SA11.81620**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 607 OF 705  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 22 / 2015  
**Transaction ID : SA11.81622**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 25 / 2015  
**Transaction ID : SA11.81964**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City State Zip Code  
CORAL GABLES FL 33158-2839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 26 / 2015  
**Transaction ID : SA11.82287**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶  300.00

**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: (check only one)	PAGE 608 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. SANDRA VON VALTIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26820 W. LAKEVIEW DR., SO.  
City WAUCONDA State IL Zip Code 60084-2316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : SA11.71888**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5920 N CAMINO PADRE ISIDORO  
City TUCSON State AZ Zip Code 85718-4032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : SA11.56779**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5920 N CAMINO PADRE ISIDORO  
City TUCSON State AZ Zip Code 85718-4032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : SA11.57438**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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: (check only one)	PAGE 609 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. FRANCES ANN WALKER</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11.58529</b>
Mailing Address 5920 N CAMINO PADRE ISIDORO		Amount of Each Receipt this Period CONTRIBUTION 220.00
City TUCSON State AZ Zip Code 85718-4032	FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRANCES ANN WALKER</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 <b>Transaction ID : SA11.58797</b>
Mailing Address 5920 N CAMINO PADRE ISIDORO		Amount of Each Receipt this Period CONTRIBUTION 10.00
City TUCSON State AZ Zip Code 85718-4032	FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRANCES ANN WALKER</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : SA11.59965</b>
Mailing Address 5920 N CAMINO PADRE ISIDORO		Amount of Each Receipt this Period CONTRIBUTION 10.00
City TUCSON State AZ Zip Code 85718-4032	FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> 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: (check only one)	PAGE 610 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5920 N CAMINO PADRE ISIDORO

City TUCSON	State AZ	Zip Code 85718-4032
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE UNIVERSITY OF ARIZONA	Occupation RETIRED CHEMISTRY PROFESSOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60429**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5920 N CAMINO PADRE ISIDORO

City TUCSON	State AZ	Zip Code 85718-4032
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE UNIVERSITY OF ARIZONA	Occupation RETIRED CHEMISTRY PROFESSOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.61465**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5920 N CAMINO PADRE ISIDORO

City TUCSON	State AZ	Zip Code 85718-4032
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE UNIVERSITY OF ARIZONA	Occupation RETIRED CHEMISTRY PROFESSOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : SA11.62039**

Amount of Each Receipt this Period  

10.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 611 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. FRANCES ANN WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5920 N CAMINO PADRE ISIDORO  
 City TUCSON State AZ Zip Code 85718-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 13 / 2015  
**Transaction ID : SA11.81025**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. FRANCES ANN WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5920 N CAMINO PADRE ISIDORO  
 City TUCSON State AZ Zip Code 85718-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 16 / 2015  
**Transaction ID : SA11.81285**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. FRANCES ANN WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5920 N CAMINO PADRE ISIDORO  
 City TUCSON State AZ Zip Code 85718-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE UNIVERSITY OF ARIZONA Occupation RETIRED CHEMISTRY PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 26 / 2015  
**Transaction ID : SA11.81980**  
 Amount of Each Receipt this Period 5.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**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 612 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LEWIS C WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24621 HARBOUR VIEW DRIVE  
 City State Zip Code  
 PONTE VEDRA BEACH FL 32082-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ORTHODONTIST (RETIRED)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11.61289**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LEWIS C WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24621 HARBOUR VIEW DRIVE  
 City State Zip Code  
 PONTE VEDRA BEACH FL 32082-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ORTHODONTIST (RETIRED)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.63217**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LEWIS C WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24621 HARBOUR VIEW DRIVE  
 City State Zip Code  
 PONTE VEDRA BEACH FL 32082-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ORTHODONTIST (RETIRED)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11.79919**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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: (check only one)	PAGE 613 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. LEWIS C WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 24621 HARBOUR VIEW DRIVE

City State Zip Code  
PONTE VEDRA BEACH FL 32082-1506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ORTHODONTIST (RETIRED)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2015  
**Transaction ID : SA11.82256**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. CAROL WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14300 JACKSON RG

City State Zip Code  
RANCHO MURIETA CA 95683-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2015  
**Transaction ID : SA11.65256**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City State Zip Code  
RENO NV 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015  
**Transaction ID : SA11.57481**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

**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: (check only one)	PAGE 614 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **01 / 22 / 2015**  
Transaction ID : **SA11.59589**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **02 / 10 / 2015**  
Transaction ID : **SA11.61481**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **02 / 16 / 2015**  
Transaction ID : **SA11.61952**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**

**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 615 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 SKY VALLEY DRIVE  
 City RENO State NV Zip Code 89523-7994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : SA11.63846**  
 Amount of Each Receipt this Period 5.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 SKY VALLEY DRIVE  
 City RENO State NV Zip Code 89523-7994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.64678**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 SKY VALLEY DRIVE  
 City RENO State NV Zip Code 89523-7994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 02 / 02 / 2015  
**Transaction ID : SA11.65516**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25.00  
**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: (check only one)	PAGE 616 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11.72944**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.73756**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : SA11.74167**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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: (check only one)	PAGE 617 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD WATSON</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 <b>Transaction ID : SA11.74816</b>
Mailing Address 1520 SKY VALLEY DRIVE		Amount of Each Receipt this Period 10.00
City RENO	State NV	Zip Code 89523-7994
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD WATSON</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2015 <b>Transaction ID : SA11.76390</b>
Mailing Address 1520 SKY VALLEY DRIVE		Amount of Each Receipt this Period 15.00
City RENO	State NV	Zip Code 89523-7994
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD WATSON</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : SA11.77406</b>
Mailing Address 1520 SKY VALLEY DRIVE		Amount of Each Receipt this Period 10.00
City RENO	State NV	Zip Code 89523-7994
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> 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 618 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**06 / 30 / 2015**  
Transaction ID : **SA11.77901**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. RICHARD WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SKY VALLEY DRIVE

City RENO State NV Zip Code 89523-7994

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**06 / 30 / 2015**  
Transaction ID : **SA11.78219**

Amount of Each Receipt this Period  
**15.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JOHN WAVELL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O.BOX 727

City LOS ALAMITOS State CA Zip Code 90720-0727

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation BUSINESSMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  
**02 / 10 / 2015**  
Transaction ID : **SA11.55829**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.00**

