

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only

2016 DEC 23 AM 9:25

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

Chatham Moms For Hillary

ADDRESS (number and street)

4329 91<sup>st</sup> Place

Check if different than previously reported. (ACC)

Elmhurst

NY

11373

FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00628537

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period

11 / 06 / 2016 through 11 / 12 / 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 PRISCILLA (PHILLA) BARKHORN

Signature of Treasurer

*Priscilla Barkhorn*

Date

11 / 12 / 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.

Office Use Only

FEC FORM 3X  
Rev. 05/2016

2016-12-23 AM 9:25

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Chatham Moms For Hillary

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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text"/>	<input type="text"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="1,734.05"/>	<input type="text"/>
(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="1,734.05"/>	<input type="text"/>
Total Disbursements (from Line 31).....	<input type="text"/>	<input type="text"/>
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text"/>	<input type="text"/>
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	<input type="text"/>
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	<input type="text"/>

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

NON-FEDERAL CAMPAIGN FINANCIAL REPORT

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*Chatham Moms For Hillary*

Report Covering the Period:

From:

11 ' 06 ' 2016

To:

11 ' 12 ' 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).....

[Empty box]

[Empty box]

(ii) Unitemized.....

\$1,734.05

[Empty box]

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,734.05

[Empty box]

(b) Political Party Committees.....

[Empty box]

[Empty box]

(c) Other Political Committees (such as PACs).....

[Empty box]

[Empty box]

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

[Empty box]

[Empty box]

2. Transfers From Affiliated/Other Party Committees.....

[Empty box]

[Empty box]

3. All Loans Received.....

[Empty box]

[Empty box]

4. Loan Repayments Received.....

[Empty box]

[Empty box]

5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

[Empty box]

[Empty box]

6. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

[Empty box]

[Empty box]

Other Federal Receipts (Dividends, Interest, etc.).....

[Empty box]

[Empty box]

Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

[Empty box]

[Empty box]

(b) Levin Funds (from Schedule H5).....

[Empty box]

[Empty box]

(c) Total Transfers (add 18(a) and 18(b))..

[Empty box]

[Empty box]

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

[Empty box]

[Empty box]

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

[Empty box]

[Empty box]

20161211 01:00:00

**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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
Independent Expenditures (use Schedule E) .....		
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	1,734.05	
Loan Repayments Made .....		
Loans Made .....		
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
Other Disbursements (Including Non-Federal Donations) .....		
Federal Election Activity (52 U.S.C. § 30101(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

NOT TO BE REPRODUCED WITHOUT PERMISSION

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	1,734.05	1,734.05
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

2016120508021604

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

**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"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
				<input type="checkbox"/>	16
				<input type="checkbox"/>	17

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)  
**Chatham Moms for Hillary**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**EXPRESS PRINTING SERVICES**

Mailing Address  
**15 A MELANIE LANE, STE 3A**

City **EAST HANNOVER** State **NJ** Zip Code **07936**

FEC ID number of contributing federal political committee. **C 1124703**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,070.00**

Date of Receipt  
**11 / 14 / 2016**

Amount of Each Receipt this Period  
**1,070.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CHATHAM PRINT & DESIGN**

Mailing Address  
**12 CENTER STREET**

City **CHATHAM** State **NJ** Zip Code **07928**

FEC ID number of contributing federal political committee. **C 1124703**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**714.05**

Date of Receipt  
**10 / 26 / 2016**

Amount of Each Receipt this Period  
**714.05**

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

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

2016-12-05 09:00:00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Chatham Moms for Hillary

Full Name (Last, First, Middle Initial)

<p><b>A.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>FEC Identification Number</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>			<p>Category/Type</p>		
<p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>FEC Identification Number</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>			<p>Category/Type</p>		
<p><b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>FEC Identification Number</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>			<p>Category/Type</p>		
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>			<p>TOTAL This Period (last page this line number only).....▶</p>		

2008-11-03 10:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Chatham Moms for Hillary

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

Memo Item

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

XXXX % (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:	XXXX
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	XXXX
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	XXXX
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	XXXX

