

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED FEC MAIL CENTER 2016 FEB -8 AM 7:27

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

Organizing America 2016
2250 Community College Ave #108

ADDRESS (number and street))



Check if different than previously reported. (ACC)

Cleveland

CITY

OH

STATE

44115

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00556111

3. THIS REPORT IS FOR Primary or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
July 15 (Q2)
October 15 (Q3)
January 31 Year-End Report (YE)

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11)
Dec 20 (M12)
Jan 31 (YE)

Thirtieth day report following the General Election

on 10/01/2015

Twelfth day report preceding election

on 12/31/2015 in the State of OH

Is this Report an Amendment?

no

5. Covering Period

10/01/2015

through

12/31/2015

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

Jane L. Lloyd

Signature of Treasurer

[Handwritten Signature]

Date

01/20/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Table with 7 columns and 1 row for Office Use Only.

2016 FEB 08 AM 7:27

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

Page 4

NAME OF COMMITTEE (in Full)

Organizing America 2016

Report Covering the Period: From:

10 / **01** / **2015**

To:

12 / **31** / **2015**

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	0	0
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	0
25. FUNDRAISING DISBURSEMENTS.....	0	0
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0	0
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0	0
(b) Other Repayments.....	0	0
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0	0
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees.....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)).....	0	0
29. OTHER DISBURSEMENTS.....	0	0
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29).....	0	0

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List).....	0	0
--	---	---

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**ALLOCATION OF PRIMARY EXPENDITURES
 BY STATE FOR
 A PRESIDENTIAL CANDIDATE**
 (Used Only by Primary Committees Receiving
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C 00550111

Organizing America 2016
 2250 Community College Ave # 108

ADDRESS (number and street)

Cleve CITY OH STATE 44115 ZIP CODE

3. NAME OF CANDIDATE

June L. Lloyd

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0	0
Alaska	0	0
Arizona	0	0
Arkansas	0	0
California	0	0
Colorado	0	0
Connecticut	0	0
Delaware	0	0
District of Columbia	0	0
Florida	0	0
Georgia	0	0
Hawaii	0	0
Idaho	0	0
Illinois	0	0

2016-02-08 10:00:00

NOV 16 02:08 PM 1984

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0	0
Iowa	0	0
Kansas	0	0
Kentucky	0	0
Louisiana	0	0
Maine	0	0
Maryland	0	0
Massachusetts	0	0
Michigan	0	0
Minnesota	0	0
Mississippi	0	0
Missouri	0	0
Montana	0	0
Nebraska	0	0
Nevada	0	0
New Hampshire	0	0
New Jersey	0	0
New Mexico	0	0
New York	0	0
North Carolina	0	0
North Dakota	0	0
Ohio	0	0
Oklahoma	0	0
Oregon	0	0
Pennsylvania	0	0

NOV 16 02 08 PM '00 00048451

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0	0
South Carolina	0	0
South Dakota	0	0
Tennessee	0	0
Texas	0	0
Utah	0	0
Vermont	0	0
Virginia	0	0
Washington	0	0
West Virginia	0	0
Wisconsin	0	0
Wyoming	0	0
Puerto Rico	0	0
Guam	0	0
Virgin Islands	0	0
TOTALS	0	0

EXPENDITURES SUBJECT TO LIMIT

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

NAME OF COMMITTEE (in Full)

Organizing America 2016

Report Covering the Period:

From:

MM ' DD ' YYYY 10 ' 01 ' 2015

To:

MM ' DD ' YYYY 12 ' 31 ' 2015

A. OPERATING EXPENDITURES (Line 23, Column B)

0

B. OPERATING OFFSETS (Line 20a, Column B)

0

C. CURRENT YEAR NET OPERATING EXPENDITURES (Subtract Line B from A)

0

D. PRIOR YEAR(S) OPERATING EXPENDITURES

0

E. PRIOR YEAR(S) OPERATING OFFSETS

0

F. PRIOR YEAR(S) NET OPERATING EXPENDITURES (Subtract Line E from D)

0

G. FUNDRAISING DISBURSEMENTS (Line 25, Column B)

0

H. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)