**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: (check only one)	PAGE 619 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN WAVELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O.BOX 727

City LOS ALAMITOS	State CA	Zip Code 90720-0727
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation BUSINESSMAN
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60740**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JOHN WAVELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O.BOX 727

City LOS ALAMITOS	State CA	Zip Code 90720-0727
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation BUSINESSMAN
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : SA11.65591**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11.54400**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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: (check only one)	PAGE 620 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 05 / 2015  
Transaction ID : SA11.55436

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 10 / 2015  
Transaction ID : SA11.55882

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 16 / 2015  
Transaction ID : SA11.56204

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

**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: (check only one)	PAGE 621 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : SA11.56876**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : SA11.57498**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2015

**Transaction ID : SA11.57848**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**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 622 OF 705	
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2015  
**Transaction ID : SA11.59369**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2015  
**Transaction ID : SA11.59520**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2015  
**Transaction ID : SA11.63091**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00

**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 623 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1165  
 231 TILDEN ST  
 City PORT EWEN State NY Zip Code 12466-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 05 / 2015  
**Transaction ID : SA11.76369**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1165  
 231 TILDEN ST  
 City PORT EWEN State NY Zip Code 12466-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 13 / 2015  
**Transaction ID : SA11.76705**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1165  
 231 TILDEN ST  
 City PORT EWEN State NY Zip Code 12466-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11.77731**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**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: (check only one)	PAGE 624 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11.78199**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 05 / 2015  
**Transaction ID : SA11.79544**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 06 / 2015  
**Transaction ID : SA11.79886**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 65.00

**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: (check only one)	PAGE 625 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 08 / 2015  
Transaction ID : SA11.80364

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 16 / 2015  
Transaction ID : SA11.81271

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : SA11.81415

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00

**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: (check only one)	PAGE 626 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 23 / 2015  
**Transaction ID : SA11.81675**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 27 / 2015  
**Transaction ID : SA11.83114**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. EDWARD WEBER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1165  
231 TILDEN ST

City PORT EWEN State NY Zip Code 12466-1165

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 04 / 2015  
**Transaction ID : SA11.85344**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00

**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: (check only one)	PAGE 627 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. STEVEN WEBSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 LOUISIANA

City HOUSTON State TX Zip Code 77002-5005

FEC ID number of contributing federal political committee. **C**

Name of Employer AVISTA CAPITAL Occupation CO-CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : SA11.80690**

Amount of Each Receipt this Period  
 8000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROBERT WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 LA SENDA PLACE

City LAGUNA BEACH State CA Zip Code 92651-6738

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.56598**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROBERT WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 LA SENDA PLACE

City LAGUNA BEACH State CA Zip Code 92651-6738

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.61860**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8050.00
<b>TOTAL</b> 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: (check only one)	PAGE 628 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROBERT WELLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 LA SENDA PLACE

City LAGUNA BEACH	State CA	Zip Code 92651-6738
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.63609**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**B. ROBERT WELLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 LA SENDA PLACE

City LAGUNA BEACH	State CA	Zip Code 92651-6738
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.78200**

Amount of Each Receipt this Period  

25.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

**C. ROBERT WELLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 LA SENDA PLACE

City LAGUNA BEACH	State CA	Zip Code 92651-6738
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83463**

Amount of Each Receipt this Period  

50.00
-------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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: (check only one)	PAGE 629 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROY WENNERHOLM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 916 TABOOTS COURT

City IVINS	State UT	Zip Code 84738-6429
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ELECTRICAL ENGINEER
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.74822**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ROY WENNERHOLM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 916 TABOOTS COURT

City IVINS	State UT	Zip Code 84738-6429
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ELECTRICAL ENGINEER
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.77899**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. ROY WENNERHOLM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 916 TABOOTS COURT

City IVINS	State UT	Zip Code 84738-6429
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ELECTRICAL ENGINEER
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 /  /   
**Transaction ID : SA11.80331**

Amount of Each Receipt this Period  
  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 630 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ROY WENNERHOLM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 916 TABOOTS COURT

City IVINS	State UT	Zip Code 84738-6429
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ELECTRICAL ENGINEER
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2015

**Transaction ID : SA11.81914**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JERI WESLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6105 LYNNHAVEN

City LUBBOCK	State TX	Zip Code 79413-5329
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation REAL ESTATE BROKER
--------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SA11.65679**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JERI WESLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6105 LYNNHAVEN

City LUBBOCK	State TX	Zip Code 79413-5329
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation REAL ESTATE BROKER
--------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2015

**Transaction ID : SA11.73337**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5075.00
<b>TOTAL</b> 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: (check only one)	PAGE 631 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JESSIE WESTCAMP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 940 CO. RD. 303

City ELK CREEK	State CA	Zip Code 95939-9701
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RET RANCHER
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SA11.59232**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JESSIE WESTCAMP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 940 CO. RD. 303

City ELK CREEK	State CA	Zip Code 95939-9701
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RET RANCHER
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : SA11.62379**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JESSIE WESTCAMP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 940 CO. RD. 303

City ELK CREEK	State CA	Zip Code 95939-9701
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RET RANCHER
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : SA11.65428**

Amount of Each Receipt this Period  

15.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> 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: (check only one)	PAGE 632 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JESSIE WESTCAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 940 CO. RD. 303

City ELK CREEK State CA Zip Code 95939-9701

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RET RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015

**Transaction ID : SA11.74023**

Amount of Each Receipt this Period  
 5.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. LAWRENCE WHIPPLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 CANNON COURT

City BASKING RIDGE State NJ Zip Code 07920-3842

FEC ID number of contributing federal political committee. **C**

Name of Employer MSW CAPITAL, LLC Occupation LAWYER/EXECUTIVE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11.83650**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. COL ROBERT WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1850 DELPHINA COURT

City CAMERON PARK State CA Zip Code 95682-8963

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : SA11.79083**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.00
<b>TOTAL</b> 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: (check only one)	PAGE 633 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. COL ROBERT WHITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1850 DELPHINA COURT

City CAMERON PARK	State CA	Zip Code 95682-8963
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : SA11.80523**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. COL ROBERT WHITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1850 DELPHINA COURT

City CAMERON PARK	State CA	Zip Code 95682-8963
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2015

**Transaction ID : SA11.81965**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WALTER WHITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11523 WINDOVER

