

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 FEB - 3 AM 9:02
Office Use Only

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

SAVE RT 66

ADDRESS (number and street) **3419 CENTRAL NE**

Check if different than previously reported. (ACC) **ALBUQUERQUE NM 87106-1431**

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C00585653 **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) <small>(Non-Election Year Only)</small>
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) <small>(Non-Election Year Only)</small>
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on MM / DD / YYYY in the State of _____

(d) 30-Day POST-Election Report for the:

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

Election on MM / DD / YYYY in the State of _____

5. Covering Period 08 26 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 STEPHEN H. SCHROEDER

Signature of Treasurer SA Schrod Date 01 25 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.

Office Use Only										
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SAVE RT 66

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} *08 26 2015* To: ^{M M / D D / Y Y Y Y} *12 31 2015*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} <i>2015</i>	,	,
(b) Cash on Hand at Beginning of Reporting Period.....	,	,
(c) Total Receipts (from Line 19).....	, <i>5,309.00</i>	,
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	,	,
7. Total Disbursements (from Line 31).....	, <i>5,269.67</i>	,
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, <i>39.33</i>	,
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,

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

SAUERT 66

Report Covering the Period: From: *08 26 2015* To: *12 31 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).....	4,404.00	
(ii) Unitemized <i>ANONIMOUS</i>	905.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,309.00	
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,309.00	
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5,309.00	
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,309.00	

04/01/2008 10:10:00 AM

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	,	,
(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)	5,269.67	,
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)) ..	5,269.67	,
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	,	,

1-5-2008 09:00:00 AM

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)	5,369.00	
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

NON-PROFIT ORGANIZATION

**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 1 OF 8	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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)
SAVERT 66

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

Mailing Address
6411 CENTRAL NW

City **ALBUQ.** State **NM** Zip Code **87105**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WESTERN VIEW DINER** Occupation **OWNER**

Receipt For: **STEAKHOUSE, LLC** Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period
201.00

Aggregate Year-to-Date
201.00

B. Full Name (Last, First, Middle Initial)
CHARLES "CHUCK" ALDRICH

Mailing Address
6910 CENTRAL SE

City **ALBUQ.** State **NM** Zip Code **87108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JEWELERS REPAIR SHOP** Occupation **OWNER**

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2015

Amount of Each Receipt this Period
201.00

Aggregate Year-to-Date
201.00

C. Full Name (Last, First, Middle Initial)
MARK & JEAN BERSTEIN

Mailing Address
~~3416 CENTRAL SE~~ **4224 RIO GRANDE NW**

City **ALBUQ.** State **NM** Zip Code ~~87106~~ **87107**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FLYING STAR** Occupation **OWNER**

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2015

Amount of Each Receipt this Period
201.00

Aggregate Year-to-Date
201.00

SUBTOTAL of Receipts This Page (optional).....▶ **603.00**

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

2015-10-01 10:00:00 AM

**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 2 OF 8					
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
SAVERT66

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

Mailing Address
4600 CENTRAL SE

City **ALBUQ.** State **NM** Zip Code **87106**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JIM'S 66 MUFFLER** Occupation **OWNER**

Receipt For: **AUTO SERVICE, INC** Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 01 2015

Amount of Each Receipt this Period
, 201.00

Aggregate Year-to-Date
, 201.00

B. Full Name (Last, First, Middle Initial)
~~THOMAS~~ **TINNIN**

Mailing Address
4616 CENTRAL SE
~~CLASSIC CENTURY SQUARE~~

City **ALBUQ** State **NM** Zip Code **87108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TINNIN INVESTMENTS, INC** Occupation **OWNER**

Receipt For: **CLASSIC CENTURY SQUARE** Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 12 2015

Amount of Each Receipt this Period
, 201.00

Aggregate Year-to-Date
, 201.00

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

Mailing Address
5925 CENTRAL NW

City **ALBUQ.** State **NM** Zip Code **87105**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SKI HI LIQUORS** Occupation **OWNER**

Receipt For: **SKI HI LIQUORS** Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 02 2015

