

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

The 2016 Draft Committee

ADDRESS (number and street) 370 Maple Avenue W Suite 4 Vienna VA 22180

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00548420 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT

- (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 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. Frank, Robert, H.,

Type or Print Name of Treasurer

Signature of Treasurer Frank, Robert, H., [Electronically Filed] Date 12 / 19 / 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.

Table with 10 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

The 2016 Draft Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text"/>	<input type="text" value="893565.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40885.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="195494.23"/>	<input type="text" value="3563717.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="236379.50"/>	<input type="text" value="4457282.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="151795.64"/>	<input type="text" value="4372698.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84583.86"/>	<input type="text" value="84583.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="20047.63"/>	

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

Write or Type Committee Name

**The 2016 Draft Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15191.16	942751.30
(ii) Unitemized .....	21932.99	2011773.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37124.15	2954524.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37124.15	2954524.59
12. Transfers From Affiliated/Other Party Committees.....	1000.00	1000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	119480.73	402162.24
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37889.35	206030.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	195494.23	3563717.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	195494.23	3563717.01

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	19651.09	2880203.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	19651.09	2880203.95
22. Transfers to Affiliated/Other Party Committees.....	122044.55	1464544.55
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	10100.00	27950.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10100.00	27950.46
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	151795.64	4372698.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151795.64	4372698.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37124.15	2954524.59
34. Total Contribution Refunds (from Line 28(d)) .....	10100.00	27950.46
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27024.15	2926574.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	19651.09	2880203.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	119480.73	402162.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-99829.64	2478041.71

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F3XA  
Transaction ID :

This amendment has been filed in order to more accurately reflect the remaining cash on hand as according to our financial statements. Four transactions have been added or modified:1. Wire transfers from The 2016 Committee on 8/10/2015, 11/13/2015, and 12/9/2015 have been changed to reflect what has been recorded in our financial statements and what has also been reported on the corresponding 2016 Committee Form 3X.2. A contribution for \$10,000 was reversed on 9/24/2015 due to an absence of sufficient funds. Previously, this reversal was not included on the previous amended version of the form.

Form/Schedule:  
Transaction ID:

**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**The 2016 Draft Committee**

**A. BACE, CHARLES, WILLIAM, MR., JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 771 AMBER DR.

City MARCO ISLAND	State FL	Zip Code 34145-5703
----------------------	-------------	------------------------

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

Name of Employer (for Individual) ORACLE USA	Occupation (for Individual) CONSULTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2015

**Transaction ID : SA11.141**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. EDWARDS, MARK, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5551 TAFT AVE

City LA JOLLA	State CA	Zip Code 92037-7643
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

**Transaction ID : SA11.129**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**C. FROST, PHYLLIS, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3121 LANGRIDGE AVE NW

City OLYMPIA	State WA	Zip Code 98502-4450
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

**Transaction ID : SA11.117**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 56
	<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)  
**The 2016 Draft Committee**

**A. FUNK, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 ELMINGTON AVE  
 APT 502  
 City NASHVILLE State TN Zip Code 37205-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : SA11.133**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. HANSEN, DAVID, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1603 N 12TH ST  
 City EL CENTRO State CA Zip Code 92243-1302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : SA11.126**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RALSTON, MARY, L., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13355 BRAUN RD  
 City GOLDEN State CO Zip Code 80401-1644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : SA11.132**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. STROEDE, BRIGITTE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 5655  
 City SPRING HILL State FL Zip Code 34611-5655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 07 / 07 / 2015  
**Transaction ID : SA11.121**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. WILLIAMS, NANCY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4053 BRIARWOOD DR.  
 City MARTINEZ State GA Zip Code 30907-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 10 / 2015  
**Transaction ID : SA11.112**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. ARMSTRONG, MICHAEL, L., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7333 TANAQUA LN  
 City AUSTIN State TX Zip Code 78739-2035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2015  
**Transaction ID : SA11.85**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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 10 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. PITTS, WILLIAM, R., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 CENTRAL PARK W  
 APT 17E  
 City NEW YORK State NY Zip Code 10023-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : SA11.65**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. TATE, WILLIAM, D., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 S EUCLID AVE  
 UNIT 3305  
 City ELMHURST State IL Zip Code 60126-5174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : SA11.68**  
 Amount of Each Receipt this Period 275.00  
 Memo Item CONTRIBUTION

