

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 FEB -9 AM 9:01
Office Use Only

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

TRUTH SQUAD 2016

ADDRESS (number and street) 12900 NE 180th STREET #235

Check if different than previously reported. (ACC) BOTHELL WA 98021

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00579243

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

4. 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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

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

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 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 Mark Lamb

Signature of Treasurer *ML Lamb*

Date 01 / 19 / 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. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Truth Squad 2016

Report Covering the Period: From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 1 | / | 2 | 0 | 1 | 5 |

 To:

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 1 | 5 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6. (a) Cash on Hand January 1, <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 6 | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (c) Total Receipts (from Line 19)..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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NON-FEDERAL CAMPAIGN FINANCING

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Truth Squad 2016

Report Covering the Period: From: 07 01 2015 To: 12 31 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| 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)..... | 10,000.00 | 10,000.00 |
| (ii) Unitemized..... | 00,000.00 | 00,000.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 10,000.00 | 10,000.00 |
| (b) Political Party Committees..... | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 10,000.00 | 10,000.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0 | 0 |
| 13. All Loans Received..... | 0 | 0 |
| 14. Loan Repayments Received..... | 0 | 0 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0 | 0 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0 | 0 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0 | 0 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0 | 0 |
| (b) Levin Funds (from Schedule H5)..... | 0 | 0 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0 | 0 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 10,000.00 | 10,000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 10,000.00 | 10,000.00 |

NON-FEDERAL RECEIPTS

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 | 000000 | 000000 |
| (ii) Non-Federal Share..... | 0 | 0 |
| (b) Other Federal Operating Expenditures | 942074 | 942074 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 942074 | 942074 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0 | 0 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0 | 0 |
| 26. Loan Repayments Made..... | 0 | 0 |
| 27. Loans Made..... | 0 | 0 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0 | 0 |
| 29. Other Disbursements | 0 | 0 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 942074 | 942074 |
| (ii) "Levin" Share..... | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 942074 | 942074 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 942074 | 942074 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 942074 | 942074 |

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) | 10,000.00 | 10,000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10,000.00 | 10,000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 9,420.74 | 9,420.74 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 9,420.74 | 9,420.74 |

NON-CONFIDENTIAL

**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"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <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)
Truth Squad 2016

Full Name (Last, First, Middle Initial)
A. ~~Fred~~ Karger, Fred S.

Mailing Address
2745 Woodstock Road

City State Zip Code
Los Angeles CA 90046

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

Name of Employer
None

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
09 / 14 / 2015

Amount of Each Receipt this Period
2,500.00

Full Name (Last, First, Middle Initial)
B. Karger, Fred S.

Mailing Address
2745 Woodstock Road

City State Zip Code
Los Angeles CA 90046

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

Name of Employer
None

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
08 / 25 / 2015

Amount of Each Receipt this Period
2,500.00

Full Name (Last, First, Middle Initial)
C. Karger, Fred S.

Mailing Address
2745 Woodstock Road

City State Zip Code
Los Angeles CA 90046

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

Name of Employer
None

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7,500.00

Date of Receipt
09 / 15 / 2015

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **7,500.00**

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

20150810 10:00 AM

**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"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Truth Squad 2016

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Karger, Fred S. | | Date of Receipt 12 / 07 / 2015 |
| Mailing Address 2745 Woodstock Road | | Amount of Each Receipt this Period 2000.00 |
| City Los Angeles | State Zip Code CA 90046 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 9,500.00 |
| Name of Employer None | Occupation Retired | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Karger, Fred S. | | Date of Receipt 12 / 17 / 2015 |
| Mailing Address 2745 Woodstock Road | | Amount of Each Receipt this Period 500.00 |
| City Los Angeles | State Zip Code CA 90046 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 10,000.00 |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------|------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt |
| 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 | Aggregate Year-to-Date |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | | |

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| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 10,000.00 |

20150101 10:00:00 AM

**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"/> 24 | <input type="checkbox"/> 25 | <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 |

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NAME OF COMMITTEE (In Full)

Truth Squad 2016

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2015

A.

Nate Kaplan

Mailing Address

133 W. Channel Road, #1

City State Zip Code

Santa Monica CA 90402

Purpose of Disbursement

Commercial Production

Candidate Name

004
Category/
Type

Amount of Each Disbursement this Period

50000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

B.