City HOUSTON	State TX	Zip Code 77024-5222
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ECONOMY POLYMERS AND CHEMICALS	Occupation COO/OWNER
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83654**

Amount of Each Receipt this Period  

10000.00
----------

**CONTRIBUTION**  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10200.00
<b>TOTAL</b> 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: (check only one)	PAGE 634 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JIM WHITSETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 598 MAUREEN LN  
City PLEASANT HILL State CA Zip Code 94523-2751  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 22 / 2015  
Transaction ID : SA11.59603  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. JIM WHITSETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 598 MAUREEN LN  
City PLEASANT HILL State CA Zip Code 94523-2751  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11.77944  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. LAIRD WIGGIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 167 LLEWELLYN DRIVE  
City WESTFIELD State MA Zip Code 01085-2515  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : SA11.57133  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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 635 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. LAIRD WIGGIN**

Mailing Address 167 LLEWELLYN DRIVE

City WESTFIELD State MA Zip Code 01085-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 15 / 2015  
**Transaction ID : SA11.59546**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LAIRD WIGGIN**

Mailing Address 167 LLEWELLYN DRIVE

City WESTFIELD State MA Zip Code 01085-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 23 / 2015  
**Transaction ID : SA11.62534**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. LAIRD WIGGIN**

Mailing Address 167 LLEWELLYN DRIVE

City WESTFIELD State MA Zip Code 01085-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 30 / 2015  
**Transaction ID : SA11.77726**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶  60.00

**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: (check only one)	PAGE 636 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN WILEY**

Mailing Address **804 QUAILL AVENUE  
APT B**

City **PITTSBURGH** State **PA** Zip Code **15202-1164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ON DISABILITY** Occupation **NONE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **03 / 05 / 2015**

**Transaction ID : SA11.63290**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN WILEY**

Mailing Address **804 QUAILL AVENUE  
APT B**

City **PITTSBURGH** State **PA** Zip Code **15202-1164**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ON DISABILITY** Occupation **NONE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **04 / 12 / 2015**

**Transaction ID : SA11.80863**

Amount of Each Receipt this Period **10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ELAINE R. WILLIAMS**

Mailing Address **128 CAVALRY DRIVE**

City **FRANKLIN** State **TN** Zip Code **37064-4904**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **02 / 05 / 2015**

**Transaction ID : SA11.60995**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 637 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. ELAINE R. WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 CAVALRY DRIVE  
City FRANKLIN State TN Zip Code 37064-4904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 12 / 2015  
Transaction ID : SA11.80931  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. ELAINE R. WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 CAVALRY DRIVE  
City FRANKLIN State TN Zip Code 37064-4904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 27 / 2015  
Transaction ID : SA11.83566  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. L THOMAS WILLIAMS JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2020 BRUCK ST  
City COLUMBUS State OH Zip Code 43207-2329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FRANKLIN INTERNATIONAL Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2015  
Transaction ID : SA11.71945  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**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: (check only one)	PAGE 638 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. JOHN WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7239 KENSINGTON CT

City State Zip Code  
UNIVERSITY PARK FL 34201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2015

**Transaction ID : SA17.3556**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION TO CAREY ACCOUNT

**B. DEAN F WOLF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3108 CAMINO DE LA SIERRA

City State Zip Code  
ALBUQUERQUE NM 87111-5604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LZ TECHNOLOGY ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : SA11.56369**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DEAN F WOLF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3108 CAMINO DE LA SIERRA

City State Zip Code  
ALBUQUERQUE NM 87111-5604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LZ TECHNOLOGY ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : SA11.65592**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 639 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DEAN F WOLF**

Mailing Address 3108 CAMINO DE LA SIERRA

City ALBUQUERQUE	State NM	Zip Code 87111-5604
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LZ TECHNOLOGY	Occupation ENGINEER
-----------------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2015**

**Transaction ID : SA11.71966**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DIANE WOODARD**

Mailing Address 1616 DANDRIDGE ST SW

City DECATUR	State AL	Zip Code 35601-3728
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : SA11.56385**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DIANE WOODARD**

Mailing Address 1616 DANDRIDGE ST SW

City DECATUR	State AL	Zip Code 35601-3728
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : SA11.57153**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 640 OF 705
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DIANE WOODARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1616 DANDRIDGE ST SW

City DECATUR	State AL	Zip Code 35601-3728
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.61469**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DIANE WOODARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1616 DANDRIDGE ST SW

City DECATUR	State AL	Zip Code 35601-3728
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : SA11.62874**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. DIANE WOODARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1616 DANDRIDGE ST SW

City DECATUR	State AL	Zip Code 35601-3728
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : SA11.64163**

Amount of Each Receipt this Period  

10.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 641 OF 705  
(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DIANE WOODARD**

Mailing Address 1616 DANDRIDGE ST SW

City State Zip Code  
DECATUR AL 35601-3728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : SA11.64545**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DIANE WOODARD**

Mailing Address 1616 DANDRIDGE ST SW

City State Zip Code  
DECATUR AL 35601-3728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  
05 / 21 / 2015  
**Transaction ID : SA11.75283**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DIANE WOODARD**

Mailing Address 1616 DANDRIDGE ST SW

City State Zip Code  
DECATUR AL 35601-3728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  
04 / 04 / 2015  
**Transaction ID : SA11.79206**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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: (check only one)	PAGE 642 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. DEAN WOODMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 233 MOCKINGBIRD TRAIL

City PALM BEACH	State FL	Zip Code 33480-3117
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : SA11.59031**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. DEAN WOODMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 233 MOCKINGBIRD TRAIL

City PALM BEACH	State FL	Zip Code 33480-3117
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11.83652**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NATHAN L. WORKMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 198 MILL STREET

City STOUGHTON	State MA	Zip Code 02072-1404
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DOD	Occupation RETIRED FINANCIAL MANAGER
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60288**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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 643 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. NATHAN L. WORKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 MILL STREET  
 City STOUGHTON State MA Zip Code 02072-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOD Occupation RETIRED FINANCIAL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : SA11.65303**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. NATHAN L. WORKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 MILL STREET  
 City STOUGHTON State MA Zip Code 02072-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOD Occupation RETIRED FINANCIAL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : SA11.73769**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. NATHAN L. WORKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 MILL STREET  
 City STOUGHTON State MA Zip Code 02072-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOD Occupation RETIRED FINANCIAL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : SA11.80308**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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 644 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DALE WRIGHT**