**C. GASTALDO, EDWARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 30610  
 City SANTA BARBARA State CA Zip Code 93130-0610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2015  
**Transaction ID : SA11.56**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 56
	<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)  
**The 2016 Draft Committee**

**A. ARMSTRONG, MICHAEL, L., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7333 TANAQUA LN  
 City AUSTIN State TX Zip Code 78739-2035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : SA11.43**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. BROWN, DIANE, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 VIA SALVATORE  
 City FLORENCE State SC Zip Code 29501-8966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : SA11.50**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**C. GERMAN, REX, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76161 ROAD 425  
 City COZAD State NE Zip Code 69130-5317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NEBRASKSA PLASTICS, INC CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : SA11.46**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 56
	<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)  
**The 2016 Draft Committee**

**A. STINSON, RALPH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 E LARAMIE LN  
 City DALLAS State TX Zip Code 75217-8027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : SA11.48**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. WILLIAMS, NANCY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4053 BRIARWOOD DR.  
 City MARTINEZ State GA Zip Code 30907-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2015  
**Transaction ID : SA11.49**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. DEWITT, SHARON, K., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8670 COUNTY ROAD VV  
 City LAMAR State CO Zip Code 81052-9678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DEWITT FARMING & CUSTOM Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 22 / 2015  
**Transaction ID : SA11.39**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. KREIDT, MARTIN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 PEBBLE BEACH CT  
 City APOPKA State FL Zip Code 32712-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 22 / 2015  
**Transaction ID : SA11.36**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**B. SHARDA, MARTIN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City GRAND RAPIDS State MI Zip Code 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RET PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 22 / 2015  
**Transaction ID : SA11.37**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**C. WARDEN, GARY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12780 ROAD 2  
 City LIBERAL State KS Zip Code 67901-5354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2015  
**Transaction ID : SA11.33**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

**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 14 OF 56
	<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)  
**The 2016 Draft Committee**

**A. CARLSON, MARGARET, R., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25369 HARPERS BRANCH DR.  
 City DENTON State MD Zip Code 21629-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.76

Date of Receipt 07 / 28 / 2015  
**Transaction ID : SA11.18**  
 Amount of Each Receipt this Period 20.16  
 Memo Item CONTRIBUTION

**B. KUYKENDALL, ALICIA, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 SOUTHVIEW DR.  
 City SPARKS State NV Zip Code 89436-3660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 28 / 2015  
**Transaction ID : SA11.21**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RALSTON, MARY, L., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13355 BRAUN RD  
 City GOLDEN State CO Zip Code 80401-1644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 28 / 2015  
**Transaction ID : SA11.22**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.16
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. ECKLEY, ROBERT, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 WHITE IBIS WAY  
 City TALLAHASSEE State FL Zip Code 32309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 08 / 14 / 2015  
**Transaction ID : SA11A.2483**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. RALSTON, MARY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13355 BRAUN RD.  
 City GOLDEN State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2015  
**Transaction ID : SA11A.2501**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BACE, JR., CHARLES, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 771 AMBER DR.  
 City MARCO ISLAND State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11A.2509**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. BUCCIARELLI, JOSEPH, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 SAINT JOHN ST.  
 City NORWALK State CT Zip Code 06855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : SA11A.2524**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. KIRCHNER, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 410  
 City KANSAS State IL Zip Code 61933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : SA11A.2536**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. RALSTON, MARY, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13355 BRAUN RD.  
 City GOLDEN State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : SA11A.2535**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. ECKLEY, ROBERT, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 WHITE IBIS WAY  
 City TALLAHASSEE State FL Zip Code 32309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA11A.2557**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. WILLIAMS, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4053 BRIARWOOD DR.  
 City MARTINEZ State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA11A.2556**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. PARKS, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2219 NORTHWOOD DRIVE  
 City SEMINOLE State OK Zip Code 74868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : SA11A.2572**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1350.00  
**TOTAL** This Period (last page this line number only).....▶

