

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 TARR, DONNA MURPHY MRS.		3. FEC Identification Number C C90015967
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 63 RANCHVIEW ROAD		
(c) City, State and ZIP Code Rolling Hills Estates CA 90274		
2. Occupation and Name of Employer (for Individual Filers Only) Donna Tarr		

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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
04		01		2016

THROUGH

M M	/	D D	/	Y Y Y Y
06		30		2016

6. TOTAL CONTRIBUTIONS.....	1118.34
7. TOTAL INDEPENDENT EXPENDITURES	1118.34

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

3103782056 Donna Tarr Donna Tarr

3103782056 Donna Tarr Donna Tarr

07/07/2016

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
TARR, DONNA MURPHY MRS.

A. Full Name (Last, First, Middle Initial) Mrs. Tarr Murphy Donna			Date of Receipt 05 / 23 / 2016		
Mailing Address 63 Ranchview Road			Transaction ID : F56.000001		
City Rolling Hills Estates	State CA	Zip Code 90274	Amount of Each Receipt this Period 1118.34		
FEC ID number of contributing federal political committee.			C C90015967		
Name of Employer Stone Lions Environmental Corporation			Occupation Corporate Secretary		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	1118.34
TOTAL This Period (last page carry total to Line 6)	1118.34

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
TARR, DONNA MURPHY MRS.

Full Name (Last, First, Middle Initial) of Payee AMAC LLC		Date of Public Distribution/Dissemination 05 / 23 / 2016	
Mailing Address 3555 Lomita Blvd. Suite J.		Amount 1118.34	
City Torrance	State CA	Zip Code 90274	Transaction ID : F57.000001
Purpose of Expenditure Lawn Signs	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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 (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....	1118.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1118.34