

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED

2016 FEB 29 AM 11:34

1. (a) Name of Individual, Organization or Corporation VERNON VERIGAN		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 10630 - 95 ST. N		
(c) City, State and ZIP Code SEMINOLE, FL		
2. Occupation and Name of Employer (for Individual Filers Only) CONSULTANT - SAFEGUARD ENTERPRISES		

4. TYPE OF REPORT (check appropriate boxes):

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

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

5. COVERING PERIOD: FROM **02 02 2016**
THROUGH **02 20 2016**

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES **816.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

VERNON VERIGAN

2-24-2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

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

NONUNION

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
VERNON VERIGAN

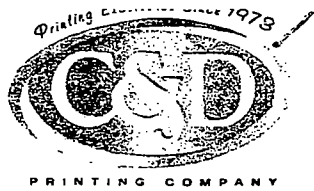
Full Name (Last, First, Middle Initial) of Payee C+D PRINTING		Date of Public Distribution/Dissemination 02 09 2016	
Mailing Address 12150-28 ST. N.		Amount 816.00	
City ST. PENE	State FL	Zip Code 33716	
Purpose of Expenditure YARD SIGNS	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TED CRUZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2016		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	816.00

NON-CONFIDENTIAL INFORMATION



INVOICE NO: 553
INVOICE DATE: 02/09/16
CUSTOMER NO: 070
SALES REP NO: 05

INVOICE

BILL TO:

SAFE GUARD ENTERPRISE
 10630 95TH STREET NORTH
 SEMINOLE FL 33777

SHIP TO:

NON-RECYCLED PAPER

CUSTOMER PO:	TERMS: COD	PAYMENT DUE: 02/09/16
QTY. ORDERED	DESCRIPTION	AMOUNT

333 YARD SIGNS & STAKES

747.66

Paid in full 2/11/16

SUBTOTAL: 747.66
 SALES TAX: 52.34
 ADVANCE PMT:
 TOTAL DUE: 800.00



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Destination: 20483

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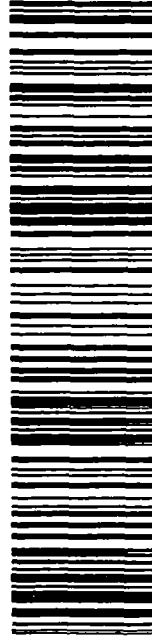
Feb 25, 16

1162540704-18

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FEDERAL ELECTION COMMISSION

999 E. STREET N.W.

WASHINGTON D.C. 20460

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
2/25/16 2/29/16

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

2/29/16
DATE PREPARED

20160229 10:00:00 AM