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE State CA Zip Code 95662-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.55928**

Amount of Each Receipt this Period  
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DALE WRIGHT**

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE State CA Zip Code 95662-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.59243**

Amount of Each Receipt this Period  
 22.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DALE WRIGHT**

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE State CA Zip Code 95662-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11.59677**

Amount of Each Receipt this Period  
 11.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43.00

**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 645 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DALE WRIGHT**  
 Mailing Address 8000 COUNTRY TRAIL DR  
 City ORANGEVALE State CA Zip Code 95662-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **213.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : SA11.59678**  
 Amount of Each Receipt this Period **11.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DALE WRIGHT**  
 Mailing Address 8000 COUNTRY TRAIL DR  
 City ORANGEVALE State CA Zip Code 95662-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **213.00**

Date of Receipt **02 / 04 / 2015**  
**Transaction ID : SA11.60509**  
 Amount of Each Receipt this Period **22.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DALE WRIGHT**  
 Mailing Address 8000 COUNTRY TRAIL DR  
 City ORANGEVALE State CA Zip Code 95662-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **213.00**

Date of Receipt **02 / 16 / 2015**  
**Transaction ID : SA11.61933**  
 Amount of Each Receipt this Period **10.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **43.00**  
**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 646 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DALE WRIGHT**

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE State CA Zip Code 95662-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2015  
**Transaction ID : SA11.63080**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DALE WRIGHT**

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE State CA Zip Code 95662-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2015  
**Transaction ID : SA11.76351**

Amount of Each Receipt this Period  
15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DALE WRIGHT**

Mailing Address 8000 COUNTRY TRAIL DR

City ORANGEVALE State CA Zip Code 95662-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015  
**Transaction ID : SA11.83318**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 647 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DALE WRIGHT**  
 Mailing Address 8000 COUNTRY TRAIL DR  
 City State Zip Code  
 ORANGEVALE CA 95662-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11.84257**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JAMES WYATT**  
 Mailing Address 10387 SIERRA RIDGE LN  
 City State Zip Code  
 PARKER CO 80134-4972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MY WIFE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2015  
**Transaction ID : SA11.77278**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. WILLARD WYNNE**  
 Mailing Address 473 NANCY JACK ROAD  
 City State Zip Code  
 GERRARDSTOWN WV 25420-3826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RET. RET.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11.55660**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: (check only one)	PAGE 648 OF 705
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLARD WYNNE</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2015 <b>Transaction ID : SA11.57445</b>
Mailing Address 473 NANCY JACK ROAD		Amount of Each Receipt this Period 50.00
City GERRARDSTOWN	State WV	Zip Code 25420-3826
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RET.	Occupation RET.	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. WILLARD WYNNE</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2015 <b>Transaction ID : SA11.58018</b>
Mailing Address 473 NANCY JACK ROAD		Amount of Each Receipt this Period 50.00
City GERRARDSTOWN	State WV	Zip Code 25420-3826
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RET.	Occupation RET.	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. WILLARD WYNNE</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2015 <b>Transaction ID : SA11.58215</b>
Mailing Address 473 NANCY JACK ROAD		Amount of Each Receipt this Period 100.00
City GERRARDSTOWN	State WV	Zip Code 25420-3826
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RET.	Occupation RET.	NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 649 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer  
RET.

Occupation  
RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2015  
**Transaction ID : SA11.59453**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer  
RET.

Occupation  
RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2015  
**Transaction ID : SA11.59905**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer  
RET.

Occupation  
RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2015  
**Transaction ID : SA11.61963**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► 175.00

**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: (check only one)	PAGE 650 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : SA11.73773**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : SA11.75897**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RET.	Occupation RET.
--------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11.77736**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 651 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. WILLARD WYNNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 473 NANCY JACK ROAD  
City GERRARDSTOWN State WV Zip Code 25420-3826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RET. Occupation RET.  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **750.00**

Date of Receipt **04 / 13 / 2015**  
**Transaction ID : SA11.81066**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. MIGUEL XAVIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3142 S ADAMS WAY  
City DENVER State CO Zip Code 80210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2015  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 17 / 2015**  
**Transaction ID : SA17.3620**  
Amount of Each Receipt this Period **300.00**  
CONTRIBUTION TO CAREY ACCOUNT

**C. BARBARA ZABER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 508 CR 2907  
City DODD CITY State TX Zip Code 75438-3013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BAKER BOTTS LLP Occupation WORD PROCESSOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **01 / 27 / 2015**  
**Transaction ID : SA11.54268**  
Amount of Each Receipt this Period **25.00**  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>375.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 652 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. BARBARA ZABER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 508 CR 2907

City DODD CITY	State TX	Zip Code 75438-3013
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BAKER BOTTS LLP	Occupation WORD PROCESSOR
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11.60343**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**B. BARBARA ZABER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 508 CR 2907

City DODD CITY	State TX	Zip Code 75438-3013
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BAKER BOTTS LLP	Occupation WORD PROCESSOR
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11.75463**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**C. JAMES ZEH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1304 CONDOR DRIVE

City GREENSBORO	State NC	Zip Code 27410-2715
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11.55825**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 653 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES ZEH**

Mailing Address 1304 CONDOR DRIVE

City Greensboro State NC Zip Code 27410-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2015**

Transaction ID : **SA11.61986**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JAMES ZEH**

Mailing Address 1304 CONDOR DRIVE

City Greensboro State NC Zip Code 27410-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

Transaction ID : **SA11.63368**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JAMES ZEH**

Mailing Address 1304 CONDOR DRIVE

City Greensboro State NC Zip Code 27410-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

Transaction ID : **SA11.73776**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

**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: (check only one)	PAGE 654 OF 705
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. DEANNA ZWEIFEL**

Mailing Address 1725 12TH STREET

City GERING State NE Zip Code 69341-4105

FEC ID number of contributing federal political committee. **C**

Name of Employer FORMER TEACHER Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt  
**03 / 07 / 2015**

Transaction ID : **SA11.57950**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DEANNA ZWEIFEL**

Mailing Address 1725 12TH STREET

City GERING State NE Zip Code 69341-4105

FEC ID number of contributing federal political committee. **C**

Name of Employer FORMER TEACHER Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt  
**06 / 16 / 2015**

