

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **45Committee Inc.**

(b) Address (number and street)  check if different than previously reported  
P.O. Box 710993

(c) City, State and ZIP Code  
Herndon VA 20171

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

### 2. FEC Identification Number

**C** C30002679

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

/  /   
through  
 /  /

5. (a) Date of Public Distribution(s)  /  /  (b) Communication Title Iran Sanctions Act Extension

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: Non-profit Corp

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  
Wojciechowski, Maria, , ,

(b) Address (number and street)  
P.O. Box 710993

(c) City, State and ZIP Code  
Herndon VA 20171

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

### 9. Total Donations This Statement

,  ,  .00

### 10. Total Disbursements/Obligations This Statement

,  ,

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Wojciechowski, Maria, , ,

SIGNATURE Wojciechowski, Maria, , , [Electronically Filed] DATE 10/28/2016

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**

<b>A.</b>	(a) Name Baker, Brian, , ,	<b>Transaction ID : F91.000001</b>
	(b) Address (number and street) P.O. Box 710993	
	(c) City, State and ZIP Code Herndon VA 20171	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee <b>Mentzer Media Services, Inc.</b></p> <p>Mailing Address of Payee 210 W. Pennsylvania Ave. Suite 250</p> <p>City State Zip Code Towson MD 21204</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Media placement - Iran Sanctions Act Extension</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>VA</u> Murphy, Patrick, , , <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p><b>Transaction ID : F94.000002</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 25 2016</p> <p>Amount 663320.00</p> <p>Communication Date M M M / D D D / Y Y Y Y Y Y 10 27 2016</p> <p><b>Transaction ID : F93.000001</b></p> <p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee <b>Outlaw Media</b></p> <p>Mailing Address of Payee P.O. Box 9735</p> <p>City State Zip Code Arlington VA 22219</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Media production - Iran Sanctions Act Extension</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>FL</u> Murphy, Patrick, , , <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p><b>Transaction ID : F94.000004</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 26 2016</p> <p>Amount 8000.00</p> <p>Communication Date M M M / D D D / Y Y Y Y Y Y 10 27 2016</p> <p><b>Transaction ID : F93.000002</b></p> <p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)</p>	