**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 18 OF 56
<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)  
**The 2016 Draft Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WILLIAMS, NANCY, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 4053 BRIARWOOD DR.			<b>Transaction ID : SA11A.2562</b>
City MARTINEZ	State GA	Zip Code 30907	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ARMSTRONG, MICHAEL, L., ,</b>			Date of Receipt MM / DD / YYYY 09 / 24 / 2015
Mailing Address 7333 TANAQUE LANE			<b>Transaction ID : SA11A.2590</b>
City AUSTIN	State TX	Zip Code 78739	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ESPINOZA, ANTHONY, J., ,</b>			Date of Receipt MM / DD / YYYY 09 / 24 / 2015
Mailing Address P.O. BOX 1415			<b>Transaction ID : SA11A.2601</b>
City LA MIRADA	State CA	Zip Code 90637	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MEDICAL BILLING ASSOCIATES**

Mailing Address **887 WYOMING AVE**

City **WYOMING**    State **PA**    Zip Code **18644**

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

Name of Employer (for Individual) **MEDICAL BILLING ASSOC.**    Occupation (for Individual) **MEDICAL BILLING**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 24 / 2015**

**Transaction ID : SA11A.2522**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DAVIS, MARK, , ,**

Mailing Address **3087 TAPER AVENUE**

City **SANTA CLARA**    State **CA**    Zip Code **95051**

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

Name of Employer (for Individual) **INFORMATION REQUESTED**    Occupation (for Individual) **INFORMATION REQUESTED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt **09 / 29 / 2015**

**Transaction ID : SA11A.2609**

Amount of Each Receipt this Period **201.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PROCTOR, VIRGINIA, , ,**

Mailing Address **629 PRINCE ST. SE**

City **GRAND RAPIDS**    State **MI**    Zip Code **49507**

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

Name of Employer (for Individual) **INFORMATION REQUESTED**    Occupation (for Individual) **INFORMATION REQUESTED**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : SA11A.2618**

Amount of Each Receipt this Period **150.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **601.00**

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

**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 20 OF 56
<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)  
**The 2016 Draft Committee**

**A. ARMSTRONG, MICHAEL, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7333 TANAQUE LANE  
 City AUSTIN State TX Zip Code 78739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : SA11A.2775**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BACE, JR., CHARLES, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 771 AMBER DR.  
 City MARCO ISLAND State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : SA11A.2757**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. FRANCESCHINI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4166 MERCER RD.  
 City BULLHEAD CITY State AZ Zip Code 86429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : SA11A.2768**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 21 OF 56
	<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)  
**The 2016 Draft Committee**

**A. WILLIAMS, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4053 BRIARWOOD DR.  
 City MARTINEZ State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : SA11A.2765**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. WILLIAMS, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4053 BRIARWOOD DR.  
 City MARTINEZ State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : SA11A.2770**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. EDWARDS, MARK, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5551 TAFT AVE.  
 City LA JOLLA State CA Zip Code 92037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : SA11A.2646**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. POLITO, GREGORY, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12345 AVALON ROAD  
 City WHITTIER State CA Zip Code 90601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 PIH HEALTH DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11A.2615**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. REED, HARRY, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 SE TIMBERLINE DRIVE  
 City WAUKEE State IA Zip Code 50263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 BED EXPANDER CIRCEL R. TRUCK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11A.2613**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. REED, HARRY, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 SE TIMBERLINE DRIVE  
 City WAUKEE State IA Zip Code 50263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 BED EXPANDER CIRCEL R. TRUCK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11A.2614**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 23 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. ECKLEY, ROBERT, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 WHITE IBIS WAY

City TALLAHASSEE	State FL	Zip Code 32309
---------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2733**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. EDWARDS, MARK, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5551 TAFT AVE.

