



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Freedom Partners Action Fund, Inc.**

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"/>		14814493.15
(b) Cash on Hand at Beginning of Reporting Period.....	10609352.08	
(c) Total Receipts (from Line 19) .....	8126385.53	9248791.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18735737.61	24063285.02
7. Total Disbursements (from Line 31).....	4995717.44	10323264.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	13740020.17	13740020.17
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) .....	4282.18	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Freedom Partners Action Fund, Inc.**

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).....	8125500.00	9237250.00
(ii) Unitemized .....	885.00	10882.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8126385.00	9248132.03
(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) .....	8126385.00	9248132.03
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).....	0.53	659.84
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))..... ▶	8126385.53	9248791.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8126385.53	9248791.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	79063.68	393238.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	79063.68	393238.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E) .....	4916653.76	9830026.56
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4995717.44	10323264.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4995717.44	10323264.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	8126385.00	9248132.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8126385.00	9248132.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	79063.68	393238.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.53	659.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	79063.15	392578.45

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:

Transaction ID:

**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 7 OF 46
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. AMB SAM FOX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7701 FORSYTH BLVD.  
 STE. 600  
 City ST. LOUIS State MO Zip Code 63105-1875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARBOUR GROUP Occupation FOUNDER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 50000.00

Date of Receipt 05 / 23 / 2016  
**Transaction ID : SA11A.1739**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD B. GILLIAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4295 LOUISA ROAD  
 City KESWICK State VA Zip Code 22947-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CUMBERLAND DEVELOPMENT Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000000.00

Date of Receipt 05 / 24 / 2016  
**Transaction ID : SA11A.1741**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DIANE HENDRICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 65  
 City AFTON State WI Zip Code 53501-0065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HENDRICKS HOLDING CO., INC. Occupation CHAIRPERSON  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2000000.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : SA11A.1731**  
 Amount of Each Receipt this Period 2000000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050000.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 46
	<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)  
**Freedom Partners Action Fund, Inc.**

**A. MR. CHARLES KOCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 5004

City WICHITA	State KS	Zip Code 67201-5004
-----------------	-------------	------------------------

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

Name of Employer KOCH INDUSTRIES, INC.	Occupation CHAIRMAN OF THE BOARD & CEO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2016  
**Transaction ID : SA11A.1740**

Amount of Each Receipt this Period  
 3000000.00

Memo Item  
CONTRIBUTION

**B. MR. CHRIS RANDOLPH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2784 MARSHALL LAKE DRIVE

City OAKTON	State VA	Zip Code 22124-1148
----------------	-------------	------------------------

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

Name of Employer OPTIMUM OPTICAL, LLC	Occupation OWNER
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2016  
**Transaction ID : SA11A.1728**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**C. MR. ED ROBSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9535 E RIGGS ROAD

City SUN LAKES	State AZ	Zip Code 85248-7412
-------------------	-------------	------------------------

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

Name of Employer ROBSON RESORT COMMUNITIES	Occupation FOUNDER, CHAIRMAN, CEO
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2016  
**Transaction ID : SA11A.1730**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3050500.00
<b>TOTAL</b> 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 9 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

**A. MRS. M. ELIZABETH WEISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 HAWTHORNE LANE  
 City HINSDALE State IL Zip Code 60521-2956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAWTHORNE RANCH Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 05 / 16 / 2016  
**Transaction ID : SA11A.1735**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD T. WEISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 HAWTHORNE LANE  
 City HINSDALE State IL Zip Code 60521-2956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WELLS CAPITAL MANAGEMENT Occupation INVESTMENT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 05 / 16 / 2016  
**Transaction ID : SA11A.1736**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
 CONTRIBUTION

**C. MOUNTAIRE CORPORATION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 21440  
 City LITTLE ROCK State AR Zip Code 72221-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : SA11A.1729**  
 Amount of Each Receipt this Period 2000000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2025000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8125500.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 5555 HILTON AVENUE  
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I597**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 5555 HILTON AVENUE  
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I667**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. APUS MEDIA INC.**

Mailing Address 42935 NOKES CORNER TER

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement  
TV/MEDIA PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I666**

