

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Gerald John Jennings II**

(b) Address (number and street) check if different than previously reported
10522 w.106th ct.

(c) City, State and ZIP Code
Westminster CO 80021

(d) Name of Employer or Principal Place of Business
Carpenters Union

(e) Occupation
Union Carpenter

2. FEC Identification Number

C C30002331

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
06 / 16 / 2015
through
MM / DD / YYYY
11 / 08 / 2024

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
06 / 21 / 2015

(b) Communication Title Nation builder

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Gerald John Jennings II

(b) Address (number and street)
10522 w.106th ct.

(c) City, State and ZIP Code
Westminster CO 80021

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,_____.10.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Gerald John Jennings II

SIGNATURE Gerald John Jennings II

[Electronically Filed] DATE 06/21/2015

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Twitter.com</p> <p>Mailing Address of Payee</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Name of Employer Occupation</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s)) Advertise</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY 06 / 19 / 2015</p> <p>Amount 10.00</p> <p>Communication Date MM / DD / YYYY 06 / 19 / 2015</p> <p>Transaction ID : F93.000002</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Name of Employer Occupation</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY</p> <p>Amount</p> <p>Communication Date MM / DD / YYYY</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	<p>10.00</p> <p>10.00</p>