Transaction ID : **SA11.76979**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DEANNA ZWEIFEL**

Mailing Address 1725 12TH STREET

City GERING State NE Zip Code 69341-4105

FEC ID number of contributing federal political committee. **C**

Name of Employer FORMER TEACHER Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt  
**04 / 03 / 2015**

Transaction ID : **SA11.79009**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ► **150.00**

**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 655 OF 705  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. ALLEGIANCE LIST MARKETING**

Mailing Address 202 CHURCH ST. SE SUITE 100

City State Zip Code  
LEESBURG VA 20175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA17.1001**

Amount of Each Receipt this Period  
4200.00

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)  
**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA17.999**

Amount of Each Receipt this Period  
4335.00

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)  
**C.**

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	168204.63

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. ACCESS NATIONAL BANK**

Mailing Address 4221 WALNEY RD  
SUITE 120

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
BANK FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SB21B.I1152

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : SB21B.I1141

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2015

Transaction ID : SB21B.I1142

Amount of Each Disbursement this Period

57.29

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

90.24

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : SB21B.I1143

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : SB21B.I1144

Amount of Each Disbursement this Period

24.38

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2015

Transaction ID : SB21B.I1145

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

40.28

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2015

Transaction ID : SB21B.I1146

Amount of Each Disbursement this Period

20.19

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : SB21B.I1147

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SB21B.I1148

Amount of Each Disbursement this Period

22.18

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

50.32

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

Transaction ID : SB21B.I1149

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : SB21B.I1150

Amount of Each Disbursement this Period

35.41

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL LISTS, LLC**

Mailing Address 1252 RAMBLING RILL CIR

City STATHAM State GA Zip Code 30666

Purpose of Disbursement  
LIST RENTAL FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

Transaction ID : SB21B.I4238

Amount of Each Disbursement this Period

2105.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2148.36

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
ONLINE ADVERTISING FEES

004

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2015

Transaction ID : SB21B.I1151

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
OUTBOUND MESSAGING CONSULTING

004

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : SB21B.I1174

Amount of Each Disbursement this Period

1197.96

Full Name (Last, First, Middle Initial)

**C. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
OUTBOUND MESSAGING CONSULTING

004

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2015

Transaction ID : SB21B.I1175

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7197.96

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
LEGAL AND COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

Transaction ID : SB21B.I1176

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. DELUXE BUSINESS SYSTEM**

Mailing Address 3680 VICTORIA STREET NORTH

City SHOREVIEW State MN Zip Code 55126

Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

Transaction ID : SB21B.I4242

Amount of Each Disbursement this Period

75.43

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
ADVOCACY MAIL PRODUCTION

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

Transaction ID : SB21B.I4237

Amount of Each Disbursement this Period

620.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2695.43

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
ADVOCACY MAIL PRODUCTION

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SB21B.I4236

Amount of Each Disbursement this Period

5579.82

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2015

Transaction ID : SB21B.I1155

Amount of Each Disbursement this Period

51.74

Full Name (Last, First, Middle Initial)

**C. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : SB21B.I1156

Amount of Each Disbursement this Period

187.79

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5819.35

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B.I1157

Amount of Each Disbursement this Period

216.65

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : SB21B.I1158

Amount of Each Disbursement this Period

95.00

Full Name (Last, First, Middle Initial)

**C. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

Transaction ID : SB21B.I1159

Amount of Each Disbursement this Period

114.93

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

426.58

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Transaction ID : SB21B.I1160

Amount of Each Disbursement this Period

356.53

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : SB21B.I1161

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I1162

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

406.53

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

Transaction ID : SB21B.I1163

Amount of Each Disbursement this Period

351.98

Full Name (Last, First, Middle Initial)

**B. RESPONSE AMERICA, LLC**

Mailing Address 211 N. UNION ST

City ALEXANDRIA State VA Zip Code 22134

Purpose of Disbursement  
ADVOCACY MAIL PRODUCTION

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

Transaction ID : SB21B.I4239

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

Transaction ID : SB21B.I1165

Amount of Each Disbursement this Period

12582.64

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15434.62

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC FUNDRAISING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

Mailing Address 7800 3RD STREET N  
SUITE 900

**Transaction ID : SB21B.I1166**

City SAINT PAUL State MN Zip Code 55128

Amount of Each Disbursement this Period

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003
Category/ Type

19509.33
----------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. STRATEGIC FUNDRAISING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2015

Mailing Address 7800 3RD STREET N  
SUITE 900

**Transaction ID : SB21B.I1167**

City SAINT PAUL State MN Zip Code 55128

Amount of Each Disbursement this Period

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003
Category/ Type

1106.88
---------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. STRATEGIC FUNDRAISING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2015

Mailing Address 7800 3RD STREET N  
SUITE 900

**Transaction ID : SB21B.I1168**

City SAINT PAUL State MN Zip Code 55128

Amount of Each Disbursement this Period

Purpose of Disbursement  
OUTBOUND TELEPHONE MARKETING

003
Category/ Type

8322.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

28938.21
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**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : SB21B.I1169

Amount of Each Disbursement this Period

2648.45

Full Name (Last, First, Middle Initial)

**B. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : SB21B.I1170

Amount of Each Disbursement this Period

5969.50

Full Name (Last, First, Middle Initial)

**C. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
CONTRIBUTION PROCESSING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I1171

Amount of Each Disbursement this Period

4800.25

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

13418.20

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

Transaction ID : SB21B.I1172

Amount of Each Disbursement this Period

14305.97

Full Name (Last, First, Middle Initial)

**B. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
OUTBOUND TELEPHONE MESSAGING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

Transaction ID : SB21B.I1173

Amount of Each Disbursement this Period

4253.11

Full Name (Last, First, Middle Initial)

**C. US BANK**

Mailing Address 800 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement  
BANK FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SB21B.I4233

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

18569.08

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. US BANK**

Mailing Address 800 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement  
BANK FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : SB21B.I4234

Amount of Each Disbursement this Period

32.36

Full Name (Last, First, Middle Initial)

**B. US BANK**

Mailing Address 800 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement  
BANK FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : SB21B.I4235

Amount of Each Disbursement this Period

75.43

Full Name (Last, First, Middle Initial)

