

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED FEC MAIL CENTER

2015 OCT 19 AM 8:56

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

June K. Gay K. Lloyd

2815 E. 130th St Apt 304A

ADDRESS (number and street)

Check if different than previously reported. (ACC)

Cleveland CITY

OH STATE

44120 ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00550111

3. THIS REPORT IS FOR Primary or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1), July 15 (Q2), October 15 (Q3), January 31 Year-End Report (YE), 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)

Thirtieth day report following the General Election on... Twelfth day report preceding... election on... in the State of...

Is this Report an Amendment? yes no

5. Covering Period

09 01 2015 through 09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer June K. Lloyd

Signature of Treasurer June K. Lloyd Date 10 09 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Table with 7 columns and 1 row for Office Use Only.

Write or Type Committee Name

Organizing America 2016

Report Covering the Period: From:

09 ' 01 ' 2015

To:

09 ' 30 ' 2015

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	-0-
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	-0-
8. SUBTOTAL (Lines 6 and 7) .....	-0-
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	0-
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) .....	-0-
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	-0-
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0-
13. EXPENDITURES SUBJECT TO LIMITATION .....	-0-

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	-0-
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	0-

20150901-20150930

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3P (Rev. 03/2011)

Page 3

NAME OF COMMITTEE (in Full)

*Organizing America 2016*

Report Covering the Period: From: **09** ' **01** ' **2015** To: **09** ' **30** ' **2015**

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P).....	-0-	-0-
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized.....	-0-	-0-
(ii) unitemized.....	-0-	-0-
(iii) Total contributions.....	-0-	-0-
(b) Political Party Committees.....	-0-	-0-
(c) Other Political Committees.....	-0-	-0-
(d) The Candidate.....	-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)).....	-0-	-0-
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	-0-	-0-
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate.....	-0-	-0-
(b) Other Loans.....	-0-	-0-
(c) TOTAL LOANS (Add 19(a) and 19(b)).....	-0-	-0-
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating.....	-0-	-0-
(b) Fundraising.....	-0-	-0-
(c) Legal and Accounting.....	-0-	-0-
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)).....	-0-	-0-
21. OTHER RECEIPTS (Dividends, Interest, etc.).....	-0-	-0-
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21).....	-0-	-0-

2025 RELEASE UNDER E.O. 14176



**ALLOCATION OF PRIMARY EXPENDITURES  
 BY STATE FOR  
 A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving  
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C 00550111

Organizing America 2016

ADDRESS (number and street)

2815 E. 130th St Apt 304 B

Cleveland  
 CITY

OH  
 STATE

44130  
 ZIP CODE

3. NAME OF CANDIDATE

June Lloyd

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	-0-	-0-
Alaska	-0-	-0-
Arizona	-0-	-0-
Arkansas	-0-	-0-
California	-0-	-0-
Colorado	-0-	-0-
Connecticut	-0-	-0-
Delaware	-0-	-0-
District of Columbia	-0-	-0-
Florida	-0-	-0-
Georgia	-0-	-0-
Hawaii	-0-	-0-
Idaho	-0-	-0-
Illinois	-0-	-0-

NON-FEDERAL FUNDS

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Indiana	-0-	-0-
Iowa	-0-	-0-
Kansas	-0-	-0-
Kentucky	-0-	-0-
Louisiana	-0-	-0-
Maine	-0-	-0-
Maryland	-0-	-0-
Massachusetts	-0-	-0-
Michigan	-0-	-0-
Minnesota	-0-	-0-
Mississippi	-0-	-0-
Missouri	-0-	-0-
Montana	-0-	-0-
Nebraska	-0-	-0-
Nevada	-0-	-0-
New Hampshire	-0-	-0-
New Jersey	-0-	-0-
New Mexico	-0-	-0-
New York	-0-	-0-
North Carolina	-0-	-0-
North Dakota	-0-	-0-
Ohio	-0-	-0-
Oklahoma	-0-	-0-
Oregon	-0-	-0-
Pennsylvania	-0-	-0-