Amount of Each Receipt this Period
, 201.00

Aggregate Year-to-Date
, 201.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **, 603.00**

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

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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 <u>3</u> OF <u>8</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
SAVERT66

Full Name (Last, First, Middle Initial) A. <u>ALAN DIXEEN</u>		Date of Receipt M M / D D / Y Y Y Y <u>10 / 06 / 2015</u>
Mailing Address <u>1109 CENTRAL NE</u>		Amount of Each Receipt this Period , <u>201.00</u>
City <u>ALBUQ.</u>	State Zip Code <u>NM 87106</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period , <u>201.00</u>
Name of Employer <u>FLEA MARKET THINGS & COLLECTIBLES</u>		
Occupation <u>OWNER</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ , <u>201.00</u>		

Full Name (Last, First, Middle Initial) B. <u>DOUG PETERSON</u>		Date of Receipt M M / D D / Y Y Y Y <u>09 / 14 / 2015</u>
Mailing Address <u>2325 SAN PEDRO NE</u>		Amount of Each Receipt this Period , <u>201.00</u>
City <u>ALBUQ.</u>	State Zip Code <u>NM 87110</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period , <u>201.00</u>
Name of Employer <u>PETERSON PROPERTIES</u>		
Occupation <u>PRINCIPAL</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ , <u>201.00</u>		

Full Name (Last, First, Middle Initial) C. <u>JOE KOURY</u>		Date of Receipt M M / D D / Y Y Y Y <u>09 / 13 / 2015</u>
Mailing Address <u>2900 CENTRAL SE</u>		Amount of Each Receipt this Period , <u>201.00</u>
City <u>ALBUQ.</u>	State Zip Code <u>NM 87106</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period , <u>201.00</u>
Name of Employer <u>MANNIE'S FAMILY RESTAURANT, INC</u>		
Occupation <u>OWNER</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ , <u>201.00</u>		

SUBTOTAL of Receipts This Page (optional).....▶	, <u>603.00</u>
TOTAL This Period (last page this line number only).....▶	,

NATIONAL COMMUNICATIONS BOARD

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

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

FOR LINE NUMBER: PAGE 4 OF 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SAUETA 66

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

Mailing Address
3201 CENTRAL NE

City ALBUQ State NM Zip Code 87106

FEC ID number of contributing federal political committee. C

Name of Employer MUNTE VISTA FIREHOUSE Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
, 201.00

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

Amount of Each Receipt this Period
, 201.00

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

Mailing Address
3225 CENTRAL NE

City ALBUQ. State NM Zip Code 87106

FEC ID number of contributing federal political committee. C

Name of Employer MATANZA / CONCEPT 3225 Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
, 201.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2015

Amount of Each Receipt this Period
, 201.00

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

Mailing Address
3500 CENTRAL NE

City ALBUQ. State NM Zip Code 87106

FEC ID number of contributing federal political committee. C

Name of Employer SCALO NORTHERN ITALIAN GRILL Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
, 201.00

Date of Receipt
M M / D D / Y Y Y Y
09 02 2015

Amount of Each Receipt this Period
, 201.00

SUBTOTAL of Receipts This Page (optional)..... , 603.00

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

NOTATION ON BOTTOM

**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 <u>5</u> OF <u>8</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
SAVE TCT 66

Full Name (Last, First, Middle Initial) A. <u>RYAN HOLLER</u>			Date of Receipt M M / D D / Y Y Y Y <u>09 / 05 / 2015</u>
Mailing Address <u>3503 CENTRAL NE</u>			Amount of Each Receipt this Period <u>, 201.00</u>
City <u>ALBUQ.</u>	State <u>NM</u>	Zip Code <u>87106</u>	
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer <u>TOAD ROAD</u>		Occupation <u>OWNER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>, 201.00</u>	

Full Name (Last, First, Middle Initial) B. <u>JASON ZANG</u>			Date of Receipt M M / D D / Y Y Y Y <u>09 / 17 / 2015</u>
Mailing Address <u>3523 CENTRAL NE</u>			Amount of Each Receipt this Period <u>, 201.00</u>
City <u>ALBUQ</u>	State <u>NM</u>	Zip Code <u>87106</u>	
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer <u>FAN TANG / CHOWS</u>		Occupation <u>OWNER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>, 201.00</u>	

