

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Internal Revenue Service**

(b) Address (number and street) check if different than previously reported
1301 Clay St

(c) City, State and ZIP Code
Oakland CA 94612

(d) Name of Employer or Principal Place of Business Hfa (e) Occupation Publisher

2. FEC Identification Number

C C30002554

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
08 / 10 / 2016
through
MM / DD / YYYY
08 / 13 / 2016

5. (a) Date of Public Distribution(s) MM / DD / YYYY 08 / 13 / 2016 (b) Communication Title SSA (545-83-2140)

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Marie Elizabeth Davis

(b) Address (number and street) 1131 bell at 9

(c) City, State and ZIP Code Sacramento CA 95825

(d) Name of Employer or Principal Place of Business HFA (e) Occupation Publisher

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,69000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Marie Davis

SIGNATURE Marie Davis [Electronically Filed] DATE 08/13/2016

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Marie Elizabeth Davis</p> <hr/> <p>Mailing Address of Payee 1301 Clay St</p> <hr/> <p>City State Zip Code Oakland CA 94612</p> <hr/> <p>Name of Employer Occupation Hfa Publisher</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s)) Taxes 545 83 2140 communications</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY 08 / 13 / 2016</p> <hr/> <p>Amount 69000.00</p> <hr/> <p>Communication Date MM / DD / YYYY 08 / 13 / 2016</p> <hr/> <p>Transaction ID : F93.000001</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <hr/> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <hr/> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <hr/> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <hr/> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <hr/> <p>Mailing Address of Payee</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Name of Employer Occupation</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/> <p>Communication Date MM / DD / YYYY</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <hr/> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <hr/> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <hr/> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <hr/> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	<p>69000.00</p> <hr/> <p>69000.00</p>