

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

STAND TOGETHER AGAINST TYRANNY

ADDRESS (number and street) 550 E. WALNUT STREET

Check if different than previously reported. (ACC) COLUMBUS OH 43215

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

C C00617522

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 09 / 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.

Hambley, Bryan, , ,

Type or Print Name of Treasurer

Signature of Treasurer Hambley, Bryan, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 11 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

STAND TOGETHER AGAINST TYRANNY

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" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3622.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8136.15"/>	<input type="text" value="15565.15"/>
(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="11758.95"/>	<input type="text" value="15565.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11758.95"/>	<input type="text" value="15565.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

STAND TOGETHER AGAINST TYRANNY

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2016 To: MM / DD / YYYY 09 / 30 / 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).....	5561.15	9814.15
(ii) Unitemized	2575.00	5751.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8136.15	15565.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8136.15	15565.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8136.15	15565.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8136.15	15565.15

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4955.66	8761.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4955.66	8761.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	6763.92	6763.92
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	39.37	39.37
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11758.95	15565.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11758.95	15565.15

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)	8136.15	15565.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8136.15	15565.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4955.66	8761.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4955.66	8761.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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)
STAND TOGETHER AGAINST TYRANNY

A. Dhingra, Jagmeet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Cambridge Ct.
 City Orange Village State OH Zip Code 44122
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2016
Transaction ID : SA11AI.4405
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Frisof, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15701 Fernway Road
 City Shaker Heights State OH Zip Code 44120
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2016
Transaction ID : SA11AI.4419
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hambley, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3256 Daleford Road
 City Shaker Heights State OH Zip Code 44120
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3579.50

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4432
 Amount of Each Receipt this Period 2066.50
 Memo Item
 In-kind - Consulting

SUBTOTAL of Receipts This Page (optional).....	3066.50
TOTAL This Period (last page this line number only).....	

**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 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY

A. Hambley, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3256 Daleford Road
 City Shaker Heights State OH Zip Code 44120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4229.50

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4435
 Amount of Each Receipt this Period 650.00
 Memo Item
 In-kind - Consulting

B. Hambley, Elaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 PFRIMMERS CHAPEL ROAD NE Unit 11D
 City Corydon State IN Zip Code 47112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 07 / 03 / 2016
Transaction ID : SA11AI.4314
 Amount of Each Receipt this Period 278.00
 Memo Item

C. Sine, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 W Columbia Street
 City Falls Church State VA Zip Code 22046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Writer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2016
Transaction ID : SA11AI.4316
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1428.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 25
(check only one)

<input checked="" 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
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NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stehouwer, Nathan, , ,

Mailing Address 3242 Warrington Road

City Shaker Heights	State OH	Zip Code 44120
------------------------	-------------	-------------------

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

Name of Employer (for Individual) University Hospitals	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1119.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	26	/	2016

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
1066.65

Memo Item

B. 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

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1066.65
TOTAL This Period (last page this line number only).....▶	5561.15

**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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY

A. Halcyon Charities, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2831 Franklin Blvd.

City Cleveland State OH Zip Code 44113

Purpose of Disbursement Space Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4270

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Hambley, Bryan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3256 Daleford Road

City Shaker Heights State OH Zip Code 44120

Purpose of Disbursement In-kind - Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4433

Amount of Each Disbursement this Period: 2066.50

Memo Item

C. Hambley, Bryan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3256 Daleford Road

City Shaker Heights State OH Zip Code 44120

Purpose of Disbursement In-kind - Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4436

Amount of Each Disbursement this Period: 650.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3716.50

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

**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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY

A. McTigue & Colombo, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period: 465.49

Memo Item

B. McTigue & Colombo, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4300

Amount of Each Disbursement this Period: 600.00

Memo Item

C. McTigue & Colombo, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4303

Amount of Each Disbursement this Period: 19.00

Memo Item

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

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

1084.49

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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY

A. PayPal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4422

Amount of Each Disbursement this Period: 154.67

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	154.67
TOTAL This Period (last page this line number only).....▶	4955.66

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY
FEC IDENTIFICATION NUMBER
C C00617522

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Amazon
Mailing Address 410 Terry Ave N
City Seattle State WA Zip Code 98109
Purpose of Expenditure Event Supplies
Date of Public Distribution/Dissemination 07/13/2016
Amount 84.95
Transaction ID : SE.4443
Date of Disbursement or Obligation 07/13/2016

Name of Federal Candidate: TRUMP, DONALD, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 1365.99

Full Name of Payee Amazon
Mailing Address 410 Terry Ave N
City Seattle State WA Zip Code 98109
Purpose of Expenditure Event Supplies
Date of Public Distribution/Dissemination 07/13/2016
Amount 93.39
Transaction ID : SE.4445
Date of Disbursement or Obligation 07/13/2016

Name of Federal Candidate: TRUMP, DONALD, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 1459.38

(a) SUBTOTAL of Itemized Independent Expenditures 178.34
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Signature Hambley, Bryan, , [Electronically Filed] Date 10/11/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY
FEC IDENTIFICATION NUMBER C C00617522