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

XXXX

XXXX

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

2010-12-01 09:00:00



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Chatham Moms for Hillary</i>	FEC IDENTIFICATION NUMBER <i>C00628537</i>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <i>[Redacted]</i>	Interest Rate (APR) <i>[Redacted]</i> %
Mailing Address	Date Incurred or Established <i>[Redacted]</i>	
City	Date Due <i>[Redacted]</i>	

A. Has loan been restructured?  No  Yes      If yes, date originally incurred *[Redacted]*

B. If line of credit,  
 Amount of this Draw: *[Redacted]*      Total Outstanding Balance: *[Redacted]*

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

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?  
*[Redacted]*

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
*[Redacted]*

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: \_\_\_\_\_

Date account established: *[Redacted]*      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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 the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <i>[Redacted]</i>
---	---------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. 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.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. 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 at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <i>[Redacted]</i>
--	-------	---------------------------

2015-12-05 00:00:00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

PAGE OF

FOR LINE NUMBER: (check only one)

9  
10

NAME OF COMMITTEE (In Full)

*Chatham moms for Hillary*

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).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

20101210500100010000

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**Chatham moms for Hillary**

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO  
 If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

2010-12-05 09:00:10-10

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address				Category/Type
City	State	Zip Code	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address				Category/Type
City	State	Zip Code	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address				Category/Type
City	State	Zip Code	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

**SUBTOTAL** of Expenditures This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

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

NAME OF COMMITTEE (In Full)  <i>Chatham Moms for Hillary</i>	FEC IDENTIFICATION NUMBER ▼ <b>C 00628537</b>
--	--

Check if  24-hour report     48-hour report    **>>> New report**    Amends report filed on  /  /

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

*Priscilla Parkhon*  
\_\_\_\_\_  
Signature

Date  /  /  **11 / 12 / 2016**

2016-12-05 09:00:11

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

*Chatham Moms for Hillary*

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Indicate ratio below

Federal .....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

20160518 15:50:00

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

*Chatham Moms for Hillary*

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

2010-12-05 09:00:10 AM

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[ ] %	[ ] %

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
*Chatham moms for Hillary*

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....		<del> </del>
ii) Generic Voter Drive .....		<del> </del>
iii) Exempt Activities .....		<del> </del>
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising .....		<del> </del>
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support .....		<del> </del>
vi) Public Communications Referring Only to Party (Made by PAC) .....		<del> </del>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	
TOTAL This Period (Generic Voter Drive) .....	
TOTAL This Period (Exempt Activities) .....	
TOTAL This Period (Direct Fundraising) .....	
TOTAL This Period (Direct Candidate Support) .....	
TOTAL This Period (Public Communications Referring Only to Party) .....	
TOTAL This Period (Total Amount Transferred) .....	

2016-12-05 10:00:14

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

*Chatham Moms for Hillary*

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:				Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

2016-12-05 09:00:10-11



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE  OF   
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
*Chatham Moms for Hillary*

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**  
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**  
Total Amount Transferred for Voter ID .....

iii) **GOTV**  
Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NOV 15 05:01:00 PM '16

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
*Chatham Moms for Hillary*

A. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D / Y Y  
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D / Y Y  
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Category/Type  
 Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign  
 Allocated Activity or Event Year-To-Date  
 Date M M / D D / Y Y  
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**SUBTOTAL of Shared Federal and Levin Activity This Page**  
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  
**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**  
 FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT  
**TOTAL This Period for the Levin Share**

2015-12-05 09:00:21-017

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <i>Chatham Moms for Hillary</i>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	<i>0</i>	<i>0</i>
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	<i>0</i>	<i>0</i>
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)	<i>0</i>	<i>0</i>
8. RECEIPTS ..... (from Line 3)		
9. SUBTOTAL ..... (Add Lines 7 and 8)		
10. DISBURSEMENTS ..... (From Line 6)		
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	<i>0</i>	<i>0</i>

2016-12-01 09:00 AM

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE <span style="float: right;">OF</span> FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2
--	--

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NAME OF COMMITTEE (In Full)  
Chatham Moms for Hillary