City LA JOLLA	State CA	Zip Code 92037
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2727**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. HANSEN, DAVID, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 N. 12TH ST.

City EL CENTRO	State CA	Zip Code 92243
-------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2725**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. RALSTON, MARY, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13355 BRAUN RD.

City GOLDEN	State CO	Zip Code 80401
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2753**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SHELTON, OUIDA, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1906 FAIRWAY CIRCLE DRIVE

City SAN MARCOS	State CA	Zip Code 92078
--------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2706**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SUMMERS, ELIZABETH, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7501 E THOMPSON PEAK PARKWAY UNIT

City SCOTTSDALE	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2734**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. WILLIAMS, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4053 BRIARWOOD DR.

City MARTINEZ	State GA	Zip Code 30907
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11A.2732**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. BACE, JR., CHARLES, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 771 AMBER DR.

City MARCO ISLAND	State FL	Zip Code 34145
----------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

**Transaction ID : SA11A.2794**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. EDWARDS, MARK, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5551 TAFT AVE.

City LA JOLLA	State CA	Zip Code 92037
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

**Transaction ID : SA11A.2795**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 56
	<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)  
**The 2016 Draft Committee**

**A. ARMSTRONG, MICHAEL, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7333 TANAQUE LANE  
 City AUSTIN State TX Zip Code 78739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2015  
**Transaction ID : SA11A.2797**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. ECKLEY, ROBERT, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 WHITE IBIS WAY  
 City TALLAHASSEE State FL Zip Code 32309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 11 / 09 / 2015  
**Transaction ID : SA11A.2816**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. KENNEDY, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2402 SW BROOKFIELD ST.  
 City TOPEKA State KS Zip Code 66614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2015  
**Transaction ID : SA11A.2828**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 27 OF 56
	<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)  
**The 2016 Draft Committee**

**A. WAHL DICK, ROGER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10643 CAVALLO RDG

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : SA11A.2812**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. RALSTON, MARY, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13355 BRAUN RD.

City GOLDEN	State CO	Zip Code 80401
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

**Transaction ID : SA11A.2838**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ARMSTRONG, MICHAEL, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333 TANAQUE LANE

City AUSTIN	State TX	Zip Code 78739
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2015

**Transaction ID : SA11A.2875**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 56
	<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)  
**The 2016 Draft Committee**

**A. BUCCIARELLI, JOSEPH, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 SAINT JOHN ST.

City NORWALK	State CT	Zip Code 06855
-----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2015

**Transaction ID : SA11A.2859**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. FRANCESCHINI, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4166 MERCER RD.

City BULLHEAD CITY	State AZ	Zip Code 86429
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2015

**Transaction ID : SA11A.2861**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. HANSEN, DAVID, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 N. 12TH ST.

City EL CENTRO	State CA	Zip Code 92243
-------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2015

**Transaction ID : SA11A.2864**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 56
<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)  
**The 2016 Draft Committee**

**A. WILLIAMS, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4053 BRIARWOOD DR.

City MARTINEZ	State GA	Zip Code 30907
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2015

**Transaction ID : SA11A.2860**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. TVEIT, LAUREL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 HAZEN BAY RD.

City HAZEN	State ND	Zip Code 58545
---------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : SA11A.2845**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. BACE, JR., CHARLES, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 771 AMBER DR.

City MARCO ISLAND	State FL	Zip Code 34145
----------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

**Transaction ID : SA11A.2880**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. HANSEN, DAVID, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1603 N. 12TH ST.  
 City EL CENTRO State CA Zip Code 92243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2015  
**Transaction ID : SA11A.2885**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. WILLIAMS, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4053 BRIARWOOD DR.  
 City MARTINEZ State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 09 / 2015  
**Transaction ID : SA11A.2887**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. RALSTON, MARY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13355 BRAUN RD.  
 City GOLDEN State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 14 / 2015  
**Transaction ID : SA11A.2891**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 56
<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)  
**The 2016 Draft Committee**