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2016

Transaction ID : SB21B.I578

Amount of Each Disbursement this Period

54.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.I609

Amount of Each Disbursement this Period

35.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. BKD, LLP**

Mailing Address 1201 WALNUT STREET  
STE. 1700

City KANSAS CITY State MO Zip Code 64106

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.I606

Amount of Each Disbursement this Period

976.56

Memo Item

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

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

1066.68

**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : **SB21B.I586**

Amount of Each Disbursement this Period

1001.18

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CONTRIBUTION PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2016

Transaction ID : **SB21B.I638**

Amount of Each Disbursement this Period

2658.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. FP1 STRATEGIES LLC**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
ORIG. PAYMENT 21B 3/9/16; SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : **SB21B.I555**

Amount of Each Disbursement this Period

-46880.99

Memo Item

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

-43221.01

**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. FP1 STRATEGIES LLC**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : SB21B.I587**

Amount of Each Disbursement this Period

12000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
ORIG. PAYMENT ON 21B 3/29/16; SEE SCHEDULE E

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2016

**Transaction ID : SB21B.I579**

Amount of Each Disbursement this Period

-6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : SB21B.I588**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

7500.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : SB21B.I589**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : SB21B.I590**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
OFFICE SPACE,UTILITIES,PERSONNEL,IT & DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

**Transaction ID : SB21B.I608**

Amount of Each Disbursement this Period

12500.00

Memo Item

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

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

16500.00

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

Transaction ID : SB21B.I625

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

Transaction ID : SB21B.I626

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2016

Transaction ID : SB21B.I640

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

**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"/> 24	<input type="checkbox"/> 25	<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)

**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. GREENER AND HOOK LLC**

Mailing Address C/O ROBERT CLAYTON, CPA  
1271 MOUNTAIN ROAD

City FRONT ROYAL State VA Zip Code 22630

Purpose of Disbursement  
TV/MEDIA PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2016

**Transaction ID : SB21B.I664**

Amount of Each Disbursement this Period

8481.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. JONES DAY**

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2016

**Transaction ID : SB21B.I639**

Amount of Each Disbursement this Period

875.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LUNTZ GLOBAL PARTNERS LLC**

Mailing Address 9165 KEY COMMONS COURT

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement  
RESEARCH SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2016

**Transaction ID : SB21B.I646**

Amount of Each Disbursement this Period

44500.00

Memo Item

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

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

53856.40



**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. MAXIMUM COMPLIANCE, LLC**

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SB21B.I621

Amount of Each Disbursement this Period

3125.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAXIMUM COMPLIANCE, LLC**

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2016

Transaction ID : SB21B.I665

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAGELY, INC.**

Mailing Address 4729 E SUNRISE DRIVE  
STE. 435

City TUCSON State AZ Zip Code 85718

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2016

Transaction ID : SB21B.I637

Amount of Each Disbursement this Period

399.00

Memo Item

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

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

18524.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. PREFERRED COMMUNICATIONS**

Mailing Address **815 KING STREET  
STE. 209**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**TELEMARKETING**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I663**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. US POSTAL SERVICE**

Mailing Address **MERRIFIELD  
8409 LEE HIGHWAY**

City **MERRIFIELD** State **VA** Zip Code **22116**

Purpose of Disbursement  
**DIRECT MAIL EXPENSE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I620**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 46
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CMDI</b>	Nature of Debt (Purpose): Contribution Processing Services
Mailing Address 1593 Spring Hill Road Ste. 400	
City State Tysons Corner VA Zip Code 22182	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : DM6.002</b>	
Amount Incurred This Period 1117.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 1117.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jones Day</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 51 Louisiana Avenue, NW	
City State Washington DC Zip Code 20001	

Outstanding Balance Beginning This Period 875.00	<b>Transaction ID : DM4.001</b>	
Amount Incurred This Period 875.00	Payment This Period 875.00	Outstanding Balance at Close of This Period 875.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Luntz Global Partners LLC</b>	Nature of Debt (Purpose): Research Services
Mailing Address 9165 Key Commons Court	
City State Zip Code Manassas VA 20110	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : DM6.001</b>	
Amount Incurred This Period 2289.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 2289.78

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	4282.18
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	4282.18
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	4282.18



