



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Freedomworks for America**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="370046.39"/>	<input type="text" value="370046.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="253559.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7151.16"/>	<input type="text" value="13307.16"/>
(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="260711.07"/>	<input type="text" value="383353.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34156.01"/>	<input type="text" value="156798.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="226555.06"/>	<input type="text" value="226555.06"/>
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="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Freedomworks for America

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5200.00	6450.00
(ii) Unitemized .....	1951.16	6857.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7151.16	13307.16
(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) .....	7151.16	13307.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7151.16	13307.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7151.16	13307.16

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17662.29	140304.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17662.29	140304.77
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) .....	16438.72	16438.72
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 .....	55.00	55.00
(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)).....	55.00	55.00
29. Other Disbursements .....	0.00	0.00
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)) ..	34156.01	156798.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34156.01	156798.49

**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) .....	7151.16	13307.16
34. Total Contribution Refunds (from Line 28(d)) .....	55.00	55.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7096.16	13252.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17662.29	140304.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17662.29	140304.77



**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

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)  
**Freedomworks for America**

Full Name (Last, First, Middle Initial)

**A. BLUE POINT LLC**

Mailing Address 35311 N 92ND WAY

City SCOTTSDALE State AZ Zip Code 85262

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21-0.0001

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRTV LLC**

Mailing Address 3960 HOWARD HUGHES PKWY #290

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement  
REGISTRATION/SPONSORSHIP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : SB21-0.0004

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21-0.0006

Amount of Each Disbursement this Period

14.79

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

17514.79

**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)  
**Freedomworks for America**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21-0.0002

Amount of Each Disbursement this Period

61.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : SB21-0.0003

Amount of Each Disbursement this Period

33.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : SB21-0.0005

Amount of Each Disbursement this Period

7.79

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

103.26



**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)  
**Freedomworks for America**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : SB21-0.0007

Amount of Each Disbursement this Period

17.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

Transaction ID : SB21-0.0008

Amount of Each Disbursement this Period

14.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21-0.0009

Amount of Each Disbursement this Period

4.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

35.71

**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)  
**Freedomworks for America**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST ST

City State Zip Code  
SAN JOSE CA 95131

Purpose of Disbursement  
ONLINE PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SB21-0.0010**

Amount of Each Disbursement this Period

8.53

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8.53

17662.29

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

NAME OF COMMITTEE (In Full) <b>Freedomworks for America</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00499020
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>ARROWHEAD GRAPHICS, INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2016
Mailing Address 508 HOUSTON ST	Amount <span style="border: 1px solid black; padding: 2px;">7086.63</span>
City State Zip Code GREENSBORO NC 27401	<b>Transaction ID : sa241001</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> 02 / 01 / 2016
Purpose of Expenditure EVENT COLLATERAL MATERIALS	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate WALTER BEAMAN JONES JR	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16134.22</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ARROWHEAD GRAPHICS, INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2016
Mailing Address 508 HOUSTON ST	Amount <span style="border: 1px solid black; padding: 2px;">4948.48</span>
City State Zip Code GREENSBORO NC 27401	<b>Transaction ID : sa241002</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> 02 / 02 / 2016
Purpose of Expenditure EVENT COLLATERAL MATERIALS	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate WALTER BEAMAN JONES JR	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16134.22</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12035.11</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.

*MELODIE JOHNSON* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Freedomworks for America</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00499020
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 MARKETING STRATEGIES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 03 / 2016
Mailing Address 3240 WILSON BLVD STE 202	Amount <span style="border: 1px solid black; padding: 2px;">2719.11</span>
City State Zip Code ARLINGTON VA 22201	<b>Transaction ID : sa241003</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> 02 / 03 / 2016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate WALTER BEAMAN JONES JR	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16134.22</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>CAMPAIGN MARKETING STRATEGIES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 24 / 2016
Mailing Address 3240 WILSON BLVD STE 202	Amount <span style="border: 1px solid black; padding: 2px;">304.50</span>
City State Zip Code ARLINGTON VA 22201	<b>Transaction ID : sa241004</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> 02 / 24 / 2016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate DAVID ALAN BRAT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: VA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60585.96</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input 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;">3023.61</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.

MELODIE JOHNSON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 05 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Freedomworks for America</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00499020
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>BEST IMPRESSIONS INC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Mailing Address 400 N WASHINGTON ST BSMNT	Amount <span style="border: 1px solid black; padding: 2px;">750.00</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate WALTER BEAMAN JONES JR	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Name of Federal Candidate WALTER BEAMAN JONES JR	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">16134.22</span>	

Full Name of Payee <b>RED EDGE LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Mailing Address 2300 CLARENDON BLVD #901	Amount <span style="border: 1px solid black; padding: 2px;">630.00</span>
City State Zip Code ARLINGTON VA 22201	
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate WALTER BEAMAN JONES JR	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2016
Name of Federal Candidate WALTER BEAMAN JONES JR	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">16134.22</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1380.00</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;">16438.72</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.

*MELODIE JOHNSON*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016