Nate Kaplan

Mailing Address

133 W. Channel Road, #1

City State Zip Code

Santa Monica CA 90402

Purpose of Disbursement

Commercial Production

Candidate Name

004
Category/
Type

Amount of Each Disbursement this Period

50000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

C.

NCC Media

Mailing Address

400 Broadacres Dr., 3rd Floor

City State Zip Code

Bloomfield NJ 07003

Purpose of Disbursement

Advertising Buy

Candidate Name

004
Category/
Type

Amount of Each Disbursement this Period

1,547.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

25,470.00

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

25,470.00

20150101 09:05:01 AM 0000400414

**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"/> 24 | <input type="checkbox"/> 25 | <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 | | |

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NAME OF COMMITTEE (In Full)
Truth Squad 2016

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

Date of Disbursement
MM / DD / YYYY
09 / 08 / 2015

Mailing Address
133 W. Channel Road, #1

City State Zip Code
Santa Monica CA 90402

Purpose of Disbursement
Commercial Production

Candidate Name
Nate Kaplan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1,167.00

Category/Type
004

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

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2015

Mailing Address
133 W. Channel Road, #1

City State Zip Code
Santa Monica CA 90402

Purpose of Disbursement
Commercial Production

Candidate Name
Nate Kaplan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1,167.00

Category/Type
004

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

Date of Disbursement
MM / DD / YYYY
11 / 13 / 2015

Mailing Address
133 W. Channel Road, #1

City State Zip Code
Santa Monica CA 90402

Purpose of Disbursement
Commercial Production

Candidate Name
Nate Kaplan

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1,166.00

Category/Type
004

SUBTOTAL of Disbursements This Page (optional).....▶ **350000**

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

NON-PROFIT ORGANIZATION

**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"/> 24 | <input type="checkbox"/> 25 | <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 | | |

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NAME OF COMMITTEE (In Full)
Truth Squad 2016

A.

Full Name (Last, First, Middle Initial)
Pure Brooks

Date of Disbursement
MM / DD / YYYY
08 / 26 / 2015

Mailing Address
919 N. Harper Ave., #17

City
West Hollywood CA 90046

Purpose of Disbursement
web site

Candidate Name
006
Category/Type

Amount of Each Disbursement this Period
19500

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial)
Wells Fargo

Date of Disbursement
MM / DD / YYYY
12 / 31 / 2015

Mailing Address
8571 Santa Monica Blvd.

City
West Hollywood CA 90069

Purpose of Disbursement
Fees

Candidate Name
001
Category/Type

Amount of Each Disbursement this Period
56.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial)
Harland Clarke

Date of Disbursement
MM / DD / YYYY
08 / 18 / 2015

Mailing Address
15955 La Cantera Parkway

City
San Antonio TX 78256

Purpose of Disbursement
Checks - printing

Candidate Name
001
Category/Type

Amount of Each Disbursement this Period
53.75

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **304.75**

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

20150826 09:00 AM

**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"/> 24 | <input type="checkbox"/> 25 | <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 | | |

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NAME OF COMMITTEE (In Full)
Truth Squad 2016

A.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Harrison, Tyler | | Date of Disbursement 12 / 11 / 2015 |
| Mailing Address 501 E. Arkansas St. | | |
| City Star City | State AR | Zip Code 71667 |
| Purpose of Disbursement Consultant | Category/ Type 001 | Amount of Each Disbursement this Period 125.00 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

B.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Harrison, Tyler | | Date of Disbursement 08 / 10 / 2015 |
| Mailing Address 501 E. Arkansas St. | | |
| City Star City | State AR | Zip Code 71667 |
| Purpose of Disbursement Consultant | Category/ Type 001 | Amount of Each Disbursement this Period 325.00 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

C.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Pure Brooks | | Date of Disbursement 07 / 24 / 2015 |
| Mailing Address 919 N. Harper Ave., #17 | | |
| City West Hollywood | State CA | Zip Code 90046 |
| Purpose of Disbursement web site | Category/ Type 006 | Amount of Each Disbursement this Period 800.00 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1,250.00 |
| TOTAL This Period (last page this line number only)..... | |

2010-01-01 00:00:00

**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"/> 24 | <input type="checkbox"/> 25 | <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 |

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NAME OF COMMITTEE (In Full)

Truth Squad 2016

Full Name (Last, First, Middle Initial)

A.