**C. VISUAL IMPACT DESIGN**

Mailing Address 160 ROOSEVELT AVE SUITE 201

City YORK State PA Zip Code 17401

Purpose of Disbursement  
DIGITAL MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

Transaction ID : SB21B.I4240

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

607.79

**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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. WIN RIGHT DATA, LLC**

Mailing Address 2800 GLEN GARY DRIVE

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement  
LIST RENTAL FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SB21B.I4241

Amount of Each Disbursement this Period

420.50

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

420.50

**TOTAL** This Period (last page this line number only)..... ▶

96263.45

**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 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 checked="" 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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. JERI WESLEY**

Mailing Address 6105 LYNNHAVEN

City LUBBOCK State TX Zip Code 79413

Purpose of Disbursement  
REFUND OF CONTRIBUTION

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2015

Transaction ID : SB28A.I1188

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

5000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. MATT CHISHOLM**

Mailing Address 203 S. UNION ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; STAFF COMPENSATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1118**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NICK GIVAS**

Mailing Address 203 S. UNION ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; DIGITAL CONTENT DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1120**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NICK GIVAS**

Mailing Address 203 S. UNION ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; DIGITAL CONTENT DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1121**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; CAREY ACCOUNT; PAC MANAGEMENT CONSULTING  
Candidate Name

**001**  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /   
01 / 27 / 2015

**Transaction ID : SB29.I1131**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT CONSULTING  
Candidate Name

**001**  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /   
03 / 04 / 2015

**Transaction ID : SB29.I1132**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT SERVICES  
Candidate Name

**001**  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /   
03 / 12 / 2015

**Transaction ID : SB29.I1133**

Amount of Each Disbursement this Period

678.67

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3678.67

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : SB29.I1134

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT SERVICES

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 13 / 2015

Transaction ID : SB29.I1135

Amount of Each Disbursement this Period

993.86

Full Name (Last, First, Middle Initial)

**C. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2015

Transaction ID : SB29.I1136

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2993.86

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : SB29.I1137

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**B. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT SERVICES

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2015

Transaction ID : SB29.I1138

Amount of Each Disbursement this Period

841.80

Full Name (Last, First, Middle Initial)

**C. TED HARVEY**

Mailing Address 3010 WYECLIFF LANE

City State Zip Code  
HIGHLANDS RANCH CO 80126

Purpose of Disbursement  
CAREY ACCOUNT; PAC MANAGEMENT CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SB29.I1139

Amount of Each Disbursement this Period

1250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3791.80

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. ALLEGIANCE LIST MARKETING**

Mailing Address 202 CHURCH ST. SE SUITE 100

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement  
CAREY ACCOUNT; POSTAGE FOR DIRECT MAILING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SB29.I1066

Amount of Each Disbursement this Period

7059.97

Full Name (Last, First, Middle Initial)

**B. AMERICAN ACTION NEWS, LLC**

Mailing Address 203 S. UNION ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2015

Transaction ID : SB29.I1067

Amount of Each Disbursement this Period

663.15

Full Name (Last, First, Middle Initial)

**C. AMERICAN ACTION NEWS, LLC**

Mailing Address 203 S. UNION ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : SB29.I1068

Amount of Each Disbursement this Period

1801.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9524.12

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN ACTION NEWS, LLC**

Mailing Address 203 S. UNION ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1069**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AMERICAN ACTION NEWS, LLC**

Mailing Address 203 S. UNION ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1070**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BIG EYE DIRECT**

Mailing Address 13860 REDSKIN DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
CAREY ACCOUNT; POSTAGE FOR MAILING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1071**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. BIGEYE DIRECT**

Mailing Address 13860 REDSKIN DR

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
CAREY ACCOUNT; POSTAGE FOR DIRECT MAILING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2015

Transaction ID : SB29.I1072

Amount of Each Disbursement this Period

1456.73

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; REFUND OF MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : SB29.I1000

Amount of Each Disbursement this Period

-5458.04

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; ANTI HILLARY CLINTON DIGITAL ADVOCACY

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : SB29.I1074

Amount of Each Disbursement this Period

6088.58

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2087.27

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT; ANTI HILLARY DIGITAL ADVOCACY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2015

Transaction ID : SB29.I1075

Amount of Each Disbursement this Period

7917.26

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT; ANTI HILLARY CLINTON DIGITAL ADVOCACY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : SB29.I1076

Amount of Each Disbursement this Period

6098.11

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB29.I1077

Amount of Each Disbursement this Period

17231.39

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

31246.76

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SB29.I1078

Amount of Each Disbursement this Period

2300.00

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : SB29.I1079

Amount of Each Disbursement this Period

2300.00

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : SB29.I1080

Amount of Each Disbursement this Period

432.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5032.52



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1081**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1082**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1083**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : SB29.I1084

Amount of Each Disbursement this Period

1317.75

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SB29.I1086

Amount of Each Disbursement this Period

32084.44

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : SB29.I1088

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

33552.19

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2015

Transaction ID : SB29.I1090

Amount of Each Disbursement this Period

1350.00

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2015

Transaction ID : SB29.I1091

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; MERCHANT PROCESSING FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SB29.I1092

Amount of Each Disbursement this Period

39773.69

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

41173.69

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SB29.I1093**

Amount of Each Disbursement this Period

71534.93

Full Name (Last, First, Middle Initial)

**B. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
CAREY ACCOUNT; ONLINE ADVERTISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015

**Transaction ID : SB29.I1095**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
CAREY ACCOUNT; ONLINE ADVERTISING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : SB29.I1096**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

77534.93

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
CAREY ACCOUNT; ONLINE ADVERTISING FEES

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : SB29.I1097

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2015

Transaction ID : SB29.I1098

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CD, INC.**

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SB29.I1099

Amount of Each Disbursement this Period

786.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1986.32

**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 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 checked="" type="checkbox"/> 29	<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)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. CD, INC.**

Mailing Address P.O. BOX 1877

City State Zip Code  
ALEXANDRIA VA 22313

Purpose of Disbursement  
CAREY ACCOUNT; ONLINE ADVERTISING FEES

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2015

Transaction ID : SB29.I1100

Amount of Each Disbursement this Period

28795.00

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SB29.I1102

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015

Transaction ID : SB29.I1103

Amount of Each Disbursement this Period

205.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

31000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : SB29.I1104**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : SB29.I1105**

Amount of Each Disbursement this Period

4554.57

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; CPAC EVENT EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : SB29.I1106**

