

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Library of congress**

(b) Address (number and street) check if different than previously reported
101 Independence AVE

(c) City, State and ZIP Code
Washington DC 20559

(d) Name of Employer or Principal Place of Business
United states copyright office

(e) Occupation

2. FEC Identification Number

C C30002505

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2016
through
M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2016

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2016

(b) Communication Title 1-1RHYDW9

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
MARIE DAVIS-Graham

(b) Address (number and street)
1131 BELL

(c) City, State and ZIP Code
Sacramental CA 95825

(d) Name of Employer or Principal Place of Business
harry fox agency

(e) Occupation
Publisher

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,451.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM MARIE DAVIS-GRAHAM

SIGNATURE MARIE DAVIS-GRAHAM

[Electronically Filed] DATE 08/01/2016

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee United States Copyright Office			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2017		
Mailing Address of Payee 101 Independence Ave			Amount 451.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 07 / 31 / 2016		
Washington	DC	20559	Transaction ID : F93.000001		
Name of Employer HFA			Occupation Publisher		
Purpose of Disbursement (Including title(s) of communication(s)) 1-1RHYDW9					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y		
Name of Employer	Occupation				
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			451.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			451.00		