Full Name (Last, First, Middle Initial): Harrison, Tyler

Date of Disbursement: MM / DD / YYYY
07 / 30 / 2015

Mailing Address: 501 E. Arkansas St.

City: Star City State: AR Zip Code: 71667

Purpose of Disbursement: Consultant

Candidate Name: _____

Amount of Each Disbursement this Period: \$175.00

Category/Type: 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial): Harrison, Tyler

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2015

Mailing Address: 501 E. Arkansas St.

City: Star City State: AR Zip Code: 71667

Purpose of Disbursement: Consultant

Candidate Name: _____

Amount of Each Disbursement this Period: \$250.00

Category/Type: 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial): Harrison, Tyler

Date of Disbursement: MM / DD / YYYY
09 / 11 / 2015

Mailing Address: 501 E. Arkansas St.

City: Star City State: AR Zip Code: 71667

Purpose of Disbursement: Consultant

Candidate Name: _____

Amount of Each Disbursement this Period: \$250.00

Category/Type: 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

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

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

\$67500

20150910 10:00:00 AM

**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

| | | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 |

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NAME OF COMMITTEE (In Full)

Truth Squad 2016

Full Name (Last, First, Middle Initial)

| | | |
|---|--|--|
| A. <u>Harrison, Tyler</u> | | Date of Disbursement |
| Mailing Address <u>501 E. Arkansas St.</u> | | M M / D D / Y Y Y Y <u>09 28 2015</u> |
| City <u>Star City</u> | State <u>AR</u> | Zip Code <u>71667</u> |
| Purpose of Disbursement <u>Consultant</u> | Candidate Name | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <u>001</u> Category/ Type <u>250.00</u> |
| State: District: | | |

| | | |
|---|--|--|
| B. <u>Harrison, Tyler</u> | | Date of Disbursement |
| Mailing Address <u>501 E. Arkansas St.</u> | | M M / D D / Y Y Y Y <u>10 14 2015</u> |
| City <u>Star City</u> | State <u>AR</u> | Zip Code <u>71667</u> |
| Purpose of Disbursement <u>Consultant</u> | Candidate Name | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <u>001</u> Category/ Type <u>125.00</u> |
| State: District: | | |

| | | |
|---|--|--|
| C. <u>Harrison, Tyler</u> | | Date of Disbursement |
| Mailing Address <u>501 E. Arkansas St.</u> | | M M / D D / Y Y Y Y <u>11 12 2015</u> |
| City <u>Star City</u> | State <u>AR</u> | Zip Code <u>71667</u> |
| Purpose of Disbursement <u>Consultant</u> | Candidate Name | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <u>001</u> Category/ Type <u>125.00</u> |
| State: District: | | |

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

500.00

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

20150928 10:00 AM

**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"/> 24 | <input type="checkbox"/> 25 | <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 |

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NAME OF COMMITTEE (In Full)

Truth Squad 2016

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

A.

Sutton Law Firm

Mailing Address

150 Post Street, #405

City

State

Zip Code

San Francisco CA 94108

Purpose of Disbursement

Legal

Candidate Name

001

Category/
Type

Amount of Each Disbursement this Period

368.12

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

B.

Cameron Mott

Mailing Address

9045 Lincoln Blvd.

City

State

Zip Code

Los Angeles CA 90045

Purpose of Disbursement

Commercial Editing

Candidate Name

004

Category/
Type

Amount of Each Disbursement this Period

20000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

C.

Merchant Services

Mailing Address

12202 Airport Way, #100

City

State

Zip Code

Broomfield CO 80021

Purpose of Disbursement

Web Site

Candidate Name

006

Category/
Type

Amount of Each Disbursement this Period

7587

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

643.99

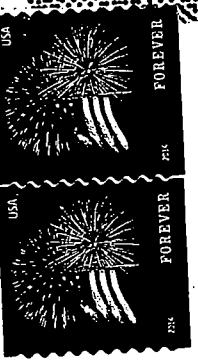
TOTAL This Period (last page this line number only).....▶

942074

20150310 10:00:00 AM

HINDICANDINO 100 INO 1 010N

The North Creek Law Firm
12900 NE 180th Street #235
Bothell, WA 98011



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FEC MAIL CENTER
2016 FEB -9 AM 9:01

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 | Postmarked Date of Receipt <i>2/9/2016</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 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 |

PREPARER *MP*
 (3/2015)

2/9/2016
 DATE PREPARED

20160209 10:00:00 AM