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Amazon
Mailing Address 410 Terry Ave N
City Seattle State WA Zip Code 98109
Purpose of Expenditure Event Supplies
Date of Public Distribution/Dissemination 07/16/2016
Amount 339.80
Transaction ID : SE.4447
Date of Disbursement or Obligation 07/16/2016

Name of Federal Candidate: TRUMP, DONALD, , ,
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 1815.33

Full Name of Payee Amazon
Mailing Address 410 Terry Ave N
City Seattle State WA Zip Code 98109
Purpose of Expenditure Event Supplies
Date of Public Distribution/Dissemination 07/18/2016
Amount 627.55
Transaction ID : SE.4449
Date of Disbursement or Obligation 07/18/2016

Name of Federal Candidate: TRUMP, DONALD, , ,
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 2450.68

(a) SUBTOTAL of Itemized Independent Expenditures 967.35
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Signature Hambley, Bryan, , , [Electronically Filed] Date 10/11/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY
FEC IDENTIFICATION NUMBER
C C00617522

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Architectual Communications
Mailing Address: 28450 Emery Road
City: Orange Village, State: OH, Zip Code: 44022
Purpose of Expenditure: Graphic Design
Date of Public Distribution/Dissemination: 07/21/2016
Amount: 90.00
Transaction ID: SE.4486
Date of Disbursement or Obligation: 07/21/2016
Name of Federal Candidate: TRUMP, DONALD, , ,
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 3660.98

Full Name of Payee: Costco Wholesale
Mailing Address: 1409 Golden Gate Blvd
City: Cleveland, State: OH, Zip Code: 44124
Purpose of Expenditure: Event Supplies
Date of Public Distribution/Dissemination: 07/18/2016
Amount: 750.28
Transaction ID: SE.4455
Date of Disbursement or Obligation: 07/18/2016
Name of Federal Candidate: TRUMP, DONALD, , ,
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 3200.96

(a) SUBTOTAL of Itemized Independent Expenditures 840.28
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Hambley, Bryan, , ,

[Electronically Filed]

Date

10 / 11 / 2016

Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00617522 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item EZ Texting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 22 / 2016						
Mailing Address 10 Exchange Place Suite 1800	Amount 25.00 Transaction ID : SE.4439 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 22 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Jersey City</td> <td style="padding: 2px;">NJ</td> <td style="padding: 2px;">07032</td> </tr> </table>		City	State	Zip Code	Jersey City	NJ	07032
City		State	Zip Code				
Jersey City	NJ	07032					
Purpose of Expenditure Texting							
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 3685.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item EZ Texting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 11 / 2016						
Mailing Address 10 Exchange Place Suite 1800	Amount 25.00 Transaction ID : SE.4441 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Jersey City</td> <td style="padding: 2px;">NJ</td> <td style="padding: 2px;">07032</td> </tr> </table>		City	State	Zip Code	Jersey City	NJ	07032
City		State	Zip Code				
Jersey City	NJ	07032					
Purpose of Expenditure Texting							
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 6724.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	50.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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.

Hambley, Bryan, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
10 / 11 / 2016
Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ C C00617522
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Facebook <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1601 Willow Road	Amount <input type="text"/> 25.06
City Menlo Park State CA Zip Code 94025	Transaction ID : SE.4482
Purpose of Expenditure Advertisement Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3711.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Facebook <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1601 Willow Road	Amount <input type="text"/> 28.15
City Menlo Park State CA Zip Code 94025	Transaction ID : SE.4484
Purpose of Expenditure Advertisement Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6699.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 53.21
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Hambley, Bryan, , , **[Electronically Filed]** Date / /

 Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00617522 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mitchell's Ice Cream	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 21 / 2016			
Mailing Address 1867 West 25th St.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">221.85</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Cleveland</td> <td style="width:33%; border-bottom: 1px solid black;">State OH</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code 44113</td> </tr> </table>		City Cleveland	State OH	Zip Code 44113
City Cleveland		State OH	Zip Code 44113	
Purpose of Expenditure Volunteer Food Category/Type 				
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 3570.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Mitchell's Ice Cream	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 24 / 2016			
Mailing Address 1867 West 25th St.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">221.85</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Cleveland</td> <td style="width:33%; border-bottom: 1px solid black;">State OH</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code 44113</td> </tr> </table>		City Cleveland	State OH	Zip Code 44113
City Cleveland		State OH	Zip Code 44113	
Purpose of Expenditure Volunteer Food Category/Type 				
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 3951.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">443.70</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Hambley, Bryan, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00617522 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item PsPrint	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2016			
Mailing Address 1600 East Touhy Avenue	Amount 193.22			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Des Plaines</td> <td style="width:17%; padding: 2px;">State IL</td> <td style="width:50%; padding: 2px;">Zip Code 60018</td> </tr> </table>		City Des Plaines	State IL	Zip Code 60018
City Des Plaines		State IL	Zip Code 60018	
Purpose of Expenditure Printing				
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 199.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Revive	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2016			
Mailing Address 2248 Lee Road	Amount 1034.52			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Cleveland Heights</td> <td style="width:17%; padding: 2px;">State OH</td> <td style="width:50%; padding: 2px;">Zip Code 44118</td> </tr> </table>		City Cleveland Heights	State OH	Zip Code 44118
City Cleveland Heights		State OH	Zip Code 44118	
Purpose of Expenditure Apparel				
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 1281.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	1227.74
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Hambley, Bryan, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 11 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY
FEC IDENTIFICATION NUMBER
C C00617522

