

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FREEDOMWORKS FOR AMERICA

ADDRESS (number and street)

400 N CAPITOL STREET NW SUITE 765

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00499020

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer

Paul Kilgore

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FREEDOMWORKS FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">370046.39</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">156928.88</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1941.00</span>	<span style="border: 1px solid black; padding: 2px;">97438.16</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">158869.88</span>	<span style="border: 1px solid black; padding: 2px;">467484.55</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">75866.71</span>	<span style="border: 1px solid black; padding: 2px;">384481.38</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">83003.17</span>	<span style="border: 1px solid black; padding: 2px;">83003.17</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>	



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

**FREEDOMWORKS FOR AMERICA**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	6		

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).....	1330.00	60510.00
(ii) Unitemized .....	611.00	11928.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1941.00	72438.16
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	1941.00	97438.16
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).....	0.00	0.00
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)) ..... ►	1941.00	97438.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	1941.00	97438.16

**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 .....	25886.42	257959.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25886.42	257959.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	49980.29	126466.69
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	55.00
(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	55.00
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)) ..	75866.71	384481.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75866.71	384481.38

**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) .....	1941.00	97438.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	55.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1941.00	97383.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	25886.42	257959.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	25886.42	257959.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

FREEDOMWORKS FOR AMERICA

Full Name (Last, First, Middle Initial)

**A. DAN ARNOLD**

Mailing Address 5 TOWN GARDEN DR  
APT 12

City State Zip Code  
LIVERPOOL NY 13088-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARMY

Occupation

SOLDIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2016

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAN ARNOLD**

Mailing Address 5 TOWN GARDEN DR  
APT 12

City State Zip Code  
LIVERPOOL NY 13088-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARMY

Occupation

SOLDIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2016

Transaction ID : SA11AI.5286

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KENNETH BOOTHE**

Mailing Address 1001 E FM 700

City State Zip Code  
BIG SPRING TX 79720-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.5292

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

145.00

TOTAL 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. THOMAS CHADWICK**

Mailing Address PO BOX 397

City

HAMMONDSPOET

State

NY

Zip Code

14840-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR JAMES ELLER**

Mailing Address 3587 CONRAD AVE

City

SAN DIEGO

State

CA

Zip Code

92117-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.5267

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. LAWERENCE N. FIELD**

Mailing Address 433 N CAMDEN DR

STE 820

City

BEVERLY HILLS

State

CA

Zip Code

90210-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSB

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

Transaction ID : SA11AI.5265

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. JOYCE KRAMER**

Mailing Address 15560 CHINA RAPIDS DR

City State Zip Code  
 RED BLUFF CA 96080-9629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2016

Transaction ID : SA11AI.5294

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MRS ETHEL M LANGFORD**

Mailing Address 1725 10 RD

City State Zip Code  
 MACK CO 81525-9778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2016

Transaction ID : SA11AI.5273

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. DONNA LUKE**

Mailing Address 29 PEBBLE BROOK DR

City State Zip Code  
 MIDDLEBORO MA 02346-3444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DONNA LUKE

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2016

Transaction ID : SA11AI.5287

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

185.00



# 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DAVE LELAND MYERS III**

Mailing Address 1575 JOHN BART RD

City  
LEBANON

State Zip Code  
IN 46052-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MYERS AG SOLUTIONS LLC

Occupation  
CROP CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2016

Transaction ID : SA11AI.5246

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PUREZA D NASH**

Mailing Address 2139 S CANTON

City  
MESA

State Zip Code  
AZ 85202-6616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALASKA AIRLINES

Occupation  
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.5247

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DR THOMAS RATHMANN**

Mailing Address 339 E GREENS DR

City  
BATON ROUGE

State Zip Code  
LA 70810-8951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
CHIROPRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2016

Transaction ID : SA11AI.5245

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**FREEDOMWORKS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KARL THATCHER**

Mailing Address 1724 CHEMAWA RD NE

City

KEIZER

State

OR

Zip Code

97303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HIGHWAY SPECIALTIES LLC

Occupation

ESTIMATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 29 / 2016

Transaction ID : SA11AI.5251

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

50.00

1330.00

<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

FREEDOMWORKS FOR AMERICA

### A. DROGIN GROUP LLC

Mailing Address 7418 MIFFLIN KENEDY TERRACE

City	State	Zip Code
AUSTIN	TX	78749

### Purpose of Disbursement PAC Strategy Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5126

Amount of Each Disbursement this Period

5000.00

 Memo Item

Full Name (Last, First, Middle Initial)

**B. FOLEY & LARDNER LLP**

Mailing Address 3000 K ST, NW  
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
PAC LEGAL FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 19 / 2016

Transaction ID : SB21B.5207

Amount of Each Disbursement this Period

5135.00

 Memo Item

Full Name (Last, First, Middle Initial)

### C. PAYPAL

Mailing Address 2211 NORTH FIRST ST

City	State	Zip Code
SAN JOSE	CA	95131

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.5197

Amount of Each Disbursement this Period

134.79

 Memo Item

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

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

10269.79

<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

FREEDOMWORKS FOR AMERICA

### A. VICTORY PHONES

Mailing Address 190MONROE AVE NW 5TH FL

City	State	Zip Code
GRAND RAPIDS	MI	49503

### Purpose of Disbursement

#### PAC POLLING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5234

Amount of Each Disbursement this Period

15616.63

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

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

15616.63

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

25886.42

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 19

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOMWORKS FOR AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FACEBOOK**

Nature of Debt (Purpose):

