



"John R. Davis" <jrdavis@isquaredrelement.com> on 06/02/2016 12:21:47 PM

To: <2022190174@fec.gov>,
cc:

Subject: FEC Form 5

Please see attached FEC Form 5.

John R. Davis
12600 Clarence Center Road



Akron, NY 14001 DOC060216-121504.pdf

2016060216121504



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MS-P

May 25, 2016

JOHN R DAVIS JR
12600 CLARENCE CTR RD PO BOX 390
AKRON, NY 14001

IDENTIFICATION NUMBER: C90016015

REFERENCE: APRIL QUARTERLY REPORT (01/01/2016 - 04/15/2016)

Dear Filer:

JOHN R DAVIS JR has failed to file the above-referenced report in an electronic format. 11 CFR §104.18 states that any person/entity required to file reports with the Commission that receives contributions or makes expenditures in excess of \$50,000 in the current calendar year, or that has reason to expect to do so, must submit its reports electronically. Once filers exceed the \$50,000 threshold, they have "reason to expect" to exceed the threshold in the following two calendar years. Alternatively, persons/entities that have not met the electronic filing threshold but instead voluntarily files reports electronically must continue to file electronically for the remainder of the calendar year.

It is important that you file this report in an electronic format immediately with the Federal Election Commission. Any filer who is required to file electronically, but instead files on paper, will be considered a nonfiler and may be subject to enforcement action. Your reporting obligation will not be satisfied until you file the above-reference report in an electronic format.

If you have any questions, please contact David Garr in the Reports Analysis Division on the toll free number, (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division). His local number is (202) 694-1137.

Sincerely,

A handwritten signature in black ink that reads "Kristin D. Roser".

Kristin Roser
Chief, Compliance Branch
Reports Analysis Division

1/4

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 JOHN R. DAVIS JR	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 12600 CLARENCE CTR RD PO BOX 390	
(c) City, State and ZIP Code AKRON N.Y., 14002	
2. Occupation and Name of Employer (for Individual Filers Only) I SQUARED R ELEMENT CO INC,	3. FEC Identification Number C FIRST TIME

NATIONAL ORGANIZATION

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report **2016**

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 **JAN 1, 2016**
THROUGH **APRIL 15, 2016**

6. TOTAL CONTRIBUTIONS..... **NONE**

7. TOTAL INDEPENDENT EXPENDITURES..... **210,302.**

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
JOHN R. DAVIS JR		APRIL 11 2016

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

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

800-424-9530
202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

NONE

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)
JOHN R. DAVIS JR

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

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

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

SUBTOTAL of Receipts This Page (optional)	▶	NONE ZERO
TOTAL This Period (last page carry total to Line 6)	▶	

UNIVERSITY MICROFILMS

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

JOHN R. JAVU JR.

Full Name (Last, First, Middle Initial) of Payee

RELEVANT INFO LTD

Date of Public Distribution/Dissemination

Mailing Address

CURTIS ELLIS
439 EAST NINTH ST

Amount 180,000 -

City

NYC NY

State

Zip Code

10009

Purpose of Expenditure

POLLING

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

TRUMP

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2016
PBES

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

RELEVANT INFO LTD

Date of Public Distribution/Dissemination

Mailing Address

CURTIS ELLIS
439 EAST NINTH ST

Amount 25,000

City

NYC NY

State

Zip Code

10009

Purpose of Expenditure

POLLING

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

TRUMP

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2016
PBES

Disbursement For:

Primary

General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

COVERED WAGON TOURS LTD

Date of Public Distribution/Dissemination

Mailing Address

PO BOX 667

Amount 2100

City

HORNELL NY

State

Zip Code

14843

Purpose of Expenditure

TRANSPORTATION

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

TRUMP

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2016
PBES

Disbursement For:

Primary

General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

207,000

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

20130909 10:00:00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
JOHN R. DAUJ JR

Full Name (Last, First, Middle Initial) of Payee SUMMIT MSP LLC		Date of Public Distribution/Dissemination
Mailing Address 6042 OLD BEATTIE RD		Amount \$ 2469.
City LOCKPORT NY	State NY	Zip Code 14009
Purpose of Expenditure YARDS SIGNS	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2016 PRES		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee SUMMIT		Date of Public Distribution/Dissemination
Mailing Address AS ABOVE		Amount \$ 383.10
City	State	Zip Code
Purpose of Expenditure BUMPER STICKER	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2016 PRES		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AKRON BUGLE		Date of Public Distribution/Dissemination
Mailing Address PO BOX 9		Amount \$ 450.00
City AKRON NY	State NY	Zip Code 14001
Purpose of Expenditure PAPER AD	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2016 PRES		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... **\$ 3302.**

(b) SUBTOTAL of Unitemized Independent Expenditures..... **\$ 267.00**

(c) TOTAL Independent Expenditures..... **\$ 210,302.**

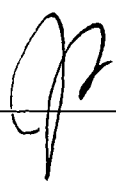
(carry total from last page forward to Line 7)

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): VIA E-MAIL	Date of Receipt or Postmarked 6/2/16

PREPARER
(3/2015)



6/2/16
DATE PREPARED

20160602 10:00:00 AM