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PAGE 1 / 7

FEC FORM 3X	Α	ND	DISB	F REC JRSEN Authorized		s		Office Use Only	
1. NAME OF COMMITTEE (in f		PE OR	PRINT 🔻		mple: If typir the lines.	ng, type	12FE4M5		
Democracy, Dip		Devel	opment, a	and Defen	se PAC (	4DPAC)			
ADDRESS (number and		2815 11	th Street, NW						
Check if differ									
than previous reported. (AC		Washing	gton				DC	20001	-
2. FEC IDENTIFICA	TION NUM	BER 🔻		CITY 🔺		S		ZIP C	ODE 🔺
C C00396820				3. IS THIS REPORT	~ /	NEW N) <b>OR</b>	AM (A)	ENDED	
<ul> <li><b>4. TYPE OF REP</b> (Choose One)</li> <li>(a) Quarterly Report</li> </ul>		(b) Mor Rep Due		Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)	-	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15				Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly October 1	Report (Q1) Report (Q2) 5 Report (Q3)	(c)	12-Day <b>PRE</b> -Electio Report for t		Primary (12F Convention (		General( Special(1		Runoff (12R)
January 3			E	lection on	M M /		Y Y Y Y Y	in the State	
July 31 M Report (N Year Only	on-election	(d)	30-Day <b>POST</b> -Electi Report for t		General (300	a)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	on Report			election on	M M /	D D /	Y Y Y Y Y	in the State	
5. Covering Period	01	/ D 0 <sup>2</sup>		016	through	01	/ D D / 31	2016	]
I certify that I have example		Report a Kevin M		est of my know	wledge and I	pelief it is true	e, correct and	complete.	
Type or Print Name of	neasurer		crigue						
Signature of Treasurer	Kevin M	cTigue			[Electronically	v Filed] Da	ate 02	15 /	2016
NOTE: Submission of fa	lse, erroneou	is, or inc	complete inform	mation may su	bject the pers	son signing thi	s Report to th	e penalties of 2	2 U.S.C. §437g.
Office Use Only								FEC FO Rev. 12	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

Democracy, Diplomacy, Development, and Defense PAC (4DPAC)

R	eport Covering the Period: From: 01	M / D D / Y Y Y Y 01 2016 To	: 01 / D D / Y Y Y Y 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		3311.24
	(b) Cash on Hand at Beginning of Reporting Period	3311.24	
	(c) Total Receipts (from Line 19)	25.00	25.00
	<ul><li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li></ul>	3336.24	3336.24
7.	Total Disbursements (from Line 31)	1145.50	1145.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2190.74	2190.74
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	1000.00	

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

X

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# Democracy, Diplomacy, Development, and Defense PAC (4DPAC)

Report Covering the Period:     From:     M M     /     D D     /     Y Y Y Y       01     01     01     2016     To:     01     2016							
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
1. Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	0.00	0.00					
(ii) Unitemized	25.00	25.00					
(iii) TOTAL (add							
Lines 11(a)(i) and (ii)▶	25.00	25.00					
(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)	25.00	25.00					
2. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
	7 7						
3. All Loans Received	0.00	0.00					
	7 7						
	0.00	0.00					
4. Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures							
(Refunds, Rebates, etc.)	0.00	0.00					
(Carry Totals to Line 37, page 5)	0.00	0.00					
6. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	0.00	0.00					
7. Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
<ol> <li>Transfers from Non-Federal and Levin Funds</li> </ol>	, , ,	· · · ·					
(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					
9. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶	25.00	25.00					
	7 7						
). Total Federal Receipts							
(subtract Line 18(c) from Line 19)▶	25.00	25.00					
		20.00					

I

## **DETAILED SUMMARY PAGE**

		Page 4					
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. 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	1145.50	1145.50					
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	1145.50	1145.50					
. Transfers to Affiliated/Other Party Committees	0.00	0.00					
. Contributions to Federal Candidates/Committees	0.00	0.00					
and Other Political Committees							
(use Schedule E) Coordinated Party Expenditures	0.00	0.00					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
. Loan Repayments Made	0.00	0.00					
. Loans Made	0.00	0.00					
(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) Tatal Contribution Defineds							
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00					
. Other Disbursements	0.00	0.00					
. 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					
Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1145.50	1145.50					
Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1145.50	1145.50					

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### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	25.00	25.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25.00	25.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	1145.50	1145.50
<ul> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ul>	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	1145.50	1145.50

SCHEDULE B (FEC Form 3X)		FO	RL		IUMBE	R:			PA	GE	6 (	DF 7
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(ch	leck	only	ily one)							
	Detailed Summary Page			21b 27	22 28	a	23 28b	╞	24 28c		25 29	26
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full)												
Democracy, Diplomacy, Developm	ent, and Defense PA	AC (4	1D	PAC	:)							
Full Name (Last, First, Middle Initial)					Data	-4 D						
A. Adam Faircloth						-	isburs		ent			
Mailing Address 320 SW 7th Street, #213					0			29	/ •		)16	Ŷ
City	State Zip Code				Tue		4: a.a. 15			c004		
Des Moines	IA 50309				Ira	nsac		)::	SB21B.	6031		
Purpose of Disbursement Graphic design					Amo	unt o	f Each	ı Di	isburseı	ment	this I	Period
Candidate Name		Cate Ty		y/			,				400	0.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial) B. Winpisinger & Associates, Inc.					Date	of D	isburs	em	ent			
Mailing Address 315 Inspiration Lane				01 / D D / Y Y Y Y 2016					Y			
City S Gaithersburg						insac	tion II	D:	SB21B	.6036	6	
Purpose of Disbursement Administrative/Compliance	· · ·	-	Amount of Each Disburseme				ment	this I	Period			
Candidate Name		Category/ Type			С		7	2			695	5.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		<u>.</u>									
State: District:												
Full Name (Last, First, Middle Initial)					Date	of D	isburs	em	ent			
Mailing Address					М	Μ	/ D	D	/ Y	Y	Y	Y
City	State Zip Code											
Purpose of Disbursement		_	-									
Candidate Name	Cate Ty	gory pe	y/	Amo	unt o	f Each		isbursei	ment	this I	Period	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼											
State: District:												
SUBTOTAL of Disbursements This Page (optional)				•			7				1095	.00
TOTAL This Period (last page this line number only)				•			7				1095	.00

# SCHEDULE C (FEC Form 3X) S

LOANS	
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PAGE 7 OF 7 FOR LINE 13 OF FORM 3X

	Betailed Burninary Page
NAME OF COMMITTEE (In Full) Democracy, Diplomacy, Development, and D	Transaction ID : SC/10.4350 efense PAC (4DPAC)
57 1 57 1 7	
LOAN SOURCE Full Name (Last, First, Middle Initial) Michael Moschella	Election: Primary General
Mailing Address 1201 7th ST NW Apt 102	Other (specify)
City Washington State DC	ZIP Code 20001
	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M 01 / D D / Y Y Y Y M M / D 17 2012	
List All Endorsers or Guarantors (if any) to Loan Source	e
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4 Eull Name (Last First Middle Initial)	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D. for t	his line. If no Schedule D, carry forward to appropriate line of Summary.