

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**
R4C16

ADDRESS (number and street) **1342 FLORIDA AVE., NW**
Check if different than previously reported. (ACC) **WASHINGTON DC 20009**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00625509 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11 / 08 / 2016** in the State of **DC**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **/ /** in the State of

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Stubbs, John, , ,
Type or Print Name of Treasurer

Signature of Treasurer **Stubbs, John, , ,** [Electronically Filed] Date **10 / 27 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

R4C16

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"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="143878.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="205230.00"/>	<input type="text" value="358482.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="349108.84"/>	<input type="text" value="358482.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40574.87"/>	<input type="text" value="49948.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="308533.97"/>	<input type="text" value="308533.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

R4C16

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).....	205000.00	356250.00
(ii) Unitemized	230.00	2173.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	205230.00	358423.00
(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)	205230.00	358423.00
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	59.00
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)).....▶	205230.00	358482.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	205230.00	358482.00

DETAILED SUMMARY PAGE
of Disbursements

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	38634.25	48007.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38634.25	48007.41
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)	1940.62	1940.62
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	40574.87	49948.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40574.87	49948.03

DETAILED SUMMARY PAGE
of Disbursements

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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)	205230.00	358423.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	205230.00	358423.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38634.25	48007.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	59.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38634.25	47948.41

**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 16
<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

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)
R4C16

A. Ehmman Conte, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3501 Clay Street
 City San Francisco State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Civic Leader and Philanthropist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 03 / 2016
Transaction ID : SA11AI.4353
 Amount of Each Receipt this Period 25000.00
 Memo Item

B. Granieri, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Union Square South Apt. 23A
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jane Street Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 70000.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.4356
 Amount of Each Receipt this Period 20000.00
 Memo Item

C. Lee Ruetters, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 Bedford Rd.
 City Carlisle State MA Zip Code 01741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11AI.4354
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55000.00
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 7 OF 16
(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)
R4C16

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moskovitz, Dustin, A., ,

Mailing Address **P.O. Box 26718**

City San Francisco	State CA	Zip Code 94126
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Asana	Occupation (for Individual) Co-founder
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
10 / 11 / 2016

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
150000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150000.00
TOTAL This Period (last page this line number only).....▶	205000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
R4C16

A. Acadia Consulting Group, LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6 Cranbrook Dr.
Ste. 100

M M M	/	D D D	/	Y Y Y Y Y
10		05		2016

City Cape Elizabeth State ME Zip Code 04107

FEC Identification Number

Purpose of Disbursement Strategic Planning Consulting

C

Candidate Name

001
Category/ Type

Transaction ID : SB21B.4379

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

5000.00

Memo Item

B. Amazon Marketplace

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1200 12th Avenue South
Suite 1200

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

City Seattle State WA Zip Code 98144

FEC Identification Number

Purpose of Disbursement Equipment Rental and Maintenance

C

Candidate Name

001
Category/ Type

Transaction ID : SB21B.4383

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

645.03

Memo Item

C. Amazon Marketplace

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1200 12th Avenue South
Suite 1200

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

City Seattle State WA Zip Code 98144

FEC Identification Number

Purpose of Disbursement Equipment Rental and Maintenance

C

Candidate Name

001
Category/ Type

Transaction ID : SB21B.4384

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

83.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5728.57

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
R4C16

Full Name (Last, First, Middle Initial) A. Amazon Marketplace			Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 1200 12th Avenue South Suite 1200			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4385	
City Seattle	State WA	Zip Code 98144	Amount of Each Disbursement this Period [REDACTED] 122.42	
Purpose of Disbursement Equipment Rental and Maintenance		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:			

Full Name (Last, First, Middle Initial) B. Amazon Marketplace			Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 1200 12th Avenue South Suite 1200			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4386	
City Seattle	State WA	Zip Code 98144	Amount of Each Disbursement this Period [REDACTED] 10.58	
Purpose of Disbursement Equipment Rental and Maintenance		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:			

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 4333 Amon Carter Blvd.			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4392	
City Fort Worth	State TX	Zip Code 76155	Amount of Each Disbursement this Period [REDACTED] 496.10	
Purpose of Disbursement Travel		Category/ Type 002	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 629.10

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
R4C16

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address 60 Massachusetts Ave., NE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4401 Amount of Each Disbursement this Period 438.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 60 Massachusetts Ave., NE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4407 Amount of Each Disbursement this Period 696.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 60 Massachusetts Ave., NE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4408 Amount of Each Disbursement this Period 120.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1254.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
R4C16

A. B&H Photo

Full Name (Last, First, Middle Initial)

Mailing Address 420 9th Ave.

City New York State NY Zip Code 10001

Purpose of Disbursement Printing and Copying

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4390

Amount of Each Disbursement this Period: 870.78

Memo Item

B. Drake Communications, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 113 Nassau St. #18E

City New York State NY Zip Code 10038

Purpose of Disbursement Administrative Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4394

Amount of Each Disbursement this Period: 10000.00

Memo Item

C. Fong, Stephen, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 130 Roberts Lane #201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Administrative Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4376

Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20870.78

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
R4C16

A. Seamore's

Full Name (Last, First, Middle Initial)

Mailing Address 309 Broome St.