Amount of Each Disbursement this Period

5951.23

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10520.80

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1107**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1108**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1109**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1110**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1111**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1112**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1113**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1114**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 S. UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LEGAL AND COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1115**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. LITTLE BONANZA PRODUCTIONS**

Mailing Address 33301 AGUA DULCE CANYON ROAD PMB#2

City State Zip Code  
AQUA DULCE CA 91390

Purpose of Disbursement  
CAREY ACCOUNT; DIGITAL ADVERTISING PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1116**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PARKWAY

City State Zip Code  
DULLES VA 20166

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND MESSAGING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1119**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
CAREY ACCOUNT; MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I1127**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. PRISM STRATEGIES**

Mailing Address 2511 Q ST, NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
CAREY ACCOUNT; PR SERVICES

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2015

Transaction ID : SB29.I1122

Amount of Each Disbursement this Period

3004.95

Full Name (Last, First, Middle Initial)

**B. PRISM STRATEGIES**

Mailing Address 2511 Q ST, NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
CAREY ACCOUNT; PR SERVICES

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : SB29.I1164

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. RAINMAKERS**

Mailing Address 5211 PORT ROYAL RD

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement  
CAREY ACCOUNT; FUNDRAISING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB29.I1123

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7504.95

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. RAINMAKERS**

Mailing Address 5211 PORT ROYAL RD

City State Zip Code  
SPRINGFIELD VA 22151

Purpose of Disbursement  
CAREY ACCOUNT; FUNDRAISING

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.I1124**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. RAINMAKERS**

Mailing Address 5211 PORT ROYAL RD

City State Zip Code  
SPRINGFIELD VA 22151

Purpose of Disbursement  
CAREY ACCOUNT; FUNDRAISING

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.I1125**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RED PHONE CONSULTING**

Mailing Address P.O. BOX 862176

City State Zip Code  
MARIETTA GA 30062

Purpose of Disbursement  
CAREY ACCOUNT; DIGITAL OUTREACH CONSULTING

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.I1126**

Amount of Each Disbursement this Period

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. SCM ENTERPRISES**

Mailing Address 203 S. UNION ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCOUNT; LIST RENTAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : SB29.I1128**

Amount of Each Disbursement this Period

7086.13

Full Name (Last, First, Middle Initial)

**B. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND TELEPHONE MESSAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : SB29.I1129**

Amount of Each Disbursement this Period

2540.10

Full Name (Last, First, Middle Initial)

**C. STRATEGIC FUNDRAISING, INC.**

Mailing Address 7800 3RD STREET N  
SUITE 900

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
CAREY ACCOUNT; OUTBOUND TELEPHONE MESSAGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SB29.I1130**

Amount of Each Disbursement this Period

15625.21

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25251.44

461097.39

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 695 OF 705
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ALLEGIANCE DIRECT, LLC</b>	Nature of Debt (Purpose): JUNE MONTHLY DIRECT MAIL FEES
Mailing Address 421 EAST E ST	
City State Zip Code PURCELLVILLE VA 20132	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4101</b>	
Amount Incurred This Period 7059.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 7059.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICAN ACTION NEWS</b>	Nature of Debt (Purpose): JUNE MONTHLY ONLINE ADVERTISING FEES
Mailing Address 203 SOUTH UNION STREET SUITE 300	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4102</b>	
Amount Incurred This Period 544.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 544.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN SOLUTIONS</b>	Nature of Debt (Purpose): JUNE MONTHLY LIST RENTAL FEES
Mailing Address 117 N. SAINT ASAPH ST	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4103</b>	
Amount Incurred This Period 21646.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 21646.74

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	29251.46
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 696 OF 705
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN SOLUTIONS</b>	Nature of Debt (Purpose): JUNE MONTHLY EXTERNAL DEPLOYMENT COSTS
Mailing Address 117 N. SAINT ASAPH ST	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4104</b>	
Amount Incurred This Period 740.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 740.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN SOLUTIONS</b>	Nature of Debt (Purpose): JUNE MONTHLY FACEBOOK ADVERTISING
Mailing Address 117 N. SAINT ASAPH ST	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4105</b>	
Amount Incurred This Period 962.42	Payment This Period 0.00	Outstanding Balance at Close of This Period 962.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NATIONAL REVIEW, INC.</b>	Nature of Debt (Purpose): JUNE MONTHLY LIST RENTAL FEES
Mailing Address 215 LEXINGTON AVENUE	
City State Zip Code New York NY 10016	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4106</b>	
Amount Incurred This Period 4620.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4620.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6323.24
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 697 OF 705
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>POLITICAL LIST BROKERS, LLC</b>	Nature of Debt (Purpose): JUNE MONTHLY LIST RENTAL FEES
Mailing Address 107 S. WEST ST PMB 826	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4107</b>	
Amount Incurred This Period 25000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE RAINMAKERS</b>	Nature of Debt (Purpose): JUNE MONTHLY OUTBOUND CALLING COSTS
Mailing Address 5211 PORT ROYAL ROAD STE 500	
City State Zip Code SPRINGFIELD VA 22151	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4108</b>	
Amount Incurred This Period 4708.81	Payment This Period 0.00	Outstanding Balance at Close of This Period 4708.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE STRATEGY GROUP FOR MEDIA</b>	Nature of Debt (Purpose): JUNE MONTHLY MEDIA PRODUCTION COSTS
Mailing Address 7669 STAGGERS LOOPS	
City State Zip Code DELAWARE OH 43015	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4109</b>	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	34708.81
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	70283.51
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	70283.51

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544767
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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>ALLEGIANCE DIRECT, LLC</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 421 EAST E ST	Amount <span style="border: 1px solid black; padding: 2px;">7059.97</span>
City State Zip Code PURCELLVILLE VA 20132	<b>Transaction ID : SE24.11723</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure JUNE MONTHLY DIRECT MAIL FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>
Name of Federal Candidate HILLARY 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 <span style="border: 1px solid black; padding: 2px;">111933.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>AMERICAN ACTION NEWS</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 203 SOUTH UNION STREET SUITE 300	Amount <span style="border: 1px solid black; padding: 2px;">544.75</span>
City State Zip Code ALEXANDRIA VA 22314	<b>Transaction ID : SE24.11724</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure JUNE MONTHLY ONLINE ADVERTISING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>
Name of Federal Candidate HILLARY 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 <span style="border: 1px solid black; padding: 2px;">111933.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