**A. PROCTOR, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 629 PRINCE ST. SE  
 City GRAND RAPIDS State MI Zip Code 49507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : SA11A.2913**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. FRANCESCHINI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4166 MERCER RD.  
 City BULLHEAD CITY State AZ Zip Code 86429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2015  
**Transaction ID : SA11A.2917**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BACE, JR., CHARLES, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 771 AMBER DR.  
 City MARCO ISLAND State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11A.2923**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**EDWARDS, MARK, S, ,**

Mailing Address **5551 TAFT AVE.**

City <b>LA JOLLA</b>	State <b>CA</b>	Zip Code <b>92037</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>INFORMATION REQUESTED</b>	Occupation (for Individual) <b>INFORMATION REQUESTED</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**12 / 31 / 2015**

**Transaction ID : SA11A.2924**

Amount of Each Receipt this Period  
**150.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>15191.16</b>



**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 33 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**The 2016 Draft Committee**

**A. The 2016 Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Maple Avenue W  
Suite 4

City Vienna State VA Zip Code 22180-5615

FEC ID number of contributing federal political committee. **C** C00569905

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2015

**Transaction ID : 1**

Amount of Each Receipt this Period  
1000.00

Memo Item  
TRANSFER  
TRANSFER

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

**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 34 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. ADVANCED RESPONSE SYSTEMS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13175 GEORGE WEBER DRIVE

City ROGERS	State MN	Zip Code 55374-8900
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2015

**Transaction ID : SA15.2460**

Amount of Each Receipt this Period  
55300.00

Memo Item  
POSTAGE REFUND  
POSTAGE REFUND

**B. MDI IMAGING & MAIL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21955 CASCADES PARKWAY

City STERLING	State VA	Zip Code 20166-9211
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29765.77

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2015

**Transaction ID : SA15.2461**

Amount of Each Receipt this Period  
23600.77

Memo Item  
POSTAGE REFUND  
POSTAGE REFUND

**C. MDI IMAGING & MAIL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21955 CASCADES PARKWAY

City STERLING	State VA	Zip Code 20166-9211
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
29765.77

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : SA15.2462**

Amount of Each Receipt this Period  
6165.00

Memo Item  
POSTAGE REFUND  
POSTAGE REFUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85065.77
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. SISK FULFILLMENT SERVICES**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 INDUSTRIAL PARK ROAD

City FEDERALSBURG	State MD	Zip Code 21632-2667
----------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

**Transaction ID : SA15.2465**

Amount of Each Receipt this Period  
32000.00

Memo Item  
POSTAGE REFUND  
POSTAGE REFUND

**B. RST MARKETING**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1272 CORPORATE PARK ROAD

City NEW CASTLE	State VA	Zip Code 24127
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2414.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : SA15.2466**

Amount of Each Receipt this Period  
2414.96

Memo Item  
POSTAGE REFUND  
POSTAGE REFUND

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34414.96
<b>TOTAL</b> This Period (last page this line number only).....	119480.73

**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 36 OF 56
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. OMEGA LIST**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MC LEAN State VA Zip Code 22102-3028

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204224.30

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2015

**Transaction ID : SA17.2457**

Amount of Each Receipt this Period  
15939.99

Memo Item  
LIST RENTAL INCOME  
LIST RENTAL INCOME

**B. OMEGA LIST**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MC LEAN State VA Zip Code 22102-3028

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204224.30

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2015

**Transaction ID : SA17.2458**

Amount of Each Receipt this Period  
9493.19

Memo Item  
LIST RENTAL INCOME  
LIST RENTAL INCOME

**C. OMEGA LIST**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MC LEAN State VA Zip Code 22102-3028

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
204224.30

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2015

**Transaction ID : SA17.2459**

Amount of Each Receipt this Period  
9820.64

Memo Item  
LIST RENTAL INCOME  
LIST RENTAL INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35253.82
<b>TOTAL</b> This Period (last page this line number only).....	