City New York State NY Zip Code 10002

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4402

Amount of Each Disbursement this Period: 268.84

Memo Item

B. Sixty Les

Full Name (Last, First, Middle Initial)

Mailing Address 190 Allen St.

City New York State NY Zip Code 10002

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4405

Amount of Each Disbursement this Period: 1216.84

Memo Item

C. Sixty Les

Full Name (Last, First, Middle Initial)

Mailing Address 190 Allen St.

City New York State NY Zip Code 10002

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4406

Amount of Each Disbursement this Period: 1439.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2924.92

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
R4C16

Full Name (Last, First, Middle Initial) A. Stubbs, Andrew, , ,		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016	
Mailing Address 631 Burgundy St.		FEC Identification Number C [] Transaction ID : SB21B.4395 Amount of Each Disbursement this Period 5000.00	
City New Orleans	State LA	Zip Code 70112	Category/ Type 001
Purpose of Disbursement Administrative Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. We Work		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 115 W. 18th St.		FEC Identification Number C [] Transaction ID : SB21B.4377 Amount of Each Disbursement this Period 1830.00	
City New York	State NY	Zip Code 10011	Category/ Type 001
Purpose of Disbursement Rent			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	6830.00
TOTAL This Period (last page this line number only).....▶	38237.37

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) R4C16
FEC IDENTIFICATION NUMBER C C00625509

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Facebook
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Ad Buy Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 750.92
Transaction ID: SE.4264
Date of Disbursement or Obligation 10/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Facebook
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Ad Buy Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 424.01
Transaction ID: SE.4266
Date of Disbursement or Obligation 10/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1174.93
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Stubbs, John, ,

[Electronically Filed]

Date

10/27/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) R4C16
FEC IDENTIFICATION NUMBER C C00625509

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Twitter
Mailing Address 1355 Market St. Suite 900
City San Francisco State CA Zip Code 94103
Purpose of Expenditure Ad Buy Category/Type 004
Date of Public Distribution/Dissemination 10/13/2016
Amount 365.69
Transaction ID: SE.4271
Date of Disbursement or Obligation 10/13/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee YTview.com
Mailing Address 2211 N. First St.,
City San Jose State CA Zip Code 95131
Purpose of Expenditure Ad Buy Category/Type 004
Date of Public Distribution/Dissemination 10/03/2016
Amount 200.00
Transaction ID: SE.4265
Date of Disbursement or Obligation 10/03/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: House Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 565.69
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Stubbs, John, ,

[Electronically Filed]

Date

10/27/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) R4C16	FEC IDENTIFICATION NUMBER ▼ C C00625509
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on

M	M
/	
D	D
/	
Y	Y
Y	Y

 /

Y	Y
Y	Y

 /

Y	Y
Y	Y

Full Name of Payee <input type="checkbox"/> Memo Item YTview.com	Date of Public Distribution/Dissemination <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>M</td><td>M</td></tr><tr><td>/</td><td></td></tr><tr><td>D</td><td>D</td></tr><tr><td>/</td><td></td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table> 10 / 03 / 2016	M	M	/		D	D	/		Y	Y	Y	Y
M	M												
/													
D	D												
/													
Y	Y												
Y	Y												
Mailing Address 2211 N. First St.,													
City San Jose State CA Zip Code 95131	Amount <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>200.00</td></tr></table>	200.00											
200.00													
Purpose of Expenditure Ad Buy Category/Type 004	Transaction ID : SE.4267 Date of Disbursement or Obligation <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>M</td><td>M</td></tr><tr><td>/</td><td></td></tr><tr><td>D</td><td>D</td></tr><tr><td>/</td><td></td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table> 10 / 03 / 2016	M	M	/		D	D	/		Y	Y	Y	Y
M	M												
/													
D	D												
/													
Y	Y												
Y	Y												

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>1574.93</td></tr></table>	1574.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
1574.93			

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>M</td><td>M</td></tr><tr><td>/</td><td></td></tr><tr><td>D</td><td>D</td></tr><tr><td>/</td><td></td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	M	M	/		D	D	/		Y	Y	Y	Y
M	M												
/													
D	D												
/													
Y	Y												
Y	Y												
Mailing Address													
City	State												
Purpose of Expenditure	Category/Type												
Name of Federal Candidate:	Office Sought: <input type="checkbox"/> House District: _____ <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	<table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>200.00</td></tr></table>	200.00
200.00		
(a) SUBTOTAL of Unitemized Independent Expenditures	<table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td> </td></tr></table>	
(a) TOTAL Independent Expenditures	<table style="display: inline-table; border: 1px solid black; padding: 2px;"><tr><td>1940.62</td></tr></table>	1940.62
1940.62		

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.

Stubbs, John, , , **[Electronically Filed]** Date

M	M
/	
D	D
/	
Y	Y
Y	Y

10 / 27 / 2016

Signature