

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation PEOPLE FOR THE AMERICAN WAY		3. FEC Identification Number C C90012071
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1101 15TH STREET NW SUITE 600		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. Occupation and Name of Employer (for Individual Filers Only)		

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

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

5. COVERING PERIOD:

FROM	M M M	/	D D D	/	Y Y Y Y Y Y
	07		01		2016
THROUGH	M M M	/	D D D	/	Y Y Y Y Y Y
	09		30		2016

6. TOTAL CONTRIBUTIONS.....	49000.00
7. TOTAL INDEPENDENT EXPENDITURES	61427.61

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

[Electronically Filed]

Laviolette, Diane, , ,

Laviolette, Diane, , ,

10/06/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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)
PEOPLE FOR THE AMERICAN WAY

A. Full Name (Last, First, Middle Initial) PRIORITIES USA ACTION			Date of Receipt 09 / 27 / 2016		
Mailing Address 601 13TH STREET NW SUITE 610N			Transaction ID : F56.4135		
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 49000.00		
FEC ID number of contributing federal political committee.		C C00495861			
Name of Employer			Occupation		

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

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

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

SUBTOTAL of Receipts This Page (optional)	49000.00
TOTAL This Period (last page carry total to Line 6)	49000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
PEOPLE FOR THE AMERICAN WAY

Full Name (Last, First, Middle Initial) of Payee Chambers Lopez Strategies		Date of Public Distribution/Dissemination 08 / 25 / 2016	
Mailing Address P.O. Box 5539		Amount 6000.00	
City Arlington	State VA	Zip Code 22205	Transaction ID : F57.4116
Purpose of Expenditure Advertisement Cost	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RUBIO, MARCO, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Chambers Lopez Strategies		Date of Public Distribution/Dissemination 08 / 25 / 2016	
Mailing Address P.O. Box 5539		Amount 1500.00	
City Arlington	State VA	Zip Code 22205	Transaction ID : F57.4121
Purpose of Expenditure Advertising Cost	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCCAIN, JOHN S, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3507.49		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Chambers Lopez Strategies		Date of Public Distribution/Dissemination 08 / 25 / 2016	
Mailing Address P.O. Box 5539		Amount 1500.00	
City Arlington	State VA	Zip Code 22205	Transaction ID : F57.4190
Purpose of Expenditure Advertising cost	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BURR, RICHARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	9000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
PEOPLE FOR THE AMERICAN WAY

Full Name (Last, First, Middle Initial) of Payee iHeartMedia		Date of Public Distribution/Dissemination 08 / 25 / 2016	
Mailing Address 200 East Basse Road		Amount 2000.00	
City San Antonio	State TX	Zip Code 78209	Transaction ID : F57.4122
Purpose of Expenditure Advertising Cost	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RUBIO, MARCO, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8000.00		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Norsan Media		Date of Public Distribution/Dissemination 08 / 25 / 2016	
Mailing Address 4801 E. Independence Boulevard		Amount 1000.00	
City Charlotte	State NC	Zip Code 28212	Transaction ID : F57.4187
Purpose of Expenditure Radio Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BURR, RICHARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media, LLC		Date of Public Distribution/Dissemination 09 / 27 / 2016	
Mailing Address 1054 31st Street, NW		Amount 703.12	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4133
Purpose of Expenditure Advertising costs	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47420.12		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3703.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
PEOPLE FOR THE AMERICAN WAY

Full Name (Last, First, Middle Initial) of Payee Targeted Platform Media, LLC		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 1291 Hollywood Avenue		Amount 46717.00	
City Annapolis	State MD	Zip Code 21403	Transaction ID : F57.4145
Purpose of Expenditure Advertising costs	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J, ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46717.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Univision Phoenix		Date of Public Distribution/Dissemination 08 / 25 / 2016	
Mailing Address 6006 S 30th Street		Amount 2007.49	
City Phoenix	State AZ	Zip Code 85042	Transaction ID : F57.4118
Purpose of Expenditure Advertisement Cost	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCCAIN, JOHN S, ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2007.49		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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	48724.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	61427.61