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		7	
121 ALHAMBRA CIRCLE SUITE 1100 (c) OCK; State and ZIP Code CORAL GABLES FL 33134 2. Occupation and Name of Employer (for Individual Filers Only) C C90015660 Chairman MBF Healthcare Partners C C90015660 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report C 1. July 15 Quarterly Report X 48-Hour Report 0000 for 2015 2015 5. COVERING PERIOD: FROM 12 06 2015 5. COVERING PERIOD: FROM 12 06 2015 6. TOTAL CONTRIBUTIONS 12 06 2015 10950.00 Ubdrepenalty of perjury Lemity 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 autorized committee or agent of either, or any policial perity committee or is agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SignATURE Lectronaically Filed/ DATE Michael B. Fernandez 01/11/2016 01/11/2016 01/11/2016 01/11/2016				
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b) Is this Report an amendment? No Yes, it amends the report filed on 12 ' 08 ' 2015 5. COVERING PERIOD: FROM 12 ' 06 ' 2015 THROUGH 12 ' 06 ' 2015 6. TOTAL CONTRIBUTIONS	October 15 Quarterly Report	X 48-Hour Report		
b) Is this Report an amendment? No Yes, it amends the report filed on 12 ' 08 ' 2015 5. COVERING PERIOD: FROM 12 ' 06 ' 2015 THROUGH 12 ' 06 ' 2015 6. TOTAL CONTRIBUTIONS	January 31 Year-End Beport			
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Michael B. Fernandez Michael B. Fernandez 01/11/2016 01/11/2016		SIGNATURE		
01/11/2016	TTE ON PRINT NAME OF PERSON COMPLETING FORM			
	Michael B. Fernandez	Michael B. Fernandez	04/44/0040	
		-		

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME	OF	FILE	ĒR	(In	Ful	I)
FERN	IAN	DEZ,	M	IGU	EL	Β.

Full Name (Last, First, Middle Initial) of Pay	yee			Date of	Public Distributio	n/Dissemination
Miami Herald Media Company						
Mailing Address 3511 NW 91 Avenue					06	2015
				Amoun	:	
City	State	Zip Code				10950.00
Miami	FL	33172		Transa	action ID : F57.00	
Purpose of Expenditure		Category/	004	Office Sough	t: House	State: FL
Ad Buy		Туре	004		Senate	District:
Name of Federal Candidate Supported or (Opposed by Expend	iture:			X President	
Donald J. Trump				Check One:	Support	X Oppose
Calendar Year-To-Date Per Election 10950.00		950.00	Disbursement For: Primary General			
for Office Sought				Oth	er (specify)	
Full Name (Last, First, Middle Initial) of Pag	yee			Date of	Public Distributio	n/Dissemination
				М	- M / D D	/ Y Y Y Y
Mailing Address						
				Amoun	t	
City	State	Zip Code				
Purpose of Expenditure		Category/ Type		Office Sough		State:
Norma of Fodoval Condidate Overnovited as	Oran and her Even and				Senate Presiden	District:
Name of Federal Candidate Supported or	Opposed by Expend	iture:		Check One:	Support	Oppose
Calendar Year-To-Date Per Election				Disbursement		General
for Office Sought		,		Oth	er (specify) ►	
Full Name (Last, First, Middle Initial) of Pa	yee			Date of	Public Distributio	n/Dissemination
				М	■ M / D ■ D	/ Y = Y = Y = Y
Mailing Address						
				Amoun	t	
City	State	Zip Code				
Purpose of Expenditure		Category/		Office Sought	:: House	State:
		Туре			Senate	District:
Name of Federal Candidate Supported or	Opposed by Expend	iture:			President	
				Check One:	Support	Oppose
Calendar Year-To-Date Per Election				Disbursement	For: Primary	General
for Office Sought				Oth	er (specify)	
(a) SUBTOTAL of Itemized Independent Ex	nenditures					
(a) SOBTOTAL OF REITIZED INDEPENDENT EX	ponunures			···· • L		10950.00
(b) SUBTOTAL of Unitemized Independent	Expenditures					
				•••••		
(c) TOTAL Independent Expenditures						10050.00
(carry total from last page forward				···· • L		10950.00