Full Name (Last, First, Middle Initial) C. <u>GEORGE KATSAROS</u>			Date of Receipt M M / D D / Y Y Y Y <u>09 / 16 / 2015</u>
Mailing Address <u>3916 CENTRAL SW</u>			Amount of Each Receipt this Period <u>, 201.00</u>
City <u>ALBUQ.</u>	State <u>NM</u>	Zip Code <u>87105</u>	
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer <u>MONTE CARLO LIQUORS & STEAKHOUSE</u>		Occupation <u>OWNER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>, 201.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 603.00</u>
TOTAL This Period (last page this line number only).....▶	

NON-CONFIDENTIAL

**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 <u>6</u> OF <u>8</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAUERT 66

Full Name (Last, First, Middle Initial) A. <u>STEPHEN H SCHROEDER</u>		Date of Receipt M M / D D / Y Y Y Y <u>08 26 2015</u>
Mailing Address <u>3419 CENTRAL NE</u>		Amount of Each Receipt this Period <u>500.00</u> <u>495.00</u>
City <u>ALBUQ.</u>	State Zip Code <u>NM 87106</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>NOB HILL MUSIC</u>	Occupation <u>OWNER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>495.00</u> <u>500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>RON PETERSON</u>		Date of Receipt M M / D D / Y Y Y Y <u>12 08 2015</u>
Mailing Address <u>4418 CENTRAL SE</u>		Amount of Each Receipt this Period <u>201.00</u>
City <u>ALBUQ.</u>	State Zip Code <u>NM 87108</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>RON PETERSON FIREARMS, LLC</u>	Occupation <u>OWNER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>201.00</u>	

Full Name (Last, First, Middle Initial) C. <u>ANTHONY ANELLA</u>		Date of Receipt M M / D D / Y Y Y Y <u>09 03 2015</u>
Mailing Address <u>103 DARTMOUTH SE PO BOX 40142</u>		Amount of Each Receipt this Period <u>201.00</u>
City <u>ALBUQ.</u>	State Zip Code <u>NM 87106</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>ANTHONY ANELLA ARCHITECTURE</u>	Occupation <u>OWNER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>201.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>897.00</u>
TOTAL This Period (last page this line number only).....▶	

NON-CONFIDENTIAL

**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 7 OF 8	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SAVERT66

Full Name (Last, First, Middle Initial) A. CHRISTY DELOZIER		Date of Receipt M M / D D / Y Y Y Y 08 10 2015
Mailing Address 107 CARLISLE SE		Amount of Each Receipt this Period 201.00
City ALBUQ.	State Zip Code NM 87106	
FEC ID number of contributing federal political committee. C		
Name of Employer HERB STORE	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

Full Name (Last, First, Middle Initial) B. JOHN MIARIS		Date of Receipt M M / D D / Y Y Y Y 09 28 2015
Mailing Address 6217 CENTRAL NW		Amount of Each Receipt this Period 201.00
City ALBUQ	State Zip Code NM 87105	
FEC ID number of contributing federal political committee. C		
Name of Employer MAC'S LA SIERRA COFFEE SHOP	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

Full Name (Last, First, Middle Initial) C. DONATIONS TO WEB SITE		Date of Receipt M M / D D / Y Y Y Y 12 21 2015
Mailing Address % 3419 CENTRAL NE		Amount of Each Receipt this Period 90.00
City ABQ.	State Zip Code NM 87106	
FEC ID number of contributing federal political committee. C		
Name of Employer SAVERT66.ORG	Occupation WEBSITE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.00	

SUBTOTAL of Receipts This Page (optional).....▶	492.00
TOTAL This Period (last page this line number only).....▶	

NON-FUNCTIONAL COPY

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 8 OF 8	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 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)
SAVE RT 66

