

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Mr. Andrew Scott Rosenbaum**

(b) Address (number and street) check if different than previously reported
5462 Palm Springs Lane
#B

(c) City, State and ZIP Code
Boynton Beach FL 33437

(d) Name of Employer or Principal Place of Business DV Industries, LLC (e) Occupation CEO

2. FEC Identification Number

C C30002349

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
06 / 25 / 2015
through
MM / DD / YYYY
06 / 26 / 2015

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

MM / DD / YYYY
06 / 25 / 2015

(b) Communication Title Webmaster

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
Mr. Andrew Scott Rosenbaum

(b) Address (number and street)
5462 Palm Springs Lane
#B

(c) City, State and ZIP Code
Boynton Beach FL 33437

(d) Name of Employer or Principal Place of Business DV Industries, LLC (e) Occupation CEO

9. Total Donations This Statement

2000.00

10. Total Disbursements/Obligations This Statement

750.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mr. Andrew Scott Rosenbaum

SIGNATURE Mr. Andrew Scott Rosenbaum

[Electronically Filed] DATE 06/25/2015

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-A
Donation(s) Received

<p>A. Full Name of Donor Mr. Richard David Marks</p> <hr/> <p>Mailing Address of Donor 11211 South Military Trail Suite 5621</p> <hr/> <p>City State Zip Boynton Beach FL 33436</p>	<p>Date of Receipt MM / DD / YYYY 06 / 25 / 2015</p> <p>Amount 2000.00</p> <p>Transaction ID : F92.000001</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>2000.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mr. Stephen Mike Feld			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 25 / 2015
Mailing Address of Payee 9770 South Military Trail Suite 205			Amount 750.00
City Boynton Beach	State FL	Zip Code 33436	Communication Date M M / D D / Y Y Y Y Y Y 06 / 25 / 2015
Name of Employer Feld And Sons			Occupation Owner
Purpose of Disbursement (Including title(s) of communication(s)) Webmaster Fees			Transaction ID : F93.000001
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Mailing Address of Payee			Amount
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y
Name of Employer			Occupation
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			750.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			750.00