

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Family Policy Alliance, fka CitizenLink, fka Focus on the Family Action</b>		3. FEC Identification Number <b>C C90008186</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8655 Explorer Drive		
(c) City, State and ZIP Code Colorado Springs CO 80920		2. Occupation and Name of Employer (for Individual Filers Only)

4. TYPE OF REPORT (check appropriate boxes):

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

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

5. COVERING PERIOD: FROM  /  /  10 / 01 / 2016  
THROUGH  /  /  12 / 31 / 2016

6. TOTAL CONTRIBUTIONS.....  50000.00  
7. TOTAL INDEPENDENT EXPENDITURES .....  45000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Mathis, Larry, , ,	<i>Mathis, Larry, , ,</i>	04/13/2018

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

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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

NAME OF FILER (In Full)  
Family Policy Alliance, fka CitizenLink, fka Focus on the Family Action

<b>A. Full Name (Last, First, Middle Initial)</b> Daylight Holdings LP			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 13261 N. Victor Hugo Ave.			<b>Transaction ID : F56.4115</b>		
City Phoenix	State AZ	Zip Code 85032	Amount of Each Receipt this Period 25000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b> Liberty Petroleum Corporation			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 10851 N. Black Canyon Hwy. Suite 540			<b>Transaction ID : F56.4113</b>		
City Phoenix	State AZ	Zip Code 85029	Amount of Each Receipt this Period 25000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	50000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Family Policy Alliance, fka CitizenLink, fka Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payee Connect Strategic Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2016	
Mailing Address PO Box 141251		Amount 40500.00	
City Dallas	State TX	Zip Code 75214	Transaction ID : F57.4120
Purpose of Expenditure Digital advertising (placement cost)	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee De Jesus, Matt, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 7037 W. Campo Bello Dr.		Amount 1000.00	
City Glendale	State AZ	Zip Code 85308	Transaction ID : F57.4122
Purpose of Expenditure Digital advertising (production cost)	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Facebook		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 1 Hacker Way		Amount 1000.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : F57.4117
Purpose of Expenditure Digital Advertising (placement cost)	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	42500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Family Policy Alliance, fka CitizenLink, fka Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payee Jeremiah Films		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address PO Box 51302		Amount 2500.00	
City Jacksonville Beach	State FL	Zip Code 32240	Transaction ID : F57.4124
Purpose of Expenditure Digital advertising (production cost)	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	2500.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	45000.00