24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Reform America Fund	
	C C00581934
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nonbox	10 04 2016
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	127328.50
Hales Corners WI 53130-1677	Transaction ID : E1BCFC849E8B74F29A72 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type	10 03 / 2016
Name of Federal Candidate Support Office	ce Sought: House District:00
Clinton, Hillary Rodham, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary
Full Name of Payee Nonbox	Date of Public Distribution/Dissemination
Mailing Address	10 / 04 / 2016
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	255957.83
Hales Corners WI 53130-1677	Transaction ID : EE68F0B017D32445EA43 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type	10 03 2016
Name of Federal Candidate Support Offi	ce Sought: House District:00
Clinton, Hillary Rodham, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dis 2088443.10	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	383286.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Pickens, Lorri, , , [Electronically Filed] Date	10 04 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JENT EXPEN	DITORLS		PAGE 2 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FFC II	DENTIFICATION NUMBER ▼		
Reform America Fund			C	C00581934		
Check if 24-hour report 🗶 48-hour report	X New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Publi	ic Distribution/Dissemination		
Nonbox			10	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 5307 S 92nd St			Amount			
City	State	Zip Code		411668.25		
Hales Corners	WI	53130-1677		Transaction ID : EFF45A3F493C44920A4B Date of Disbursement or Obligation		
Purpose of Expenditure Media Buy		Category/ Type	M 10	/ 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Clinton, Hillary Rodham, , ,		X Oppose	x President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		2088443.10	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶		
Full Name of Payee			Date of Publ	ic Distribution/Dissemination		
Fedex			10	04 2016		
Mailing Address 3875 Airways			Amount			
City	State	Zip Code		26.75		
Memphis	TN	38116-5070		Transaction ID : EBAE49A762FF94061B96 Date of Disbursement or Obligation		
Purpose of Expenditure Shipping		Category/ Type	10	03 / 2016		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Clinton, Hillary Rodham, , ,		x Oppose	x President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		2088443.10	Disbursement For: 2016 Other (s	Primary X General pecify) ▶		
(a) SUBTOTAL of Itemized Independent Exper	nditures			411695.00		
			·	7		
(b) SUBTOTAL of Unitermized Independent Exp	penditures		·· •	45		
(c) TOTAL Independent Expenditures			>	794981.33		
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize					
Pickens, Lorri, , , Signature	[Electro	onically Filed] Date	9 10 04	2016		
Signature						