

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **The Silent Majority PAC**

(b) Address (number and street) check if different than previously reported
1708C Augusta St
#159

(c) City, State and ZIP Code
Greenville SC 29605

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

2. FEC Identification Number

C C30002380

3. Is This Statement

New
or
 Amended

4. Covering Period

03 / 30 / 2016
through
03 / 30 / 2016

5. (a) Date of Public Distribution(s) 03 / 30 / 2016 (b) Communication Title

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
James Claude Epley

(b) Address (number and street)
1708C Augusta St
#159

(c) City, State and ZIP Code
Greenville SC 29605

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

9. Total Donations This Statement

00

10. Total Disbursements/Obligations This Statement

00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM James Claude Epley

SIGNATURE James Claude Epley

[Electronically Filed] DATE 03/30/2016

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
James Claude Epley			
(b) Address (number and street)	1708C Augusta St #159		
(c) City, State and ZIP Code	Greenville	SC	29605
(d) Name of Employer or Principal Place of Business	Self	(e) Occupation	
B. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
C. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
D. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
E. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	