08/17/2016 14 : 01

Image# 201608179022467412 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PENDENT EXPEND	IIUNES		PAGE 1 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER V		
Stop Hillary PAC			C	C00544767		
Check if24-hour report X 48-hou	r report 🛛 🗙 New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y		
Full Name of Payee CONNELL DONATELLI, II			Date of Pub	lic Distribution/Dissemination		
			08	/ D D / Y Y Y Y 16 2016		
Mailing Address PO BOX 1877			Amount			
City	State	Zip Code		2000.00		
ALEXANDRIA	VA	22313		ID : SE24.90476 bursement or Obligation		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type		/ D D / Y Y Y Y 17 / 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
HILLARY CLINTON		X Oppose	X President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		268798.37	Disbursement For: 2016 Other (s	Primary X General		
Full Name of Payee				blic Distribution/Dissemination		
INFOCISION MANAGEMEN						
Mailing Address 325 SPRINGSIDE I	DR		Amount			
City	State	Zip Code		1645.88		
AKRON	ОН	44333		ID : SE24.90473 bursement or Obligation		
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type	08	/ D D / Y Y Y Y 17 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
HILLARY CLINTON		X Oppose	X President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		268798.37	Disbursement For: 2016	Primary X General		
				Speenly)		
(a) SUBTOTAL of Itemized Independer	t Expenditures			3645.88		
(b) SUBTOTAL of Uniternized Independ	lent Expenditures		··· ▶			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party com	any candidate or authorized					
Dan Backer	[Electron	nically Filed] Date		D / Y Y Y Y 2016		
Signature				2010		

Image# 201608179022467413 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)					PAGE 2 OF 3 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
S	top Hillary PAC				С	C00544767
Ch	eck if 24-hour report 🗙 48-hour report	t 🗙 New rep	port Amends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee POLITICAL LIST BROKERS LL	C		Da	ate of Publi	ic Distribution/Dissemination
					08	/ D D / Y Y Y Y 17 2016
	Mailing Address 107 S WEST ST			A	mount	
	PMB 826			E		
	City	State	Zip Code			10000.00
	ALEXANDRIA	VA	22314-2824			ID : SE24.90472 bursement or Obligation
	Purpose of Expenditure ANTI-HILLARY ONLINE VOTER CONTACT		Category/ Type		08 08	/ D D / Y Y Y Y 16 2016
	Name of Federal Candidate		Support	Office So	ought:	House District:
	HILLARY CLINTON		X Oppose		esident	Senate State:
	Calendar Year-To-Date				ment For:	Primary X General
	Per Election for Office Sought		268798.37	2016	Other (s	pecify) ►
	Full Name of Payee Date of INFOCISION MANAGEMENT CORPORATION					lic Distribution/Dissemination
						M M / D D / Y Y Y Y 08 09 2016
	Mailing Address 325 SPRINGSIDE DR					
				A	mount	
	City	State	Zip Code			1000.00
	AKRON	OH	44333			ID: SE24.90474 pursement or Obligation
	Purpose of Expenditure ESTIMATED ONLINE VOTER CONTACT		Category/ Type		08 08	/ D_D_ / Y_Y_Y_Y 31 2016
	Name of Federal Candidate		Support	Office So	ought:	House District:
	HILLARY CLINTON		X Oppose		esident	Senate State:
	Calendar Year-To-Date Per Election for Office Sought		271798.37	Disburse 2016	ment For:	Primary X General
					_ Other (s	specify) ►
	(a) SUBTOTAL of Itemized Independent Exper	nditures		ъΓ		11000.00
						11000.00
	(b) SUBTOTAL of Uniternized Independent Exp	penditures		▶		
	(c) TOTAL Independent Expenditures			. Г		
				··· ► L		
	Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any ca party committee) any political party committee	andidate or authorize				
	Dan Backer					
		[Electro	nically Filed] Date	e 08	17	2016
	Signature				-	

Image# 201608179022467414 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Stop Hillary PAC	C C00544767		
Check if 24-hour report X 48-hour report New report Amends report filed	on / / / Y = Y = Y		
Full Name of Payee INFOCISION MANAGEMENT CORPORATION	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR			
City State Zip Code	2000.00		
AKRON OH 44333	Transaction ID : SE24.90475 Date of Disbursement or Obligation		
Purpose of Expenditure ESTIMATED ONLINE VOTER CONTACT	M m / D D / Y		
Name of Federal Candidate Support Office	e Sought: House District:		
	President Senate State:		
Calendar Year-To-Date Disbu Per Election for Office Sought 271798.37	ursement For: Primary X General Other (specify) ►		
Full Name of Payee	Date of Public Distribution/Dissemination		
	M M / D D / Y Y Y Y		
Mailing Address	Amount		
	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y		
Name of Federal Candidate Support Office	e Sought: House District:		
Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	2000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	16645.88		
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.			
Dan Backer [Electronically Filed] Date 0	17 2016		
Signature			