

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 KelliPAC

ADDRESS (number and street) PO Box 11786 Ft. Mohave AZ 86427

2. FEC IDENTIFICATION NUMBER C C00572941 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Douglas McKee

Signature of Treasurer Douglas McKee [Electronically Filed] Date 09 / 16 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

KelliPAC

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"/>		2835.00
(b) Cash on Hand at Beginning of Reporting Period.....	198937.94	
(c) Total Receipts (from Line 19)	514243.00	765388.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	713180.94	768223.00
7. Total Disbursements (from Line 31).....	675185.47	730227.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37995.47	37995.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

KelliPAC

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

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).....	509000.00	759750.00
(ii) Unitemized	5243.00	5638.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	514243.00	765388.00
(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)	514243.00	765388.00
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))..... ▶	514243.00	765388.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	514243.00	765388.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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)	675185.47	730227.53
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	0.00	0.00
(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)).....	0.00	0.00
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)) ..	675185.47	730227.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	675185.47	730227.53

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)	514243.00	765388.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	514243.00	765388.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
KelliPAC

A. Scott Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 21321 E Ocotillo Rd #123

City State Zip Code
Queen Creek AZ 85142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jensen Family Medicine Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 20 / 2016
Transaction ID : SA11AI.4680

Amount of Each Receipt this Period
250.00

Memo Item

B. Gerald Kirke
Full Name (Last, First, Middle Initial)

Mailing Address 5465 Mills Civic Pkwy Suite 400

City State Zip Code
West Des Moines, IA 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kirke Financial Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 18 / 2016
Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
1000.00

Memo Item

C. Harry Langer
Full Name (Last, First, Middle Initial)

Mailing Address 2350 Dorina Dr

City State Zip Code
Northfield IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 26 / 2016
Transaction ID : SA11AI.4381

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
KelliPAC

A. Nancy Mcevoy
Full Name (Last, First, Middle Initial)
Mailing Address 943 E Kortsen Rd Unit 15
City Casa Grande State AZ Zip Code 85122
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA11AI.4560
Amount of Each Receipt this Period 250.00
 Memo Item

B. Robert and Diana Mercer
Full Name (Last, First, Middle Initial)
Mailing Address 600 Route 25A
City East Setauket State NY Zip Code 11733
FEC ID number of contributing federal political committee. **C**
Name of Employer Renaissance Technologies Occupation Financial Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700000.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11AI.4361
Amount of Each Receipt this Period 500000.00
 Memo Item

C. Robert Naegele
Full Name (Last, First, Middle Initial)
Mailing Address 7993 Via Vecchia
City Naples State FL Zip Code 34108
FEC ID number of contributing federal political committee. **C**
Name of Employer Slself Occupation Retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.4377
Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 501250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
KelliPAC

Full Name (Last, First, Middle Initial)
A. Thomas Sayer

Mailing Address 545 San Elijo St

City State Zip Code
San Diego CA 92106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : SA11AI.4608

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lawrence Shceer

Mailing Address 11422 S Shoshoni Dr

City State Zip Code
Phoenix AZ 85044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Honeywell Aviator/engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA11AI.4466

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. heora Shelley

Mailing Address 10624 E Terra Dr

City State Zip Code
Scottsdale AZ 85258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : SA11AI.4456

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
KelliPAC

Full Name (Last, First, Middle Initial)
A. David Smith

Mailing Address 640 N Windsor

City State Zip Code
Mesa AZ 85213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Plumber

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2016

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	509000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Anedot <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address PO BOX 84314	Amount 689.98
City State Zip Code Baton Rouge LA 70884	Transaction ID : SE.4690 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2016
Purpose of Expenditure Online Commission	Category/Type 003
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: AZ
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) ▶

729743.07

Full Name of Payee Cambridge Analytica <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2016
Mailing Address 1 Wales Ave	Amount 450000.00
City State Zip Code Alexandria VA 22314	Transaction ID : SE.4352 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2016
Purpose of Expenditure Consultation, analysis, Television Purchase	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: AZ
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) ▶

710303.09

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	450689.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Douglas McKee [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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	

Full Name of Payee Rainmakers <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address PO Box 1082	Amount 21500.00
City Springfield State VA Zip Code 22151	Transaction ID : SE.4340 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2016
Purpose of Expenditure Fund Raising Category/Type 003	Name of Federal Candidate KELLI WARD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 101057.60	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Rally Forge LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2016
Mailing Address 21401 E Russet Rd	Amount 20000.00
City Queen Creek State AZ Zip Code 85142	Transaction ID : SE.4337 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2016
Purpose of Expenditure Signs Category/Type 004	Name of Federal Candidate KELLI WARD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 79557.60	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Douglas McKee **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item Rally Forge LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2016
Mailing Address 21401 E Russet Rd	Amount 18750.00
City State Zip Code Queen Creek AZ 85142	Transaction ID : SE.4346 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 03 / 2016
Purpose of Expenditure Monthly Payment Digital Meda	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: AZ
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) ▶ _____ 191553.09

Full Name of Payee <input type="checkbox"/> Memo Item Rally Forge LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Mailing Address 21401 E Russet Rd	Amount 18750.00
City State Zip Code Queen Creek AZ 85142	Transaction ID : SE.4350 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Purpose of Expenditure Weekly Payment Digital Media	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: AZ
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) ▶ _____ 260303.09

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Douglas McKee
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Rally Forge LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 21401 E Russet Rd	Amount 18750.00
City State Zip Code Queen Creek AZ 85142	Transaction ID : SE.4356 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Purpose of Expenditure Weekly Payment Digital Media	Category/Type 004
Name of Federal Candidate KELLI WARD	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
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) ▶ _____
729053.09	

Full Name of Payee Titan Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2016
Mailing Address 4003 Woodstone Way	Amount 5000.00
City State Zip Code Louisville KY 40241	Transaction ID : SE.4335 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2016
Purpose of Expenditure Monthly Consultation Fee	Category/Type 001
Name of Federal Candidate KELLI WARD	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
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) ▶ _____
59557.60	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Douglas McKee [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Titan Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Mailing Address 4003 Woodstone Way	Amount 4500.00
City State Zip Code Louisville KY 40241	Transaction ID : SE.4342 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2016
Purpose of Expenditure Email List	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>AZ</u>
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) ▶ _____ 10557.60

Full Name of Payee Titan Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 09 / 2016
Mailing Address 4003 Woodstone Way	Amount 67245.49
City State Zip Code Louisville KY 40241	Transaction ID : SE.4344 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 03 / 2016
Purpose of Expenditure Statewide Mailing	Category/Type 003
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <u>AZ</u>
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) ▶ _____ 172803.09

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71745.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Douglas McKee

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Titan Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Mailing Address 4003 Woodstone Way	Amount 50000.00
City State Zip Code Louisville KY 40241	Transaction ID : SE.4348 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2016
Purpose of Expenditure Commercil Production	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
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) ▶
241553.09	50000.00

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	675185.47

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.

Douglas McKee [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Signature _____