

CORSARO & ASSOCIATES CO., LPA

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DATE: April 15, 2016 FAX NO.: 202-219-0174

TO: _____

COMPANY: FEDERAL ELECTION COMMISSION

FROM: Michael F. Halper, Esq. NO. OF PGS. (INCLUDING COVER SHEET): 5

COMMENTS: _____

Please see the attached.

CONFIDENTIAL

CONFIRMATION

Sent by: _____ Date/Time Sent: _____

Confirmation No.: N/A Spoke with: _____

Confirmed by: _____ Date/Time Confirmed: _____

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation KENNETH A. LANCI		3. FEC Identification Number C
(b) Address (number and street) check if different than previously reported 2017 E. 9th Street, Sky 3		
(c) City, State and ZIP Code Cleveland, OH 44115		
2. Occupation and Name of Employer (for Individual Filers Only) Executive Consolidated Graphics Management, Inc.		

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report

July 15 Quarterly Report

24-Hour Report

October 15 Quarterly Report

48-Hour Report

January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD: FROM 0 1 0 1 2 0 1 6

THROUGH 0 3 3 1 2 0 1 6

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES **1 0 0 3 5 8 3**

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Kenneth A. Lanci

Kenneth A. Lanci 4-14-16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 62 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 900 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)	
Kenneth A. Lanci	

Full Name (Last, First, Middle Initial) of Payee Unite This City, LLC		Date of Public Distribution/Dissemination 0 3 1 0 2 0 1 6
Mailing Address 1976 Wright Road		Amount 1 5 0 0 0 0
City Akron	State OH	
Zip Code 44320		
Purpose of Expenditure Development of Ohio Dems for Trump website	Category/ Type 0 0 4	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1 5 0 0 0 0		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Stevens Strategic Communications, Inc.		Date of Public Distribution/Dissemination 0 3 1 0 2 0 1 6
Mailing Address Gemini Towers Suite 500, 1991 Crocker Road		Amount 1 9 0 0 0 0
City Westlake	State OH	
Zip Code 44145		
Purpose of Expenditure Preparation of a press release	Category/ Type 0 0 4	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 4 0 0 0 0		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Consolidated Solutions		Date of Public Distribution/Dissemination 0 3 1 0 2 0 1 6
Mailing Address 1614 E. 40th Street		Amount 9 4 7 5 4
City Cleveland	State OH	
Zip Code 44103		
Purpose of Expenditure Preparation of banners	Category/ Type 0 0 4	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 3 4 7 5 4		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	4 3 4 7 5 4
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)					
Kenneth A. Lancl					
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Consolidated Solutions			03 10 2016		
Mailing Address			Amount		
1614 E. 40th Street			568829		
City		State	Zip Code		
Cleveland		OH	44103		
Purpose of Expenditure		Category/Type	Office Sought: House State: _____ Senate District: _____		
Preparation of posters and handouts		004	<input checked="" type="checkbox"/> President <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:		
Donald Trump			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			1003583		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City			State		
Zip Code			Office Sought: House State: _____ Senate District: _____		
Purpose of Expenditure		Category/Type	<input type="checkbox"/> President <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:		
Calendar Year-To-Date Per Election for Office Sought			<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City			State		
Zip Code			Office Sought: House State: _____ Senate District: _____		
Purpose of Expenditure		Category/Type	<input type="checkbox"/> President <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:		
Calendar Year-To-Date Per Election for Office Sought			<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) <u>Kenneth A. Lancl</u>		
(a) SUBTOTAL of Itemized Independent Expenditures.....			568829		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			1003583		

20160415 13:31 FAX P.005/005

Via FAX

0123456789101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100

Federal Election Commission
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<input type="checkbox"/> No Postmark	
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N/A PREPARER	N/A DATE PREPARED
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(8/2013)

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