A. Full Name (Last, First, Middle Initial) ANONIMOUS (10 PEOPLE)		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address		Amount of Each Receipt this Period , , 905.00
City ALBUQ.	State NM	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	, , 905.00
TOTAL This Period (last page this line number only).....▶	, ,

NON-IDENTIFYING INFORMATION

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

NAME OF COMMITTEE (In Full) SAVERT 66	FEC IDENTIFICATION NUMBER ▼ C00585653
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CIVIC CENTER GARAGE	Date of Public Distribution/Dissemination 09 11 2015
Mailing Address 1 ST CIVIC PLAZA NW	Amount 35.00
City ALBUQ. State NM Zip Code 87102	Date of Disbursement or Obligation
Purpose of Expenditure PARKING Category/Type 011	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate 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) ▶ _____

Full Name of Payee DON MICKEY DESIGNS, INC.	Date of Public Distribution/Dissemination 10 23 2015
Mailing Address 1530 GIRARD NE	Amount 2,953.01
City ALBUQ. State NM Zip Code 87106	Date of Disbursement or Obligation
Purpose of Expenditure PRINTING Category/Type 011	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate 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) SUBTOTAL of Itemized Independent Expenditures.....▶	2,988.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2,988.01

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 *SA Savert* Date **01 29 2016**

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

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; text-align: center;"><i>SAVERT66</i></div>	FEC IDENTIFICATION NUMBER ▼ <div style="font-size: 1.5em; text-align: center;">C00585653</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <div style="font-size: 1.2em;"><i>AIRPORT MAIL FACILITY</i></div>	Date of Public Distribution/Dissemination <div style="font-size: 1.2em;"><i>09 06 2015</i></div>
Mailing Address <div style="font-size: 1.2em;"><i>2100 GEORGE RD SE</i></div>	Amount <div style="font-size: 1.5em; text-align: right;"><i>530.39</i></div>
City State Zip Code <div style="font-size: 1.2em;"><i>ALBUQ. NM 87106</i></div>	Date of Disbursement or Obligation _____
Purpose of Expenditure <div style="font-size: 1.2em;"><i>POSTAGE</i></div>	Category/Type <div style="font-size: 1.2em;"><i>011</i></div>
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> 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) ▶ _____

Full Name of Payee <div style="font-size: 1.2em;"><i>NUSENDA</i></div>	Date of Public Distribution/Dissemination <div style="font-size: 1.2em;"><i>12 31 2015</i></div>
Mailing Address <div style="font-size: 1.2em;"><i>1801 LOMAS BLVD NE</i></div>	Amount <div style="font-size: 1.5em; text-align: right;"><i>16.50</i></div>
City State Zip Code <div style="font-size: 1.2em;"><i>ALBUQ. NM 87106</i></div>	Date of Disbursement or Obligation _____
Purpose of Expenditure 	Category/Type <div style="font-size: 1.2em;"><i>011</i></div>
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> 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) SUBTOTAL of Itemized Independent Expenditures.....▶	<i>546.89</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<i>546.89</i>

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.

SJA Schwardt

Signature _____ Date *01 29 2016*

20150908 10:00:00 AM

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

NAME OF COMMITTEE (In Full) SAVE RT 66	FEC IDENTIFICATION NUMBER ▼ C00585653
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GO DADDY.COM, LLC	Date of Public Distribution/Dissemination 09 15 2015
Mailing Address 14455 N. HAYDEN SUITE 226	Amount 151.77
City State Zip Code SCOTTSDALE AZ 85266	Date of Disbursement or Obligation
Purpose of Expenditure WEB SITE SERVICES	Category/Type 011
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee STAPLES	Date of Public Distribution/Dissemination 10 20 2015
Mailing Address 3339 CENTRAL NE	Amount 487.57
City State Zip Code ALBUQ. NM 87106	Date of Disbursement or Obligation
Purpose of Expenditure OFFICE SUPPLIES	Category/Type 011
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	639.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	639.34

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 **SA Schuch** Date **01 29 2016**