**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 37 OF 56
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

**A. EISENHOWER FOUNDATION**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 CHAIN BRIDGE RD #490

City MCLEAN State VA Zip Code 22101

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2625.94

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : SA17.2516**

Amount of Each Receipt this Period  
2625.94

Memo Item  
**EXCESS INVENTORY SALE**  
**SALE OF EXCESS INVENTORY**

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2625.94
<b>TOTAL</b> This Period (last page this line number only).....	37879.76

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement POSTAGE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2925  
Amount of Each Disbursement this Period  
200.00  
POSTAGE

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement PRINTING - FULFILLMENT Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I1338  
Amount of Each Disbursement this Period  
659.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement PRINTING - FULFILLMENT Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I1344  
Amount of Each Disbursement this Period  
40.00

Memo Item

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

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

899.52

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL DATA MANAGEMENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Mailing Address 490 WHITE POND DRIVE

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I1346**  
Amount of Each Disbursement this Period

[ ] 2278.03

Memo Item

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
PRINTING - FULFILLMENT

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. SISK FULFILLMENT SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Mailing Address 1900 INDUSTRIAL PARK ROAD

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I858**  
Amount of Each Disbursement this Period

[ ] 135.00

Memo Item

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
STORAGE

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2015

Mailing Address 2101 S.E. 25TH STREET

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I2926**  
Amount of Each Disbursement this Period

[ ] 23.26

OFFICE SUPPLIES

Memo Item

City BENTONVILLE State AR Zip Code 72712

Purpose of Disbursement  
OFFICE SUPPLIES

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 2436.29

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

[ ]

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement POSTAGE  
Candidate Name  
Category/Type **001**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 16 / 2015

FEC Identification Number  
**C**  
Transaction ID : **SB21B.I2927**  
Amount of Each Disbursement this Period  
300.00

POSTAGE  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. WENDY'S**

Mailing Address 4288 W DUBLIN GRANVILLE RD

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement FOOD/BEVERAGE  
Candidate Name  
Category/Type **001**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 17 / 2015

FEC Identification Number  
**C**  
Transaction ID : **SB21B.I2928**  
Amount of Each Disbursement this Period  
6.41

MEALS  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

Purpose of Disbursement BANK CHARGE  
Candidate Name  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 31 / 2015

FEC Identification Number  
**C**  
Transaction ID : **SB21B.I1460**  
Amount of Each Disbursement this Period  
442.92

Memo Item

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

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

749.33



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

**A. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 03 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I2929

Amount of Each Disbursement this Period: 300.00

POSTAGE

Memo Item

**B. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 03 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I2930

Amount of Each Disbursement this Period: 300.00

POSTAGE

Memo Item

**C. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 03 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I2931

Amount of Each Disbursement this Period: 200.00

POSTAGE

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 800.00

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement POSTAGE  001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 05 / 2015

FEC Identification Number  
**C**  
Transaction ID : SB21B.I2932  
Amount of Each Disbursement this Period  
300.00  
POSTAGE

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement POSTAGE - FULFILLMENT  004 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 10 / 2015

FEC Identification Number  
**C**  
Transaction ID : SB21B.I2442  
Amount of Each Disbursement this Period  
128.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK ROAD

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement POSTAGE - FULFILLMENT  004 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 10 / 2015

FEC Identification Number  
**C**  
Transaction ID : SB21B.I2441  
Amount of Each Disbursement this Period  
3039.65

Memo Item

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

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

3468.52

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK ROAD

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
MAILHOUSE FULFILLMENT

004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 10 / 2015

FEC Identification Number

C  
**Transaction ID : SB21B.I2443**  
Amount of Each Disbursement this Period  
 3310.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
BOOKKEEPING

004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 10 / 2015

FEC Identification Number

C  
**Transaction ID : SB21B.I2440**  
Amount of Each Disbursement this Period  
 988.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement  
POSTAGE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 12 / 2015

FEC Identification Number

C  
**Transaction ID : SB21B.I2933**  
Amount of Each Disbursement this Period  
 300.00  
POSTAGE

