

Vallance Now.

RECEIVED
FEC MAIL CENTER
2016 DEC 15 AM 10:18

Alexandra Lippman, Treasurer
REN ALLIANCE FOR VALLANCE
2754 South La Cienega Blvd.
Los Angeles, CA 90034

Identification Number: C00618314

November 30, 2016

FEDERAL ELECTION COMMISSION
999 E Street, N.W.
Washington, D.C. 20463

Dear FEC,

On May 12, 2016 I submitted paperwork for the formation of my Super PAC named REN ALLIANCE FOR VALLANCE. This Super PAC never received any funding or spent any money for the campaign. It sat idle since its inception and so I wish to terminate it. I have no records of any fund distribution or funds being received by the Super PAC so there are none to report.

Please accept this letter and the paperwork included as our termination for the Super PAC name REN ALLIANCE FOR VALLANCE.

Sincerely,



Alexandra Lippman
Treasurer

**FEC
FORM 3P**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

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

RECEIVED
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Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

REIN ALLIANCE FOR VALLANCE

ADDRESS (number and street)

2754 SOUTH LA CIENEGA BLVD

Check if different than previously reported. (ACC)

LOS ANGELES

CA 90034

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00618314

3. 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)

12-Day Pre-Election Report for the Election on

MM/DD/YYYY in the State of

30-Day Post-Election Report for the General Election on

MM/DD/YYYY

4. IS THIS REPORT AN AMENDMENT?

yes no

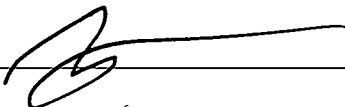
5. COVERING PERIOD

05 / 12 / 2016 THROUGH 11 / 30 / 2016

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 ALEXANDRA LIPPMAN

Signature of Treasurer



Date

11 / 30 / 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. All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

Write or Type Committee Name

REN ALLIANCE FOR VALLANE

Report Covering the Period:

From:

05 / 12 / 2016

To:

1 / 30 / 2016

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0 0 0
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	0 0 0
8. SUBTOTAL (Lines 6 and 7)	0 0 0
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	0 0 0
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	0 0 0
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0 0 0
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0 0 0
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	0 0 0

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	0 0 0
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	0 0 0

DETAILED SUMMARY PAGE
of Receipts

NAME OF COMMITTEE (in Full)

R | E | N | I | A | L | L | I | A | N | C | E | F | O | R | I | V | A | L | L | A | N | C | E

Report Covering the Period:

From:

/ /

To:

/ /

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

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

DETAILED SUMMARY PAGE

NAME OF COMMITTEE (in Full)

RENAILLIANCE FOR VALLANCE

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

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	0 0 0	0 0 0
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0 0 0	0 0 0
25. FUNDRAISING DISBURSEMENTS.....	0 0 0	0 0 0
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0 0 0	0 0 0
27. LOAN REPAYMENTS MADE: (a) Repayments of Loans made or Guaranteed by Candidate.....	0 0 0	0 0 0
(b) Other Repayments.....	0 0 0	0 0 0
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0 0 0	0 0 0
28. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees.....	0 0 0	0 0 0
(b) Political Party Committees.....	0 0 0	0 0 0
(c) Other Political Committees.....	0 0 0	0 0 0
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)).....	0 0 0	0 0 0
29. OTHER DISBURSEMENTS.....	0 0 0	0 0 0
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29).....	0 0 0	0 0 0

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List).....	0 0 0	0 0 0
--	-------	-------

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

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C 00618314**

REIN ALLIANCE FOR VALLIANCIE

ADDRESS (number and street) 2754 SOUTH LA CIENEGA BLVD

LOS ANGELES CITY CA 90034 STATE ZIP CODE

3. NAME OF CANDIDATE JEFFREY VALLIANCIE

ALLOCATION BY STATE

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

NON-FEDERAL CONTRIBUTION

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Indiana

0 0 0

0 0 0

Iowa

0 0 0

0 0 0

Kansas

0 0 0

0 0 0

Kentucky

0 0 0

0 0 0

Louisiana

0 0 0

0 0 0

Maine

0 0 0

0 0 0

Maryland

0 0 0

0 0 0

Massachusetts

0 0 0

0 0 0

Michigan

0 0 0

0 0 0

Minnesota

0 0 0

0 0 0

Mississippi

0 0 0

0 0 0

Missouri

0 0 0

0 0 0

Montana

0 0 0

0 0 0

Nebraska

0 0 0

0 0 0

Nevada

0 0 0

0 0 0

New Hampshire

0 0 0

0 0 0

New Jersey

0 0 0

0 0 0

New Mexico

0 0 0

0 0 0

New York

0 0 0

0 0 0

North Carolina

0 0 0

0 0 0

North Dakota

0 0 0

0 0 0

Ohio

0 0 0

0 0 0

Oklahoma

0 0 0

0 0 0

Oregon

0 0 0

0 0 0

Pennsylvania

0 0 0

0 0 0

NON-FEDERAL GOVERNMENT

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Rhode Island

0 0 0

0 0 0

South Carolina

0 0 0

0 0 0

South Dakota

0 0 0

0 0 0

Tennessee

0 0 0

0 0 0

Texas

0 0 0

0 0 0

Utah

0 0 0

0 0 0

Vermont

0 0 0

0 0 0

Virginia

0 0 0

0 0 0

Washington

0 0 0

0 0 0

West Virginia

0 0 0

0 0 0

Wisconsin

0 0 0

0 0 0

Wyoming

0 0 0

0 0 0

Puerto Rico

0 0 0

0 0 0

Guam

0 0 0

0 0 0

Virgin Islands

0 0 0

0 0 0

TOTALS

0 0 0

0 0 0

NONDISCLOSURE INFORMATION

EXPENDITURES SUBJECT TO LIMITATION

FEC Form 3P

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

Page 8

NAME OF COMMITTEE (in Full)

REINSTATEMENT OF RIVALLANCE

Report Covering the Period:

From:

MM / DD / YYYY
05 / 12 / 2016

To:

MM / DD / YYYY
11 / 30 / 2016

<p>A. OPERATING EXPENDITURES (Line 23, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>B. OPERATING OFFSETS (Line 20a, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>C. NET OPERATING EXPENDITURES (for the election cycle) (Subtract Line B from A).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>D. FUNDRAISING DISBURSEMENTS (Line 25, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>E. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>F. NET FUNDRAISING DISBURSEMENTS (for the election cycle) (Subtract Line E from D).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>G. 20% EXEMPTION (20% of Overall Expenditure Limit).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>H. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line G from F).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>
<p>I. TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C and H).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">0 0 0</div>

INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**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)

REN ALLIANCE FOR VALLANCE

NON-FEDERAL CAMPAIGN CONTRIBUTION

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

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

[]

Memo Item

B. Full Name (Last, First, Middle Initial)
N/A

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

[]

Memo Item

C. Full Name (Last, First, Middle Initial)
N/A

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

[]

Memo Item

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

[] 0 0 0

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

[] 0 0 0

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)
 23 24 25 26 27a
 27b 28a 28b 28c 29

PAGE OF

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)

REN ALLIANCE FOR VALLANCE

Full Name (Last, First, Middle Initial)

N/A

Mailing Address

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

N/A

Mailing Address

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

N/A

Mailing Address

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

**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)

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

Memo Item

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City

State

Zip Code

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

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

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

2016 RELEASE UNDER E.O. 14176

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

Supplementary for information found
on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C []

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

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

[]

INTEREST RATE (APR)

[] %

DATE INCURRED OR ESTABLISHED

[] / [] / []

DATE DUE

[] / [] / []

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

[] / [] / []

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:

[] / [] / []

Location of account:

[]

[]

CITY

STATE

ZIP CODE

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

[] / [] / []

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.

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____

Date

MM	MM
----	----

 /

DD	DD
----	----

 /

YYYY	MM	YY	YY
------	----	----	----

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Treasurer _____

Date

MM	MM
----	----

 /

DD	DD
----	----

 /

YYYY	MM	YY	YY
------	----	----	----

NON-FEDERAL CAMPAIGN FINANCING

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)

A. 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

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).....

2) **TOTALS** This Period (last page this line number only).....

3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only).....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
(To Be Used by a Principal Campaign Committee)

NAME OF PRINCIPAL CAMPAIGN COMMITTEE		FROM		THROUGH			
COMMITTEE NAME		(a) Column B Line 16 Federal funds	(b) Column B Line 17(e) Total contributions (other than loans)	(c) Column B Line 18 Transfers from other authorized committees	(d) Column B Line 19 Loans and loan repayments received	(e) Column B Line 20(a) Offsets to operating expenditures	
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K	COLUMN TOTAL THIS PAGE						
L	COLUMN TOTAL LAST PAGE ONLY.....						
(f) Column B Line 20(b) Offsets to fundraising disbursements	(g) Column B Line 20(c) Offsets to exempt legal and accounting disbursements	(h) Column B Line 21 Other receipts	(i) Column B Line 22 Total receipts (Add columns (a) through (h))	(j) Column B Line 23 Operating expenditures	(k) Column B Line 24 Transfers to other authorized committees	(l) Column B Line 25 Fundraising disbursements	(m) Column B Line 26 Exempt legal and accounting disbursements
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
(n) Column B Line 27 Loans and loan repayments made	(o) Column B Line 28(d) Total contribution refunds	(p) Column B Line 29 Other disbursements	(q) Column B Line 30 Total disbursements (Add columns (j) through (p))	(r) Line 6 Cash on hand at beginning of the reporting period	(s) Line 10 Cash on hand at close of the reporting period	(t) Line 11 Debts and obligations owed TO the committee	(u) Line 12 Debts and obligations owed BY the committee
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							

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Los Angeles, CA 90034

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20463



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first class

FEDERAL ELECTION COMMISSION
999 E STREET, N.W.
WASHINGTON, D.C. 20463

REC'D
FEC MAIL CENTER
2016 DEC 15 AM 10:18

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	Postmarked <i>11/30/2016</i> Date of Receipt <i>12/15/2016</i>
<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

PREPARER *MP* *12/15/2016*
 (3/2015) DATE PREPARED

20161215 11:00 AM