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
Mailing Address	Amount of Each Receipt this Period
City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Name of Employer (for Individual)	Aggregate Year-to-Date
Occupation (for Individual)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt
Mailing Address	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>	Amount of Each Receipt this Period
Name of Employer (for Individual)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Occupation (for Individual)	Aggregate Year-to-Date
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt
Mailing Address	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>	Amount of Each Receipt this Period
Name of Employer (for Individual)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Occupation (for Individual)	Aggregate Year-to-Date
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt
Mailing Address	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> </div>
City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>	Amount of Each Receipt this Period
Name of Employer (for Individual)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Occupation (for Individual)	Aggregate Year-to-Date
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTAL of Receipts This Page (optional).....▶	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
TOTAL This Period (last page this line number only).....▶	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

2010-11-01 10:50:00 AM

**SCHEDULE L-B (FEC Form 3X)**

**ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)  
*Chatham Moms for Hillary*

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**E.**

Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

NON-FUNCTIONAL



Chatham Print & Design  
 12 Center Street  
 Chatham, NJ 07928  
 T 973-635-1880  
 F 973-635-1611  
 www.chathamprint.com

# Invoice

No. **17288**

Date 10/26/2016

Customer P.O. No.

1

Colleen Markley  
 Chatham Moms for Hillary

Phone: 917-406-2427

NON-PROFIT ORGANIZATION

QUANTITY	DESCRIPTION	AMOUNT
10	Economy Lawn Signs	667.34
<p>Order taken by: Debbie            Payment Type: COD            Please pay from this invoice.</p> <p>If you have any questions, please contact the bookkeeping department by calling 973-635-1880 or by emailing to <a href="mailto:bookkeeping@chathamprint.com">bookkeeping@chathamprint.com</a></p> <p>Thank you!</p>		<p>Ship Via:            Economy Lawn signs</p>
		<p>SUBTOTAL 667.34            TAX 46.71            SHIPPING            TOTAL 714.05            DEPOSITS 714.05            AMOUNT DUE 0.00</p>

Invoice



Invoice

15A Melanie Lane, Ste 3A  
East Hanover, NJ 07936

Bill To: Jennifer Pollock  
19 Ferndale Road  
Chatham, NJ 07928  
Attn: Jennifer Pollock

Invoice Date: 11/4/16

Invoice Number: 16-1021459

917 854 9962

Page: 1 of 1

Terms: Net 30 Days

EPS Job #: 21459  
Client Job #:  
Client P.O. #:

Job Name: Chatham Moms Yard Signs

Or	Date	Quantity	Description	USD \$
11/		100	Chatham Moms Yard Signs 24" x 18" Prints 4/4, Prints on 4mm Coroplast Trim to size, box Includes 100 H Ground Stakes	\$ 1,000.00

Sales Tax Rate	7.000%	Net Sales:	\$ 1,000.00
		Sales Tax:	\$ 70.00
		Shipping	\$ -
		Payment made to Credit Card	\$ (1,070.00)
		<b>Total Due:</b>	\$ -

For Wire Transfer please submit to:  
Bank of America  
ABA #: 021200339  
Reference EPS #: 16-1021459  
Acct #: 381035473855



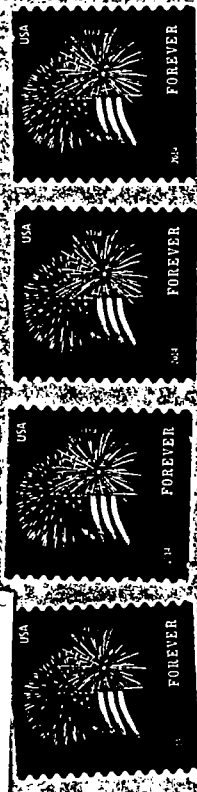
15A Melanie Lane, Ste 3A  
East Hanover, NJ 07936

Mail Payment to:  
Express Printing Services, Inc.  
15A Melanie Lane, Ste. 3A  
East Hanover, NJ 07936  
973-585-7355

20161104161021459

UNION POSTAL SERVICE

ATFAM Mems for HILARY  
229 91st Place  
W Hurst NY 11373



FEDERAL ELECTION COMMISSION  
999 E STREET N.W.  
WASHINGTON DC 20463

RECEIVED  
FEC MAIL CENTER  
2016 DEC -5 AM 9:25



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.

20161212050011624

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<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 checked="" 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

*Revs*  
 PREPARER  
 (3/2015)

*12-05-2016*  
 DATE PREPARED