

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 MAY -3 AM 9:31 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

SONNY'S FRANCHISE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 201 N NEW YORK AVENUE 3RD FLOOR WINTER PARK FL 32789

2. FEC IDENTIFICATION NUMBER C00454462 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] October 15 Quarterly Report (Q3) (b) Monthly Report Due On: [X] Feb 20 (M2) (c) 12-Day PRE-Election Report for the: [X] Primary (12P) (d) 30-Day POST-Election Report for the: [X] General (30G)

5. Covering Period 07/16/2015 through 10/15/2015

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 Brandon Manley Signature of Treasurer [Signature] Date 04/25/2016



DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Sampy Franchises Company Political Action Committee

Report Covering the Period: From:

MM ' DD ' YYYY  
07 ' 16 ' 2015

To:

MM ' DD ' YYYY  
10 ' 18 ' 2015

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).....

Grid for itemized contributions

Grid for itemized contributions

(ii) Unitemized.....

Grid for unitemized contributions

Grid for unitemized contributions

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

Grid for total itemized and unitemized

Grid for total itemized and unitemized

(b) Political Party Committees.....

Grid for political party committees

Grid for political party committees

(c) Other Political Committees (such as PACs).....

Grid for other political committees

Grid for other political committees

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

Grid for total contributions

Grid for total contributions

12. Transfers From Affiliated/Other Party Committees.....

Grid for transfers from affiliated/other party committees

Grid for transfers from affiliated/other party committees

13. All Loans Received.....

Grid for all loans received

Grid for all loans received

14. Loan Repayments Received.....

Grid for loan repayments received

Grid for loan repayments received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

Grid for offsets to operating expenditures

Grid for offsets to operating expenditures

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

Grid for refunds of contributions

Grid for refunds of contributions

17. Other Federal Receipts (Dividends, Interest, etc.).....

Grid for other federal receipts

Grid for other federal receipts

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

Grid for non-federal account

Grid for non-federal account

(b) Levin Funds (from Schedule H5).....

Grid for levin funds

Grid for levin funds

(c) Total Transfers (add 18(a) and 18(b))..

Grid for total transfers

Grid for total transfers

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

Grid for total receipts with handwritten 0

Grid for total receipts with handwritten 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

Grid for total federal receipts with handwritten 0

Grid for total federal receipts with handwritten 0

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

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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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

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**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	OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)  
*Somers Franchise Company Political Action Committee*

**A.**

Full Name (Last, First, Middle Initial)

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

1-800-4-A-1111

**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)						PAGE	OF
	<input 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)  
*Sunny Franchise Company Political Action Committee*

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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).....

NONUNIFORM INFORMATION

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
*Sonnet Franchise Company Political Action Committee*

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:  
 /  /   /  /   % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2014-01-01 10:00:00 AM









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

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  Check if 24-hour notice  
*Sonrup Franchise Co Political Action Committee*

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO

If YES, name the designating committee:

Full Name of Subordinate Committee  
 Mailing Address  
 City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span>				Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address				Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
City State Zip Code		Name of Federal Candidate Supported		Amount	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	<input type="checkbox"/>	
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>					

Full Name (Last, First, Middle Initial) of Each Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span>				Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address				Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
City State Zip Code		Name of Federal Candidate Supported		Amount	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	<input type="checkbox"/>	
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>					

Full Name (Last, First, Middle Initial) of Each Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span>				Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address				Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
City State Zip Code		Name of Federal Candidate Supported		Amount	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	<input type="checkbox"/>	
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>					

SUBTOTAL of Expenditures This Page (optional).....▶

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

NON-PROFIT ORGANIZATION

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

*Scamp Franchise Co Political Action Committee*

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative       Generic Voter Drive       Public Communications Referencing Party Only

2004 NOV 10 10:00 AM



**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
*Sonny Franchise Company Political Action Committee*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

01-11-2008 10:10:00 AM

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

*Seniors Finance Co Political Action Committee*

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:  Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:  Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:  Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(iii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

11-11-11 10:00 AM







**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

*Sonny Franchise Co Political Action Comm. Hcd*

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

11-11-2003 10:00:00 AM

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  1a  2  
 (check only one)

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NAME OF COMMITTEE (In Full)  
*Sarnup Franchise Co Political Action Committee*

A. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

B. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

C. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

D. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

*[Handwritten mark]*

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

*[Handwritten mark]*

11-11-11 10:00 AM

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)  
Sonny Franchise Co Political Action Committee

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

**D.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

**E.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

\_\_\_\_\_

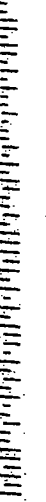
**SUBTOTAL** of Disbursements This Page (optional).....▶

\_\_\_\_\_

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

\_\_\_\_\_

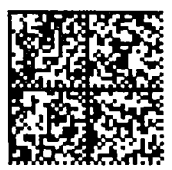
20150310 10:00 AM



SMRS  
68

enue

Federal Election Committee  
999 E Street, NW  
Washington DC 20543



UNITED STATES POSTAGE  
PITNEY BOWES  
\$ 004.340  
02 1P  
0000019022 APR 25 2016  
MAILED FROM ZIP CODE 32789

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