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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
--	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072711	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Mailing Address 190 MONROE AVENUE STE. 500		Amount <span style="border: 1px solid black; padding: 2px;">19.95</span>
City GRAND RAPIDS	State MI	
Purpose of Expenditure FUNDRAISING COMMISSION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.652</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072711	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Mailing Address 190 MONROE AVENUE STE. 500		Amount <span style="border: 1px solid black; padding: 2px;">14.25</span>
City GRAND RAPIDS	State MI	
Purpose of Expenditure FUNDRAISING COMMISSION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.653</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2016
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">34.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
--	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072711		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016	
Mailing Address 190 MONROE AVENUE STE. 500			Amount <span style="border: 1px solid black; padding: 2px;">7.13</span>	
City GRAND RAPIDS	State MI	Zip Code 49503	<b>Transaction ID : SE24.654</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2016	
Purpose of Expenditure FUNDRAISING COMMISSION		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate RUSSELL FEINGOLD	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072713		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016	
Mailing Address 190 MONROE AVENUE STE. 500			Amount <span style="border: 1px solid black; padding: 2px;">19.96</span>	
City GRAND RAPIDS	State MI	Zip Code 49503	<b>Transaction ID : SE24.655</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016	
Purpose of Expenditure FUNDRAISING COMMISSION		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate CATHERINE CORTEZ MASTO	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">1128602.07</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">27.09</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072713	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Mailing Address 190 MONROE AVENUE STE. 500		Amount <span style="border: 1px solid black; padding: 2px;">14.26</span>
City GRAND RAPIDS	State MI	Zip Code 49503
Purpose of Expenditure FUNDRAISING COMMISSION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CONSERVATIVE CONNECTOR, LLC</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072713	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Mailing Address 190 MONROE AVENUE STE. 500		Amount <span style="border: 1px solid black; padding: 2px;">7.13</span>
City GRAND RAPIDS	State MI	Zip Code 49503
Purpose of Expenditure FUNDRAISING COMMISSION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">21.39</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>ECLECTIC GORILLA STUDIOS</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4842 DAVENPORT STREET, NW		Amount <input type="text"/>	
City WASHINGTON	State DC	Zip Code 20016	<b>Transaction ID : SE24.629</b>
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate KATHLEEN MCGINTY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2870868.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FACEBOOK, INC.</b> <input type="checkbox"/> Memo Item ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1601 WILLOW ROAD		Amount <input type="text"/>	
City MENLO PARK	State CA	Zip Code 94025	<b>Transaction ID : SE24.635</b>
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate RUSSELL FEINGOLD <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: WI	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2108145.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 2721.12
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

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.

*THOMAS FRANCIS MAXWELL III* [Electronically Filed] Date  /  /

Signature \_\_\_\_\_



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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK, INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016
Mailing Address 1601 WILLOW ROAD		Amount <span style="border: 1px solid black; padding: 2px;">250.92</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE24.582</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 05 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FACEBOOK, INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016
Mailing Address 1601 WILLOW ROAD		Amount <span style="border: 1px solid black; padding: 2px;">25.74</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE24.576</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">276.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK, INC.</b> <input type="checkbox"/> Memo Item ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016
Mailing Address 1601 WILLOW ROAD	Amount <span style="border: 1px solid black; padding: 2px;">51.23</span>
City State Zip Code MENLO PARK CA 94025	<b>Transaction ID : SE24.577</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate RUSSELL FEINGOLD <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>FP1 STRATEGIES LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address PO BOX 16504	Amount <span style="border: 1px solid black; padding: 2px;">46880.99</span>
City State Zip Code ALEXANDRIA VA 22302	<b>Transaction ID : SE24.556</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate RUSSELL FEINGOLD <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">46932.22</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: FP1 STRATEGIES LLC
Mailing Address: PO BOX 16504
City: ALEXANDRIA, State: VA, Zip Code: 22302
Purpose of Expenditure: DIGITAL MEDIA PRODUCTION
Name of Federal Candidate: CATHERINE CORTEZ MASTO
Office Sought: Senate, State: NV
Amount: 9000.00
Transaction ID: SE24.581
Date of Disbursement or Obligation: 05/04/2016
Calendar Year-To-Date Per Election for Office Sought: 1128602.07
Disbursement For: General

