

# 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 <b>Mothers and Daughters Against Misogynistic Exploitation</b>			3. FEC Identification Number <b>C</b> C90015918
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 025250 #28412			
(c) City, State and ZIP Code Miami FL 33102			
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
03		14		2016

THROUGH 

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2016

6. TOTAL CONTRIBUTIONS.....	11000.00
7. TOTAL INDEPENDENT EXPENDITURES .....	11000.00

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**

*[Electronically Filed]*

Steven P Baer

*Steven P Baer*

03/15/2016

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)  
Mothers and Daughters Against Misogynistic Exploitation

<b>A. Full Name (Last, First, Middle Initial)</b> Steven P Baer			Date of Receipt 03 / 14 / 2016		
Mailing Address 130 Michaux Rd			<b>Transaction ID : F56.000001</b>		
City	State	Zip Code	Amount of Each Receipt this Period		
Riverside	IL	60546	11000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer Self-Employed			Occupation Investment		

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
			C		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
			C		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
			C		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	11000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	11000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Mothers and Daughters Against Misogynistic Exploitation

Full Name (Last, First, Middle Initial) of Payee Blake Smith		Date of Public Distribution/Dissemination 03 / 14 / 2016	
Mailing Address 19 Fairfield Pl Apt. 2		Amount 2200.00	
City Fort Thomas	State KY	Zip Code 41075	Transaction ID : F57.000001
Purpose of Expenditure Digital Advertising - Strategic, Creative & Placement	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2200.00		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 Blake Smith		Date of Public Distribution/Dissemination 03 / 14 / 2016	
Mailing Address 19 Fairfield Pl Apt. 2		Amount 2200.00	
City Fort Thomas	State KY	Zip Code 41075	Transaction ID : F57.000002
Purpose of Expenditure Digital Advertising - Strategic, Creative & Placement	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4400.00		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 Blake Smith		Date of Public Distribution/Dissemination 03 / 14 / 2015	
Mailing Address 19 Fairfield Pl Apt. 2		Amount 2200.00	
City Fort Thomas	State KY	Zip Code 41705	Transaction ID : F57.000003
Purpose of Expenditure Digital Advertising - Strategic, Creative & Placement	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6600.00		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	6600.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Mothers and Daughters Against Misogynistic Exploitation

Full Name (Last, First, Middle Initial) of Payee Blake Smith		Date of Public Distribution/Dissemination 03 / 14 / 2016	
Mailing Address 19 Fairfield Pl Apt. 2		Amount 2200.00	
City Fort Thomas	State KY	Zip Code 41075	Transaction ID : F57.000004
Purpose of Expenditure Digital Advertising - Strategic, Creative & Digital	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8800.00		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 Blake Smith		Date of Public Distribution/Dissemination 03 / 14 / 2015	
Mailing Address 19 Fairfield Pl Apt. 2		Amount 2200.00	
City Fort Thomas	State KY	Zip Code 41075	Transaction ID : F57.000005
Purpose of Expenditure Digital Advertising - Strategic, Creative & Placement	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11000.00		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		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.....	4400.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	11000.00