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

PAGE 4 OF 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>SAVART 66</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00585653</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <u>AMERICAN EXPRESS</u>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>12 06 2015</u>
Mailing Address <u>PO BOX 650448</u>	Amount <u>235.92</u>
City State Zip Code <u>DALLAS TX 75265-0448</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure <u>OFFICE SUPPLIES / CREDIT CARD</u>	Category/Type <u>011</u>
Name of Federal Candidate <u>CARD</u>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate 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) ▶ _____

Full Name of Payee <u>ARCHAEOPTERYX DESIGN</u>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>09 16 2015</u>
Mailing Address <u>1501 BRYN MAWR NE</u>	Amount <u>600.00</u>
City State Zip Code <u>ALBUQ. NM 87106</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/Type <u>011</u>
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate 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) SUBTOTAL of Itemized Independent Expenditures..... ▶	<u>835.92</u>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<u>835.92</u>

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 JSA Schuch Date 01 29 2016

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

NAME OF COMMITTEE (In Full) <u>SAVE RT 66</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00585653</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <u>WORD CENTER</u>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>10 / 19 / 2015</u>
Mailing Address <u>512 YALE BLVD SE</u>	Amount <u>48.17</u>
City <u>ALBUQ.</u> State <u>NM</u> Zip Code <u>87106</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y _____
Purpose of Expenditure <u>TRANSCRIPTION</u>	Category/Type <u>011</u>
Name of Federal Candidate _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> 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) ▶ _____

Full Name of Payee <u>DICK SATTER</u>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>12 / 22 / 2015</u>
Mailing Address <u>9201 MONTGOMERY NE</u>	Amount <u>79.32</u>
City <u>ALBUQ.</u> State <u>NM</u> Zip Code <u>87111</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y _____
Purpose of Expenditure _____	Category/Type <u>011</u>
Name of Federal Candidate _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> 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) SUBTOTAL of Itemized Independent Expenditures.....▶	<u>127.49</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	_____
(c) TOTAL Independent Expenditures.....▶	<u>127.49</u>

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 SASchroch Date 01 / 29 / 2016

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

PAGE 6 OF 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>SAVE RT 66</i>	FEC IDENTIFICATION NUMBER ▼ <i>C 00585653</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <i>WALMART</i>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>08 28 2015</i>
Mailing Address <i>2701 CARLISLE NE</i>	Amount <i>132.02</i>
City State Zip Code <i>ALBUQ. NM 87110</i>	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure <i>OFFICE SUPPLIES</i>	Category/Type <i>011</i>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> 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) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> 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) SUBTOTAL of Itemized Independent Expenditures.....▶	<i>132.02</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<i>132.02</i>

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 *JA Schuch* Date *01 29 2016*

DUPLICATE INFORMATION

envelope shipping

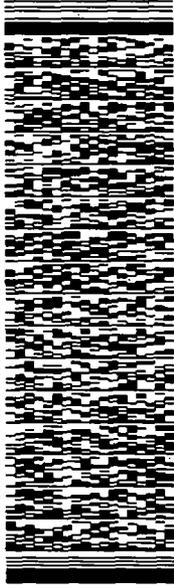
UNITED STATES US

BILL SENDER

TO REPORTS ANALYSIS COMMISSION
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463

(555) 555-5555 REF:
INQ: PD: DEPT:



Reusable

RT THU
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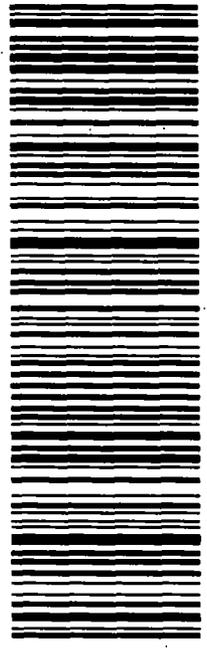
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TRK# 8066 6819 3827
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20463
DC-US IAD



Align bottom of peel-and-stick airbill or pouch here.

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.

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USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

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Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
2/1/16
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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 *2/1/16*
PREPARER DATE PREPARED

CONFIDENTIAL