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Twitter
Mailing Address: 1355 Market Street, Suite 900, San Francisco, CA 94103
Purpose of Expenditure: Advertisement
Date of Public Distribution/Dissemination: 07/20/2016
Amount: 1.00
Transaction ID: SE.4490
Date of Disbursement or Obligation: 07/20/2016
Name of Federal Candidate: TRUMP, DONALD, , , Support [], Oppose [x]
Office Sought: President [x], House [], Senate []
Disbursement For: General [x], Primary [], Other []

Full Name of Payee: Twitter
Mailing Address: 1355 Market Street, Suite 900, San Francisco, CA 94103
Purpose of Expenditure: Advertisement
Date of Public Distribution/Dissemination: 07/29/2016
Amount: 20.00
Transaction ID: SE.4492
Date of Disbursement or Obligation: 07/29/2016
Name of Federal Candidate: TRUMP, DONALD, , , Support [], Oppose [x]
Office Sought: President [x], House [], Senate []
Disbursement For: General [x], Primary [], Other []

(a) SUBTOTAL of Itemized Independent Expenditures 21.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Hambley, Bryan, , ,

[Electronically Filed]

Date

10 / 11 / 2016

Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ C C00617522
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item United States Postal Service		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 850 Twin Rivers Dr		Amount <input type="text"/>	
City Columbus	State OH	Zip Code 43216	Transaction ID : SE.4465
Purpose of Expenditure Postage		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item United States Postal Service		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 850 Twin Rivers Dr		Amount <input type="text"/>	
City Columbus	State OH	Zip Code 43216	Transaction ID : SE.4467
Purpose of Expenditure Postage		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

Hambley, Bryan, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
STAND TOGETHER AGAINST TYRANNY
FEC IDENTIFICATION NUMBER
C C00617522

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: United States Postal Service
Mailing Address: 850 Twin Rivers Dr
City: Columbus, State: OH, Zip Code: 43216
Purpose of Expenditure: Postage
Category/Type:
Date of Public Distribution/Dissemination: 07/11/2016
Amount: 8.55
Transaction ID: SE.4469
Date of Disbursement or Obligation: 07/11/2016

Name of Federal Candidate: TRUMP, DONALD, ,
Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
State:
Calendar Year-To-Date Per Election for Office Sought: 243.92
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: United States Postal Service
Mailing Address: 850 Twin Rivers Dr
City: Columbus, State: OH, Zip Code: 43216
Purpose of Expenditure: Postage
Category/Type:
Date of Public Distribution/Dissemination: 07/12/2016
Amount: 2.60
Transaction ID: SE.4471
Date of Disbursement or Obligation: 07/12/2016

Name of Federal Candidate: TRUMP, DONALD, ,
Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
State:
Calendar Year-To-Date Per Election for Office Sought: 246.52
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 11.15
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) TOTAL Independent Expenditures:

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Hambley, Bryan, ,

[Electronically Filed]

Date

10/11/2016

Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00617522 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item United States Postal Service	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 13 / 2016						
Mailing Address 850 Twin Rivers Dr	Amount 5.20						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Columbus</td> <td>OH</td> <td>43216</td> </tr> </table>		City	State	Zip Code	Columbus	OH	43216
City		State	Zip Code				
Columbus	OH	43216					
Purpose of Expenditure Postage							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 1464.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item United States Postal Service	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2016						
Mailing Address 850 Twin Rivers Dr	Amount 10.95						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Columbus</td> <td>OH</td> <td>43216</td> </tr> </table>		City	State	Zip Code	Columbus	OH	43216
City		State	Zip Code				
Columbus	OH	43216					
Purpose of Expenditure Postage							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 1475.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	16.15
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Hambley, Bryan, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Signature

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

NAME OF COMMITTEE (In Full) STAND TOGETHER AGAINST TYRANNY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00617522 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 17 / 2016	
Mailing Address 850 Twin Rivers Dr		Amount M M / D D / Y Y Y Y Y Y 7.80	
City Columbus	State OH	Zip Code 43216	Transaction ID : SE.4478 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 17 / 2016
Purpose of Expenditure Postage		Category/Type 	
Name of Federal Candidate: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1823.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item United States Postal Service		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2016	
Mailing Address 850 Twin Rivers Dr		Amount M M / D D / Y Y Y Y Y Y 18.20	
City Columbus	State OH	Zip Code 43216	Transaction ID : SE.4480 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 2016
Purpose of Expenditure Postage		Category/Type 	
Name of Federal Candidate: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 3729.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y 26.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y 00.00
(a) TOTAL Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y 6763.92

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.

Signature Hambley, Bryan, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2016