

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

WeThePeople Foundation

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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1012.03"/>	<input type="text" value="168362.80"/>
(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="1090.15"/>	<input type="text" value="168362.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1090.15"/>	<input type="text" value="168362.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WeThePeople Foundation

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y Y 12 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1012.03	167822.79
(ii) Unitemized	0.00	540.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1012.03	168362.80
(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)	1012.03	168362.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	1012.03	168362.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1012.03	168362.80

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1090.15	168362.80
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	0.00	0.00
(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)).....	0.00	0.00
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)) ..	1090.15	168362.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1090.15	168362.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1012.03	168362.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1012.03	168362.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)

<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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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)
WeThePeople Foundation

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pate, Luther, Stan, , IV

Mailing Address 1301 Industrial Park Drive

City Tuscaloosa	State AL	Zip Code 35401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Coal Bed Services Inc.	Occupation (for Individual) Owner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
167922.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period
1012.03

Memo Item Contribution

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 M	/	D D D	/	Y Y Y Y Y Y
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1012.03
TOTAL This Period (last page this line number only).....	1012.03

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WeThePeople Foundation

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AirSign			Nature of Debt (Purpose): Airplane Banner Advertising
Mailing Address 12 NW 5th Place			
City Williston	State FL	Zip Code 32696	

Outstanding Balance Beginning This Period 21500.00	Transaction ID : SD10.4195	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barfield, Murphy, Shank & Smith, LLC			Nature of Debt (Purpose): Professional Services - Accounting
Mailing Address 1121 Riverchase Office Road			
City Birmingham	State AL	Zip Code 35244	

Outstanding Balance Beginning This Period 120.95	Transaction ID : SD10.4225	
Amount Incurred This Period 0.00	Payment This Period 120.95	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barfield, Murphy, Shank & Smith, LLC			Nature of Debt (Purpose): Tax Return Preparation
Mailing Address 1121 Riverchase Office Road			
City Birmingham	State AL	Zip Code 35244	

Outstanding Balance Beginning This Period 437.66	Transaction ID : SD10.4274	
Amount Incurred This Period 0.00	Payment This Period 437.66	Outstanding Balance at Close of This Period 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4195

(Current loan amount of 21500.00 from a balance of 21500.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WeThePeople Foundation

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campbell Guin			Nature of Debt (Purpose): Professional Services - Legal
Mailing Address P O Box 3206			
City Tuscaloosa	State AL	Zip Code 35401	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4227	
449.54			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	449.54	0.00	

B. 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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

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

NAME OF COMMITTEE (In Full) WeThePeople Foundation	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00600825 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Bank of Tuscaloosa	Date of Public Distribution/Dissemination 11 / 30 / 2016			
Mailing Address P O Box 2508	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div> Transaction ID : SE.4287 Date of Disbursement or Obligation 11 / 30 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Tuscaloosa</td> <td style="width:17%; border-bottom: 1px solid black;">State AL</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 35403</td> </tr> </table>		City Tuscaloosa	State AL	Zip Code 35403
City Tuscaloosa		State AL	Zip Code 35403	
Purpose of Expenditure Bank Service Charges Category/Type 001				
Name of Federal Candidate: <input type="checkbox"/> Support DONALD J. TRUMP FOR PRESIDENT, INC., , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 23515.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Barfield, Murphy, Shank & Smith, LLC	Date of Public Distribution/Dissemination 12 / 29 / 2016			
Mailing Address 1121 Riverchase Office Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">437.66</div> Transaction ID : SE.4296 Date of Disbursement or Obligation 12 / 29 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Birmingham</td> <td style="width:17%; border-bottom: 1px solid black;">State AL</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 35244</td> </tr> </table>		City Birmingham	State AL	Zip Code 35244
City Birmingham		State AL	Zip Code 35244	
Purpose of Expenditure Pay Balance Prof Fees - Accountant Category/Type 001				
Name of Federal Candidate: <input type="checkbox"/> Support DONALD J. TRUMP FOR PRESIDENT, INC., , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 24009.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">462.66</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pate, Luther, Stan, , IV

[Electronically Filed]

Date

01 / 31 / 2017

Signature

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

NAME OF COMMITTEE (In Full) WeThePeople Foundation	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00600825 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Barfield, Murphy, Shank & Smith, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 30 / 2016</div>						
Mailing Address 1121 Riverchase Office Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">120.95</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Birmingham</td> <td>AL</td> <td>35244</td> </tr> </table>		City	State	Zip Code	Birmingham	AL	35244
City		State	Zip Code				
Birmingham	AL	35244					
Purpose of Expenditure Pay Remaining Professional Fees - Accountant							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J. TRUMP FOR PRESIDENT, INC., , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 24130.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Campbell Guin	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 30 / 2016</div>						
Mailing Address P O Box 3206	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">449.54</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Tuscaloosa</td> <td>AL</td> <td>35401</td> </tr> </table>		City	State	Zip Code	Tuscaloosa	AL	35401
City		State	Zip Code				
Tuscaloosa	AL	35401					
Purpose of Expenditure Pay Balance Prof Fees - Legal							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DONALD J. TRUMP FOR PRESIDENT, INC., , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 24580.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">570.49</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pate, Luther, Stan, , IV

[Electronically Filed]

Date

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

01 / 31 / 2017

Signature

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

NAME OF COMMITTEE (In Full) WeThePeople Foundation	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00600825 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Constant Contact	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2016
Mailing Address 1601 Trapelo Road Suite 329	Amount 57.00
City Waltham State MA Zip Code 02451	
Purpose of Expenditure Final Mass Media Payment Category/Type 004	
Name of Federal Candidate: DONALD J. TRUMP FOR PRESIDENT, INC., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 23572.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/Type	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	57.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	1090.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pate, Luther, Stan, , IV **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2017

 Signature