IE-GLENN-ONLINE ADVERTISING

Mailing Address 1 HACKER WAY

City State

MENLO PARK

Zip Code

CA

94025

Outstanding Balance Beginning This Period

2893.44

Transaction ID : SD10.5202

Amount Incurred This Period

0.00

Payment This Period

2893.44

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FACEBOOK**

Nature of Debt (Purpose):

IE-CRANE-ONLINE ADVERTISING

Mailing Address 1 HACKER WAY

City State

MENLO PARK

Zip Code

CA

94025

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5242

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GOOGLE**

Nature of Debt (Purpose):

IE-GLENN-ONLINE ADVERTISING

Mailing Address 1600 AMPHITHEATRE PKWY

City State Zip Code

MOUNTAIN VIEW

CA

94043

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.5203

Amount Incurred This Period

0.00

Payment This Period

250.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2000.00

2) **TOTALS** This Period (last page this line number only)..... ►

2000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

2000.00

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

 PAGE 14 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00499020       </div>	
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: 0 5px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>FACEBOOK</b>			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">07</span> / <span style="border: 1px solid black; padding: 0 5px;">25</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>	
Mailing Address    1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">2000.00</span> </div>	
City    State    Zip Code MENLO PARK    CA    94025		<b>Transaction ID : SE.5241</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> </div>		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 0 5px;"> </span>		
Name of Federal Candidate MICHAEL ROBERT CRANE			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff	

2000.00

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 15 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00499020</div>	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>			
Full Name of Payee <b>GOOGLE</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 27 / 2016</div>	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	<b>Transaction ID : SE.5205</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 14 / 2016</div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate DARRYL GLENN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">12146.39</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Full Name of Payee <b>KRISTOPHER RAY LLC</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 21 / 2016</div>	
Mailing Address 1121 RENAISSANCE TRAIL		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">130.00</div>	
City ROUND ROCK	State TX	Zip Code 78665	<b>Transaction ID : SE.5220</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 26 / 2016</div>
Purpose of Expenditure GRAPHIC DESIGN		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate TIMOTHY A HUELSKAMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: <u>01</u> <input type="checkbox"/> President    State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">16726.32</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">380.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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.			
Signature  <i>Paul Kilgore</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 19 / 2016</div>	
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00499020       </div>	
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;">MM / DD / YYYY</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>KRISTOPHER RAY LLC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 25 / 2016 </div>	
Mailing Address <b>1121 RENAISSANCE TRAIL</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">155.00</div>	
City State Zip Code ROUND ROCK TX 78665		<b>Transaction ID : SE.5223</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 26 / 2016 </div>		
Purpose of Expenditure GRAPHIC DESIGN		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>TIMOTHY A HUELSKAMP</b>			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">32786.13</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>THOMAS GRAPHICS INC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 21 / 2016 </div>	
Mailing Address <b>PO BOX 14226</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16596.32</div>	
City State Zip Code AUSTIN TX 78714		<b>Transaction ID : SE.5210</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 26 / 2016 </div>		
Purpose of Expenditure DIRECT MAIL PRODUCTION		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>TIMOTHY A HUELSKAMP</b>			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">16596.32</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16751.32</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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.				
Signature <u>Paul Kilgore</u>			Date <span style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</span> 08 / 19 / 2016	

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

 PAGE 17 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>THOMAS GRAPHICS INC</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 25 / 2016</b>	
Mailing Address <b>PO BOX 14226</b>				Amount <b>15904.81</b>	
City <b>AUSTIN</b>	State <b>TX</b>	Zip Code <b>78714</b>		Transaction ID : <b>SE.5222</b>	
Purpose of Expenditure <b>DIRECT MAIL PRODUCTION</b>		Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 26 / 2016</b>	
Name of Federal Candidate <b>TIMOTHY A HUELSKAMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>32631.13</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>THOMAS GRAPHICS INC</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 26 / 2016</b>	
Mailing Address <b>PO BOX 14226</b>				Amount <b>9208.00</b>	
City <b>AUSTIN</b>	State <b>TX</b>	Zip Code <b>78714</b>		Transaction ID : <b>SE.5229</b>	
Purpose of Expenditure <b>DIRECT MAIL PRODUCTION</b>		Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 26 / 2016</b>	
Name of Federal Candidate <b>TIMOTHY A HUELSKAMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>41994.13</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>25112.81</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

Paul Kilgore

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**08 / 19 / 2016**

Signature

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

 PAGE 18 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00499020       </div>		
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					
Full Name of Payee <b>VICTORY PHONES</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 25 / 2016</div> </div>		
Mailing Address    190MONROE AVE NW 5TH FL			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2051.21</div>		
City    State    Zip Code GRAND RAPIDS    MI    49503		<b>Transaction ID : SE.5232</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 27 / 2016</div> </div>			
Purpose of Expenditure TELEMARKETING		Category/Type		Name of Federal Candidate MICHAEL ROBERT CRANE	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: GA		Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4516.51</div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff					
Full Name of Payee <b>VICTORY PHONES</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 26 / 2016</div> </div>		
Mailing Address    190MONROE AVE NW 5TH FL			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2326.21</div>		
City    State    Zip Code GRAND RAPIDS    MI    49503		<b>Transaction ID : SE.5233</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 27 / 2016</div> </div>			
Purpose of Expenditure TELEMARKETING		Category/Type		Name of Federal Candidate MICHAEL ROBERT CRANE	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: GA		Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6842.72</div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff					
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4377.42</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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.					
Signature <i>Paul Kilgore</i>			Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>08 / 19 / 2016</div> </div>		

[Electronically Filed]

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address			Amount \$
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	465.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	49980.29

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.

*Paul Kilgore*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature