

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Johnson, Alyson, Rae, ,		3. FEC Identification Number C C90016957
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2465 E La Costa Place		
(c) City, State and ZIP Code Chandler AZ 85249		
2. Occupation and Name of Employer (for Individual Filers Only) Homemaker NA		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 2070.00

7. TOTAL INDEPENDENT EXPENDITURES 179.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Johnson, Alyson, Rae, ,	<i>Johnson, Alyson, Rae, ,</i> <i>[Electronically Filed]</i>	11/02/2016

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Johnson, Alyson, Rae, ,

A. Full Name (Last, First, Middle Initial) Brockbank, Brynna, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address 1896 Fort Canyon Rd			Transaction ID : F56.000001		
City Alpine	State UT	Zip Code 84004	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C					
Name of Employer MasterControl			Occupation customer reference program director		

B. Full Name (Last, First, Middle Initial) vonBose, Charles, J, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address 1267 Tylers Way			Transaction ID : F56.000002		
City Kaysville	State UT	Zip Code 84037	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Intermountain Medical Group			Occupation child psychiatrist		

C. Full Name (Last, First, Middle Initial) misc contributions under \$120 each			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address			Transaction ID : F56.000003		
City	State	Zip Code	Amount of Each Receipt this Period 1470.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	2070.00
TOTAL This Period (last page carry total to Line 6)	2070.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Johnson, Alyson, Rae, ,

Full Name (Last, First, Middle Initial) of Payee GoFundMe.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 8557 Jefferson AVE PO Box 1329		Amount 179.00	
City Redwood City	State CA	Zip Code 94063	Transaction ID : F57.000001
Purpose of Expenditure fees for online fundraising	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: McMullin, Evan, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....	179.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	179.00