NON-FUNCTIONAL



EXPENDITURES SUBJECT TO LIMIT

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

NAME OF COMMITTEE (in Full)

Organizing America 2016

Report Covering the Period:

From:

07 01 2015

To:

09 30 2015

A. OPERATING EXPENDITURES (Line 23, Column B)	-0-
B. OPERATING OFFSETS Line 20a, Column B)	-0-
C. CURRENT YEAR NET OPERATING EXPENDITURES (Subtract Line B from A)	-0-
D. PRIOR YEAR(S) OPERATING EXPENDITURES	-0-
E. PRIOR YEAR(S) OPERATING OFFSETS	-0-
F. PRIOR YEAR(S) NET OPERATING EXPENDITURES (Subtract Line E from D)	-0-
G. FUNDRAISING DISBURSEMENTS (Line 25, Column B)	-0-
H. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)	-0-
I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)	-0-
J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS	-0-
K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS	-0-
L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)	-0-
M. TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)	-0-
N. 20% EXEMPTION (20% of Overall Expenditure Limit)	-0-
O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line N from M)	-0-
P. TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C, F and O)	-0-

1-800-424-9547

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

*Organizing America 2016*

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

*Lloyd June A*

Mailing Address

*2815 E. 130th St #304 A*

City

*Cleveland*

State

*OH*

Zip Code

*44120*

FEC ID number of contributing federal political committee.

*C 00550111*

Name of Employer

*N/A*

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

*-0-*

Date of Receipt

*10 / 09 / 2015*

Amount of Each Receipt this Period

*-0-*

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

*-0-*

Total This Period (last page this line number only).....

*-0-*

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

*Organizing America 2016*

Full Name (Last, First, Middle Initial)

**A.** *Lloyd June L*

Mailing Address: *2815 E. 130th St #304 A*

City: *Cleveland OH* State: *OH* Zip Code: *44120*

Purpose of Disbursement: *June Lloyd N/A*

Candidate Name: *June Lloyd* Category/Type: *IND*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

*10 / 09 / 2015*

Amount of Each Disbursement this Period

*-0-*

**B.** *N/A*

Mailing Address: *N/A*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Disbursement this Period

\_\_\_\_\_

**C.** *N/A*

Mailing Address: *N/A*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Disbursement this Period

\_\_\_\_\_

Subtotal Of Receipts This Page (optional)

*-0-*

Total This Period (last page this line number only)

*-0-*

**SCHEDULE C-P  
LOANS**

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

*Organizing America 2016*

LOAN SOURCE Full Name (Last, First, Middle Initial)

*2815 E. 130th St Apt 304A*

Mailing Address

*Cleveland*

City

*OH*

State

*44120*

ZIP Code

Election:

- Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

*0-*

Cumulative Payment To Date

*0-*

Balance Outstanding at Close of This Period

*0-*

**TERMS**

Date Incurred

Date Due

Interest Rate

% (apr)

Secured:

Yes  No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

*N/A*

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

*0-*

Total This Period (last page this line number only).....

*0-*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

20110308 10:01:01 AM

**LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS**

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C 00550111

Organizing America 2016

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

N/A

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

0

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

MM / DD / YYYY

DATE DUE

MM / DD / YYYY

A. Has loan been restructured?

No  Yes

If yes, date originally incurred:

MM / DD / YYYY

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

No  Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No  Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

No  Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

No  Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to

11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

MM / DD / YYYY

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

MM / DD / YYYY

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.



**SCHEDULE D-P**

**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line).

PAGE OF

FOR LINE NUMBER:  11  12  
(check only one)

NAME OF COMMITTEE (In Full)

*Organizing America 2016*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

*N/A*  
Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) .....
- 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) .....

RECEIVED  
EC MAIL CENTER  
5 OCT 19 AM 8:56

2815 E. 130th St #304A  
Cleveland Ohio 44130

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

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked <b>10/9/15</b>	<b>10/19/15</b>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*AR*

PREPARER

**10/19/15**

DATE PREPARED

2015 RELEASE UNDER E.O. 13526