Memo Item

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

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

4599.64

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

FEC Identification Number

C  
**Transaction ID : SB21B.I2934**  
Amount of Each Disbursement this Period  
100.00  
POSTAGE

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

FEC Identification Number

C  
**Transaction ID : SB21B.I2935**  
Amount of Each Disbursement this Period  
400.00  
POSTAGE

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

FEC Identification Number

C  
**Transaction ID : SB21B.I2936**  
Amount of Each Disbursement this Period  
300.00  
POSTAGE

Memo Item

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

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

800.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2938  
Amount of Each Disbursement this Period  
100.00  
POSTAGE

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2937  
Amount of Each Disbursement this Period  
35.00  
BANK CHARGES

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 3320 SILAS CREEK PARKWAY  
SUITE 500

City WINSTON SALEM State NC Zip Code 27103-3031

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2940  
Amount of Each Disbursement this Period  
75.00  
POSTAGE

Memo Item

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

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

210.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 3171 PETERS CREEK PARKWAY		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2939</b>
City WINSTON SALEM	State NC	Zip Code 27127-4713
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [REDACTED] 35.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELUXE BUSINESS CHECKS &amp; SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address PO BOX 742572		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2515</b>
City CINCINNATI	State OH	Zip Code 45274-2572
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period [REDACTED] 38.16
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN FUNDING DIRECT</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1420 SPRING HILL ROAD SUITE 490		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I2446</b>
City MC LEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement AGENCY FEE - CONSULTANT		Amount of Each Disbursement this Period [REDACTED] 127.49
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 200.65
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)  
**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I2449

Amount of Each Disbursement this Period: 252.66

Memo Item

Full Name (Last, First, Middle Initial)  
**B. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement POSTAGE - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I2445

Amount of Each Disbursement this Period: 37.73

Memo Item

Full Name (Last, First, Middle Initial)  
**C. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement MAILHOUSE - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2015

FEC Identification Number: C

Transaction ID : SB21B.I2447

Amount of Each Disbursement this Period: 1283.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1574.23

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK ROAD

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
MAILHOUSE FULFILLMENT

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2448  
Amount of Each Disbursement this Period  
1768.91

Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
BOOKKEEPING

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2444  
Amount of Each Disbursement this Period  
1080.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGES

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2015

FEC Identification Number

C  
Transaction ID : SB21B.I2611  
Amount of Each Disbursement this Period  
24.00  
BANK CHARGES

Memo Item

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

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

2873.11



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK ROAD

City  
FEDERALSBURG

State  
MD

Zip Code  
21632-2667

Purpose of Disbursement  
POSTAGE - FULFILLMENT

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

FEC Identification Number

C

Transaction ID : SB21B.I2450

Amount of Each Disbursement this Period

290.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAX

State  
VA

Zip Code  
22030-6051

Purpose of Disbursement  
BANK CHARGES

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

FEC Identification Number

C

Transaction ID : SB21B.I2451

Amount of Each Disbursement this Period

119.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAX

State  
VA

Zip Code  
22030-6051

Purpose of Disbursement  
BANK CHARGES

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2015

FEC Identification Number

C

Transaction ID : SB21B.I2452

Amount of Each Disbursement this Period

9.09

Memo Item

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

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

419.10

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

Purpose of Disbursement  
BANK CHARGES

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 02 / 2015

FEC Identification Number

C   
**Transaction ID : SB21B.I2456**  
Amount of Each Disbursement this Period  
 6.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
POSTAGE - FULFILLMENT

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 09 / 2015

FEC Identification Number

C   
**Transaction ID : SB21B.I2453**  
Amount of Each Disbursement this Period  
 2.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
MAILHOUSE - FULFILLMENT

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 09 / 2015

FEC Identification Number

C   
**Transaction ID : SB21B.I2454**  
Amount of Each Disbursement this Period  
 112.15

Memo Item

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

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

121.16

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK ROAD

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
MAILHOUSE - FULFILLMENT

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : SB21B.I2455**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGES

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : SB21B.I2784**  
Amount of Each Disbursement this Period  
  