DAN BACKER
[Electronically Filed]
Date M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 12 / 2015
Mailing Address 117 N. SAINT ASAPH ST	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code ALEXANDRIA VA 22314	<b>Transaction ID : SE24.998</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 13 / 2015
Purpose of Expenditure ESTIMATE OF DIGITAL ADVERTISING PRODUCTION AND BASE DEPLOYMENT COSTS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">111933.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 28 / 2015
Mailing Address 117 N. SAINT ASAPH ST	Amount <span style="border: 1px solid black; padding: 2px;">10350.00</span>
City State Zip Code ALEXANDRIA VA 22314	<b>Transaction ID : SE24.1003</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 28 / 2015
Purpose of Expenditure NATIONAL LIST RENTAL FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">111933.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20350.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Dan Backer*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC
FEC IDENTIFICATION NUMBER C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure LIST RENTAL FEES Category/Type 003
Name of Federal Candidate HILLARY CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 111933.51

Date of Public Distribution/Dissemination 05 / 18 / 2015
Amount 2300.00
Transaction ID : SE24.1005
Date of Disbursement or Obligation 05 / 19 / 2015
Office Sought: House Senate
Disbursement For: Primary General 2016

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure LIST RENTAL FEES Category/Type 003
Name of Federal Candidate HILLARY CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 111933.51

Date of Public Distribution/Dissemination 04 / 29 / 2015
Amount 9000.00
Transaction ID : SE24.1006
Date of Disbursement or Obligation 05 / 20 / 2015
Office Sought: House Senate
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 11300.00
(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.
Signature DAN BACKER [Electronically Filed] Date 11 / 17 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>	
Mailing Address 117 N. SAINT ASAPH ST		Amount <b>21646.74</b>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.11725</b>
Purpose of Expenditure JUNE MONTHLY LIST RENTAL FEES	Category/Type 003	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>	
Name of Federal Candidate HILLARY 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<b>111933.51</b>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>	
Mailing Address 117 N. SAINT ASAPH ST		Amount <b>740.82</b>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.11726</b>
Purpose of Expenditure JUNE MONTHLY EXTERNAL DEPLOYMENT COSTS	Category/Type 003	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>	
Name of Federal Candidate HILLARY 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<b>111933.51</b>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> 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.

*DAN BACKER*

Signature \_\_\_\_\_ **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y  
**11 / 17 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC
FEC IDENTIFICATION NUMBER C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMPAIGN SOLUTIONS [MEMO ITEM]
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure JUNE MONTHLY FACEBOOK ADVERTISING
Name of Federal Candidate HILLARY CLINTON
Calendar Year-To-Date Per Election for Office Sought 111933.51

Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 962.42
Transaction ID : SE24.11727
Date of Disbursement or Obligation 06 / 01 / 2015
Office Sought: House District:
President Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CD, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure ONLINE ADVERTISING BUY
Name of Federal Candidate HILLARY CLINTON
Calendar Year-To-Date Per Election for Office Sought 111933.51

Date of Public Distribution/Dissemination 04 / 13 / 2015
Amount 10000.00
Transaction ID : SE24.997
Date of Disbursement or Obligation 04 / 13 / 2015
Office Sought: House District:
President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10000.00
(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.
Signature DAN BACKER [Electronically Filed] Date 11 / 17 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC
FEC IDENTIFICATION NUMBER C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee NATIONAL REVIEW, INC. [MEMO ITEM]
Mailing Address 215 LEXINGTON AVENUE
City NEW YORK State NY Zip Code 10016
Purpose of Expenditure JUNE MONTHLY LIST RENTAL FEES Category/Type 004
Name of Federal Candidate HILLARY CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 111933.51

Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 4620.00
Transaction ID : SE24.11728
Date of Disbursement or Obligation 06 / 01 / 2015
Office Sought: House District: Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee POLITICAL LIST BROKERS, LLC [MEMO ITEM]
Mailing Address 107 S. WEST ST PMB 826
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure JUNE MONTHLY LIST RENTAL FEES Category/Type 003
Name of Federal Candidate HILLARY CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 111933.51

Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 25000.00
Transaction ID : SE24.11729
Date of Disbursement or Obligation 06 / 01 / 2015
Office Sought: House District: Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
Signature DAN BACKER [Electronically Filed] Date 11 / 17 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC
FEC IDENTIFICATION NUMBER C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE RAINMAKERS [MEMO ITEM]
Mailing Address 5211 PORT ROYAL ROAD STE 500
City SPRINGFIELD State VA Zip Code 22151
Purpose of Expenditure JUNE MONTHLY OUTBOUND CALLING COSTS Category/Type 003

Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 4708.81
Transaction ID : SE24.11730
Date of Disbursement or Obligation 06 / 01 / 2015

Name of Federal Candidate HILLARY CLINTON
Support Oppose
Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 111933.51

Office Sought: House Senate
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee THE STRATEGY GROUP FOR MEDIA
Mailing Address 7669 STAGGERS LOOPS
City DELAWARE State OH Zip Code 43015
Purpose of Expenditure ADVERTISING PRODUCTION Category/Type 004

Date of Public Distribution/Dissemination 04 / 13 / 2015
Amount 5000.00
Transaction ID : SE24.1140
Date of Disbursement or Obligation 04 / 15 / 2015

Name of Federal Candidate HILLARY CLINTON
Support Oppose
Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 5000.00

Office Sought: House Senate IA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5000.00
(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.

DAN BACKER [Electronically Filed] Date 11 / 17 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC
FEC IDENTIFICATION NUMBER C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE STRATEGY GROUP FOR MEDIA [MEMO ITEM]
Mailing Address 7669 STAGGERS LOOPS
City DELAWARE State OH Zip Code 43015
Purpose of Expenditure JUNE MONTHLY MEDIA PRODUCTION COSTS Category/Type 004

Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 5000.00
Transaction ID : SE24.11731
Date of Disbursement or Obligation 06 / 01 / 2015

Name of Federal Candidate HILLARY CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 111933.51

Office Sought: House Senate
President
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Support Oppose

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: House Senate
President
Disbursement For: Primary General
Other (specify)

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 46650.00

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.

DAN BACKER [Electronically Filed] Date 11 / 17 / 2015
Signature