Full Name of Payee: FP1 STRATEGIES LLC
Mailing Address: PO BOX 16504
City: ALEXANDRIA, State: VA, Zip Code: 22302
Purpose of Expenditure: TV/MEDIA PRODUCTION
Name of Federal Candidate: RUSSELL FEINGOLD
Office Sought: Senate, State: WI
Amount: 9450.00
Transaction ID: SE24.591
Date of Disbursement or Obligation: 05/10/2016
Calendar Year-To-Date Per Election for Office Sought: 2108145.14
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 18450.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date: 05/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.
Mailing Address
2200 WILSON BLVD.
STE. 102-533
City
ARLINGTON State
VA Zip Code
22201
Purpose of Expenditure
DIGITAL MEDIA PRODUCTION
Category/Type
Date of Public Distribution/Dissemination
05 / 02 / 2016
Amount
1000.00
Transaction ID : SE24.572
Date of Disbursement or Obligation
05 / 03 / 2016
Name of Federal Candidate
RUSSELL FEINGOLD
Support Oppose
Office Sought: House Senate State: WI
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.
Mailing Address
2200 WILSON BLVD.
STE. 102-533
City
ARLINGTON State
VA Zip Code
22201
Purpose of Expenditure
DIGITAL MEDIA PRODUCTION
Category/Type
Date of Public Distribution/Dissemination
05 / 02 / 2016
Amount
1000.00
Transaction ID : SE24.573
Date of Disbursement or Obligation
05 / 03 / 2016
Name of Federal Candidate
CATHERINE CORTEZ MASTO
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 05 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.
Mailing Address
2200 WILSON BLVD.
STE. 102-533
City
ARLINGTON State
VA Zip Code
22201
Purpose of Expenditure
DIGITAL MEDIA PRODUCTION
Name of Federal Candidate
RUSSELL FEINGOLD
Calendar Year-To-Date
Per Election for Office Sought
2108145.14

Date of Public Distribution/Dissemination
05 / 04 / 2016
Amount
6000.00
Transaction ID : SE24.580
Date of Disbursement or Obligation
05 / 04 / 2016
Office Sought:
House District:
President Senate State: WI
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.
Mailing Address
2200 WILSON BLVD.
STE. 102-533
City
ARLINGTON State
VA Zip Code
22201
Purpose of Expenditure
DIGITAL MEDIA PRODUCTION
Name of Federal Candidate
RUSSELL FEINGOLD
Calendar Year-To-Date
Per Election for Office Sought
2108145.14

Date of Public Distribution/Dissemination
05 / 16 / 2016
Amount
1000.00
Transaction ID : SE24.599
Date of Disbursement or Obligation
05 / 16 / 2016
Office Sought:
House District:
President Senate State: WI
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 05 / 31 / 2016
Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
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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

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>	
City ARLINGTON	State VA	Zip Code 22201	<b>Transaction ID : SE24.600</b>
Purpose of Expenditure EMAIL MARKETING EXPENSE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 12 / 2016	
Name of Federal Candidate CATHERINE CORTEZ MASTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>	
City ARLINGTON	State VA	Zip Code 22201	<b>Transaction ID : SE24.601</b>
Purpose of Expenditure EMAIL MARKETING EXPENSE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 12 / 2016	
Name of Federal Candidate RUSSELL FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">1159.99</span>
City ARLINGTON State VA Zip Code 22201	<b>Transaction ID : SE24.662</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 18 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3686078.18</span>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 19 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">1500.00</span>
City ARLINGTON State VA Zip Code 22201	<b>Transaction ID : SE24.627</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 25 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3686078.18</span>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2659.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III* [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 19 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City ARLINGTON State VA Zip Code 22201	<b>Transaction ID : SE24.628</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 25 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3686078.18</span>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 26 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">4559.99</span>
City ARLINGTON State VA Zip Code 22201	<b>Transaction ID : SE24.630</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate KATHLEEN MCGINTY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2870868.99</span>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">5559.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016



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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 26 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City State Zip Code ARLINGTON VA 22201	<b>Transaction ID : SE24.631</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 27 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2870868.99</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 01 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">1500.00</span>
City State Zip Code ARLINGTON VA 22201	<b>Transaction ID : SE24.641</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 31 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2870868.99</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>GOOGLE</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070801 <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount <span style="border: 1px solid black; padding: 2px;">6.21</span>
City State Zip Code MOUNTAIN VIEW CA 94043	<b>Transaction ID : SE24.611</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate CATHERINE CORTEZ MASTO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>GOOGLE</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070801 <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount <span style="border: 1px solid black; padding: 2px;">96.13</span>
City State Zip Code MOUNTAIN VIEW CA 94043	<b>Transaction ID : SE24.593</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 09 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate CATHERINE CORTEZ MASTO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">102.34</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: GOOGLE
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070799
Mailing Address: 1600 AMPHITHEATRE PARKWAY
City: MOUNTAIN VIEW, State: CA, Zip Code: 94043
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Date of Public Distribution/Dissemination: 05/02/2016
Amount: 20.35
Transaction ID: SE24.594
Date of Disbursement or Obligation: 05/09/2016
Name of Federal Candidate: RUSSELL FEINGOLD
Office Sought: Senate, State: WI
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 2108145.14

