

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **ymcmb**

(b) Address (number and street) check if different than previously reported
2800 veterans memorial blvd

(c) City, State and ZIP Code
New Orleans LA 70002

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002455

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
08 / 25 / 2015
through
MM / DD / YYYY
07 / 25 / 2016

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
07 / 25 / 2016

(b) Communication Title

6. The filer is a(n):

(a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name
marie davis

(b) Address (number and street)
1131 bell st
9

(c) City, State and ZIP Code
sacramento CA 95825

(d) Name of Employer or Principal Place of Business (e) Occupation
cape fox professional agency llc candidate

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,_____.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM marie Davis

SIGNATURE marie Davis

[Electronically Filed] DATE 07/26/2016

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Aubrey graham			
(b) Address (number and street)	2800 veterans memorial blvd		
(c) City, State and ZIP Code			
New Orleans		LA	70002
(d) Name of Employer or Principal Place of Business	(e) Occupation		
ymcmb	song writer		
B. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	
C. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	
D. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	
E. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	