BANK CHARGES

Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

Purpose of Disbursement  
BANK CHARGES

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : SB21B.I2468**  
Amount of Each Disbursement this Period  
  
BANK CHARGES

Memo Item

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

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

**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)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Draft Committee**

Full Name (Last, First, Middle Initial) <b>A. THE 2016 COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 370 MAPLE AVENUE W SUITE 4		FEC Identification Number C [ ] <b>Transaction ID : SB22.I2463</b> Amount of Each Disbursement this Period 100000.00 TRANSFER
City VIENNA	State VA	Zip Code 22180-5615
Purpose of Disbursement TRANSFER		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. THE 2016 COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 370 MAPLE AVENUE W SUITE 4		FEC Identification Number C [ ] <b>Transaction ID : SB22.I2464</b> Amount of Each Disbursement this Period 327.25 TRANSFER
City VIENNA	State VA	Zip Code 22180-5615
Purpose of Disbursement TRANSFER		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. THE 2016 COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 370 MAPLE AVENUE W SUITE 4		FEC Identification Number C [ ] <b>Transaction ID : SB22.I2467</b> Amount of Each Disbursement this Period 21717.30 TRANSFER
City VIENNA	State VA	Zip Code 22180-5615
Purpose of Disbursement TRANSFER		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

122044.55

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

122044.55

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**The 2016 Draft Committee**

**A. ADDISON, RODNEY, , MR.,**

Full Name (Last, First, Middle Initial)

Mailing Address 2627 BENNETT YARD RD

City NORTH CHARLESTON State SC Zip Code 29405

Purpose of Disbursement REFUND - NSF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
09 / 24 / 2015

FEC Identification Number C

**Transaction ID : SB28A.I2031**

Amount of Each Disbursement this Period 10000.00

Contribution - NSF

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>			Nature of Debt (Purpose): agency fees/postage
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="16348.25"/>	<b>Transaction ID : D87800163983E48</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16348.25"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>			Nature of Debt (Purpose): Agency Fee
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="2594.85"/>	<b>Transaction ID : D03C43F86D6A741</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2594.85"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Computer - List Maintenance
Mailing Address 1420 Spring Hill Rd. Suite 490			
City McLean	State VA	Zip Code 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="1104.53"/>	<b>Transaction ID : D5D21D49D33F343</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1104.53"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="20047.63"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>			Nature of Debt (Purpose): Mailhouse & Postage - Fulfillment Items
Mailing Address 490 White Pond Drive			
City Akron	State OH	Zip Code 44320-1122	

Outstanding Balance Beginning This Period 80.00	Transaction ID : D26E58674B5B04F	
Amount Incurred This Period 0.00	Payment This Period 80.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>			Nature of Debt (Purpose): Printing - Fulfillment
Mailing Address 490 White Pond Drive			
City Akron	State OH	Zip Code 44320-1122	

Outstanding Balance Beginning This Period 40.00	Transaction ID : D42236824A0394E	
Amount Incurred This Period 0.00	Payment This Period 40.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>			Nature of Debt (Purpose): Printing - Fulfillment
Mailing Address 490 White Pond Drive			
City Akron	State OH	Zip Code 44320-1122	

Outstanding Balance Beginning This Period 2278.03	Transaction ID : D4085361772A64E	
Amount Incurred This Period 0.00	Payment This Period 2278.03	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 56
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Draft Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>			Nature of Debt (Purpose): Printing - Fulfillment
Mailing Address 490 White Pond Drive			
City Akron	State OH	Zip Code 44320-1122	

Outstanding Balance Beginning This Period <input type="text" value="659.52"/>	<b>Transaction ID : DBE6680F1F00446</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="659.52"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>			Nature of Debt (Purpose): Storage
Mailing Address 1900 Industrial Park Road			
City Federalsburg	State MD	Zip Code 21632-2667	

Outstanding Balance Beginning This Period <input type="text" value="135.00"/>	<b>Transaction ID : D71841FA4AFD649</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="135.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="20047.63"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="20047.63"/>