0

I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)

0

J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS

0

K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS

0

L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)

0

M. TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)

0

N. 20% EXEMPTION (20% of Overall Expenditure Limit)

0

O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line N from M)

0

P. TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C, F and O)

0

NON-PROFIT CORPORATION

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

Organizing America 2016

A. Full Name (Last, First, Middle Initial)

Lloyd June L

Mailing Address

2250 Community College Ave #408

City

Cleveland

State

OH

Zip Code

44115

Date of Receipt

01 / 20 / 2016

FEC ID number of contributing federal political committee.

C 06556111

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

.....

Amount of Each Receipt this Period

0

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

M M / D D / Y Y Y Y

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

.....

Amount of Each Receipt this Period

.....

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

M M / D D / Y Y Y Y

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

.....

Amount of Each Receipt this Period

.....

Subtotal Of Receipts This Page (optional).....

0

Total This Period (last page this line number only).....

0

20160308 10:00:00 AM

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

PAGE OF

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)

Organizing America 2016

Full Name (Last, First, Middle Initial)

A. *Lloyd June L*

Date of Disbursement

01 / 20 / 2016

Mailing Address *2250 Community College Ave*

City *Cleveland* State *OH* Zip Code *44115 #708*

Purpose of Disbursement *June Lloyd*

Candidate Name

Category/Type

Amount of Each Disbursement this Period

0

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Subtotal Of Receipts This Page (optional)

0

Total This Period (last page this line number only)

0

20110303 10:00:00 AM

LOANS AND LINES OF CREDIT FROM
LENDING INSTITUTIONS

Supplementary from Information
found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C06550111

Organizing America 2016

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

N/A

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

0

INTEREST RATE (APR)

0 %

DATE INCURRED OR ESTABLISHED

MM / DD / YYYY

DATE DUE

MM / DD / YYYY

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

MM / DD / YYYY

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

No Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

MM / DD / YYYY

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

MM / DD / YYYY

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

NON-CONFIDENTIAL

G. Type or Print Name of Committee Treasurer

Jane L. Lloyd

Signature of Treasurer

Jane L. Lloyd

Date

01 / 20 / 2016

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date

NON-CONFIDENTIAL

SCHEDULE D-P

DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: 11
(check only one) 12

NAME OF COMMITTEE (In Full)

Organizing America 2016

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

N/A

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Box with handwritten '0' for Outstanding Balance at Close of This Period]

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

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

[Box with handwritten '0' for Subtotals]

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

[Box with handwritten '0' for Totals]

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

[Box with handwritten '0' for Total Outstanding Loans]

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

[Box with handwritten '0' for Add 2) and 3)]

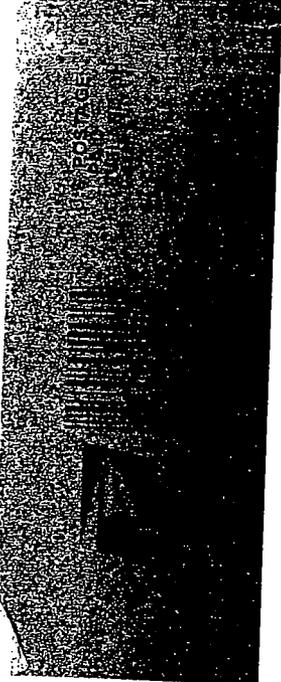
20160308 10:00 AM

NOTED : ON : 00 : ON : 000000000000

Bernice Lloyd
2250 Community College Ave #408
Ireland Ohio 44115

Federal Election Commission
999 E. Street NW
Washington, DC 20463

RECEIVED
MAIL CENTER
2016 FEB -8 AM 7:27



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 2/8/16
Postmarked 1/25/16	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

2/8/16
 DATE PREPARED

2016020808010004000