Full Name of Payee: GOOGLE
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501
Mailing Address: 1600 AMPHITHEATRE PARKWAY
City: MOUNTAIN VIEW, State: CA, Zip Code: 94043
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Date of Public Distribution/Dissemination: 05/04/2016
Amount: 83.52
Transaction ID: SE24.595
Date of Disbursement or Obligation: 05/09/2016
Name of Federal Candidate: RUSSELL FEINGOLD
Office Sought: Senate, State: WI
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 2108145.14

(a) SUBTOTAL of Itemized Independent Expenditures: 103.87
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date: 05/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: GOOGLE
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501
Mailing Address: 1600 AMPHITHEATRE PARKWAY
City: MOUNTAIN VIEW, State: CA, Zip Code: 94043
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Date of Public Distribution/Dissemination: 05/04/2016
Amount: 20.78
Transaction ID: SE24.612
Date of Disbursement or Obligation: 05/17/2016
Name of Federal Candidate: RUSSELL FEINGOLD
Office Sought: Senate, State: WI
Disbursement For: General

Full Name of Payee: GOOGLE
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072715
Mailing Address: 1600 AMPHITHEATRE PARKWAY
City: MOUNTAIN VIEW, State: CA, Zip Code: 94043
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Date of Public Distribution/Dissemination: 05/17/2016
Amount: 65.07
Transaction ID: SE24.618
Date of Disbursement or Obligation: 05/24/2016
Name of Federal Candidate: TED STRICKLAND
Office Sought: Senate, State: OH
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 85.85
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date: 05/31/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
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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

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 17 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <span style="border: 1px solid black; padding: 2px;">1402963.00</span>
City <b>BALTIMORE</b>	State <b>MD</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - BROADCAST/CABLE</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.602</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 12 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3686078.18</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 17 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <span style="border: 1px solid black; padding: 2px;">407845.00</span>
City <b>BALTIMORE</b>	State <b>MD</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.603</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 12 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3686078.18</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1810808.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
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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

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 18 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <span style="border: 1px solid black; padding: 2px;">2457.51</span>
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.614</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 17 / 2016</b>
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 18 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <span style="border: 1px solid black; padding: 2px;">2990.69</span>
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.615</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>05 / 17 / 2016</b>
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">5448.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765

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

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE
Name of Federal Candidate KATHLEEN MCGINTY
Calendar Year-To-Date Per Election for Office Sought 2870868.99
Date of Public Distribution/Dissemination 05/26/2016
Amount 2405250.00
Transaction ID: SE24.616
Date of Disbursement or Obligation 05/25/2016
Office Sought: Senate State: PA
Disbursement For: General 2016

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL
Name of Federal Candidate KATHLEEN MCGINTY
Calendar Year-To-Date Per Election for Office Sought 2870868.99
Date of Public Distribution/Dissemination 05/26/2016
Amount 456159.00
Transaction ID: SE24.617
Date of Disbursement or Obligation 05/25/2016
Office Sought: Senate State: PA
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 2861409.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 05/31/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>PRESSTIGE PRINTING</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2016
Mailing Address 10940 HARMONY PARK DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">99999999</span> 49101.80
City State Zip Code BONITA SPRINGS FL 34135	<b>Transaction ID : SE24.610</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate RUSSELL FEINGOLD <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99999999</span> 2108145.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>PRESSTIGE PRINTING</b> <input type="checkbox"/> Memo Item ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072711	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2016
Mailing Address 10940 HARMONY PARK DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">99999999</span> 13833.91
City State Zip Code BONITA SPRINGS FL 34135	<b>Transaction ID : SE24.622</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 24 / 2016
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate RUSSELL FEINGOLD <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99999999</span> 2108145.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span> 62935.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 31 / 2016



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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
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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

