24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)					PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)						
PATRIOTS F	OR TRUMP				C C00586826	
					<u> </u>	
Check if 24-hour report						
Full Name of Payee ELEVENTY MARKETING GROUP LLC					of Public Distribution/Dissemination	
Mailing Address 453 S HIGH ST						
SUITE 101				Amou	nt	
City State Zip Code					550.00	
AKRON OH 44			44311	Transaction ID : SE.4114 Date of Disbursement or Obligation		
Purpose of Expenditure eMAIL VOTER CONTACT			Category/ Type 004	М	09 / 22 / Y 2015	
Name of Federal Candidate Support Office				Office Sough	t: House District: 00	
DONALD J TRUMP			Oppose	X Preside	ent Senate State: NH	
	ear-To-Date n for Office Sought		550.00	Disbursemen 2016 O	t For:	
Full Name of P				Date	of Public Distribution/Dissemination	
TMA DIRECT INC				09 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2000 EDMUND HALLEY DR				Amou	nt	
	SUITE 250			Amou		
City		State	Zip Code		750.00	
RESTON		VA	20191		ction ID : SE.4115 of Disbursement or Obligation	
Purpose of Exp eMAIL VOTER	enditure CONTACT		Category/ Type 004	N.	09 / 22 / Y Y Y Y Y	
Name of Feder	al Candidate		X Support	Office Sough	t: House District:00	
DONALD J TRUMP			Oppose	X Preside	ent Senate State: NH	
	/ear-To-Date on for Office Sought		1300.00	Disbursemen 2016	t For:	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) 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.						
SCOTT B MACKENZIE [Electronically Filed] Date 09 24 2015						
Signature						