

**REPORT OF RECEIPTS AND DISBURSEMENTS  
FOR A COMMITTEE OR ORGANIZATION  
SUPPORTING A NOMINATING CONVENTION  
(Summary Page)**

1. (a) Name of Committee (in full) <b>2016 DNCC Inc.</b>	2. FEC Identification Number C00571133
(b) Address (Number and Street) 430 South Capitol Street, SE	3. Type of Committee/Organization: <input checked="" type="checkbox"/> Convention Committee <input type="checkbox"/> Host Committee <input type="checkbox"/> Other _____ (specify)
(c) City, State and ZIP Code Washington DC 20003	

## 4. TYPE OF REPORT (Check appropriate box(es)):

(a)  POST CONVENTION REPORT QUARTERLY REPORT (check one)       April 15       July 15       October 15       January 31 FINAL REPORT(b) Is this an Amendment?       YES       NO**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

5. Covering Period      FROM: 01/01/2015      THROUGH: 03/31/2015

<b>SECTION A — CASH BALANCE SUMMARY</b>	Column A This Period	Column B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (From Line 20)	500.00	500.00
(d) Subtotal (Add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	500.00	500.00
7. Total Disbursements (From Line 25)	100.03	100.03
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	399.97	399.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)	0.00	
<b>SECTION B — SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS</b>		
11. Convention Expenditures (From Line 21(c))	100.03	100.03
12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))	0.00	0.00
(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)	100.03	100.03
(b) Expenditures from Prior Years Subject to Limitation	0.00	0.00
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))		100.03

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

Brad Marshall

[Electronically Filed]

04/15/2015

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

For Further      Federal Election Commission  
Information      Toll Free 800/424-9530  
Contact:      Local 202/694-1100

FE1AN056

FEC FORM 4 (Revised 1/2001)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
(Page 2 of FEC Form 4)**

Name of Committee (in Full) 2016 DNCC Inc.	Report Covering the Period: FROM: 01/01/2015 TO: 03/31/2015	
RECEIPTS	Column A This Period	Column B Calendar Year-to-Date
	13. Federal Funds (Itemize all on Schedule A)	0.00
14. Contributions to Defray Convention Expenses:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Contributions to Defray Convention Expenses (Add Lines 14(a) and 14(b))	0.00	0.00
15. Transfers from Affiliated Committees	500.00	500.00
16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))		
(a) Loans Received	0.00	
(b) Loan Repayments Received	0.00	
(c) Subtotal of Loans and Loan Repayments Received (Add Lines 14a and 14b)	0.00	0.00
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (Add Lines 17(a) and 17(b))	0.00	0.00
18. Other Refunds, Rebates, Returns of Deposits:		
(a) Itemized Other Refunds, Rebates, Returns of Deposits	0.00	
(b) Unitemized Other Refunds, Rebates, Returns of Deposits	0.00	
(c) Subtotal of Other Refunds, Rebates, Returns of Deposits (Add Lines 18(a) and 18(b))	0.00	0.00
19. Other Income:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Other Income (Add Lines 19(a) and 19(b))	0.00	0.00
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c))	500.00	500.00
<b>DISBURSEMENTS</b>		
21. Convention Expenditures:		
(a) Itemized (Use Schedule B)	0.00	
(b) Unitemized	100.03	
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))	100.03	100.03
22. Transfers to Affiliated Committees	0.00	0.00
23. Loans and Loan Repayments Made:		
(a) Loans Made	0.00	
(b) Loan Repayments Made	0.00	
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a) and 23(b))	0.00	0.00
24. Other Disbursements:		
(a) Itemized (Use Schedule B)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))	0.00	0.00
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))	100.03	100.03

# SCHEDULE A (FEC Form 4) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 3 OF 3
<input type="checkbox"/> 13	<input type="checkbox"/> 14a	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16a
<input type="checkbox"/> 16b	<input type="checkbox"/> 17a	<input type="checkbox"/> 18a	<input type="checkbox"/> 19a

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)  
2016 DNCC Inc.

Full Name (Last, First, Middle Initial) <b>A. DNC SERVICES CORP</b>		Date of Receipt 01 / 26 / 2015
Mailing Address 430 SOUTH CAPITAL STREET SE		<b>Transaction ID : SA15-5</b>
City Washington	State DC Zip Code 20003	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00