Full Name of Payee <input type="checkbox"/> Memo Item <b>THE SINGULARIS GROUP, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2016	
Mailing Address PO BOX 9265		Amount <span style="border: 1px solid black; padding: 2px;">72681.70</span>	
City SHAWNEE MISSION	State KS	Zip Code 66201	<b>Transaction ID : SE24.598</b>
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2016	
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>THE SINGULARIS GROUP, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2016	
Mailing Address PO BOX 9265		Amount <span style="border: 1px solid black; padding: 2px;">6690.99</span>	
City SHAWNEE MISSION	State KS	Zip Code 66201	<b>Transaction ID : SE24.607</b>
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 16 / 2016	
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">79372.69</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
TWITTER INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070801
Memo Item

Date of Public Distribution/Dissemination
05 / 02 / 2016

Mailing Address
1355 MARKET STREET
STE. 900

Amount
7.67
Transaction ID : SE24.592

City State Zip Code
SAN FRANCISCO CA 94103

Date of Disbursement or Obligation
05 / 13 / 2016

Purpose of Expenditure
MEDIA PLACEMENT - DIGITAL
Category/Type

Name of Federal Candidate
CATHERINE CORTEZ MASTO
Support Oppose

Office Sought: House Senate
President

Calendar Year-To-Date
Per Election for Office Sought
1128602.07

Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
TWITTER INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070801
Memo Item

Date of Public Distribution/Dissemination
05 / 02 / 2016

Mailing Address
1355 MARKET STREET
STE. 900

Amount
40.81
Transaction ID : SE24.574

City State Zip Code
SAN FRANCISCO CA 94103

Date of Disbursement or Obligation
05 / 04 / 2016

Purpose of Expenditure
MEDIA PLACEMENT - DIGITAL
Category/Type

Name of Federal Candidate
CATHERINE CORTEZ MASTO
Support Oppose

Office Sought: House Senate
President

Calendar Year-To-Date
Per Election for Office Sought
1128602.07

Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 05 / 31 / 2016
Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
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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

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070799	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address 1355 MARKET STREET STE. 900		Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City SAN FRANCISCO	State CA	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016
Name of Federal Candidate RUSSELL FEINGOLD		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2108145.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070801	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address 1355 MARKET STREET STE. 900		Amount <span style="border: 1px solid black; padding: 2px;">151.52</span>
City SAN FRANCISCO	State CA	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 06 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1128602.07</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">251.52</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
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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

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1070799	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 02 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>	
City State Zip Code SAN FRANCISCO CA 94103	<b>Transaction ID : SE24.584</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 06 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 04 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount <span style="border: 1px solid black; padding: 2px;">172.75</span>	
City State Zip Code SAN FRANCISCO CA 94103	<b>Transaction ID : SE24.585</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 06 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">2108145.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">272.75</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: TWITTER INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1071501
Mailing Address: 1355 MARKET STREET, STE. 900
City: SAN FRANCISCO, State: CA, Zip Code: 94103
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Category/Type:
Name of Federal Candidate: RUSSELL FEINGOLD
Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, State: WI
Date of Public Distribution/Dissemination: 05/04/2016
Amount: 77.25
Transaction ID: SE24.596
Date of Disbursement or Obligation: 05/13/2016
Calendar Year-To-Date Per Election for Office Sought: 2108145.14
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: TWITTER INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072715
Mailing Address: 1355 MARKET STREET, STE. 900
City: SAN FRANCISCO, State: CA, Zip Code: 94103
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Category/Type:
Name of Federal Candidate: TED STRICKLAND
Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, State: OH
Date of Public Distribution/Dissemination: 05/17/2016
Amount: 12.50
Transaction ID: SE24.619
Date of Disbursement or Obligation: 05/20/2016
Calendar Year-To-Date Per Election for Office Sought: 3686078.18
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 89.75
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date: 05/31/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1072715	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 17 / 2016
Mailing Address 1355 MARKET STREET STE. 900		Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 5.00
City State Zip Code SAN FRANCISCO CA 94103		<b>Transaction ID : SE24.634</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 3686078.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>TWITTER INC.</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 19 / 2016
Mailing Address 1355 MARKET STREET STE. 900		Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 37.94
City State Zip Code SAN FRANCISCO CA 94103		<b>Transaction ID : SE24.633</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate RUSSELL FEINGOLD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 2108145.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 42.94
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 4916653.76

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016