08/23/2016 22 : 09

Image# 201608239023730699 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)				PAGE 1 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			EEC I	DENTIFICATION NUMBER ▼
KelliPAC				
			C	C00572941
Check if24-hour report48-hour	report X New repo	ort Amends repo	ort filed on	
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Epay Chase			M = M	/ D D / Y Y Y Y
Mailing Address 3700 Hwy 95			Amount	
	Otata	Zin Oada		700.00
City Bullhead City	State AZ	Zip Code 86432	Transaction	700.00 ID : SE.4312
-		00432		ursement or Obligation
Purpose of Expenditure Plane Ticket		Category/ Type 002	07	/ D D / Y Y Y Y 08 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:
KELLI WARD		Oppose	President	X Senate State: <u>AZ</u>
Calendar Year-To-Date			Disbursement For:	Primary General
Per Election for Office Sought		8307.60	2016 Other (s	pecify) ►
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Fastrip Gas			M M	
Mailing Address 2111 Hwy 95				
			Amount	
City	State	Zip Code		69.00
Bullhead City	AZ	86430	Transaction I Date of Disb	D: SE.4313 pursement or Obligation
Purpose of Expenditure Fuel		Category/ Type 002	07	/ D D / Y Y Y Y 2016
Name of Federal Candidate		X Support	Office Sought:	House District:
KELLI WARD		Oppose	President	X Senate State: <u>AZ</u>
Calendar Year-To-Date			Disbursement For:	X Primary General
Per Election for Office Sought		124.00	2016 Other (s	pecify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		·· ▶	769.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•• •	
(c) TOTAL Independent Expenditures				
			•••	
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Douglas McKee			M M / D D	/ Y Y Y Y
Signature	[Electron	<i>ically Filed]</i> Date	e 08 23	2016

Image# 201608239023730700 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	hedule E)			PAGE 2 OF 8 FOR SE OF FORM 24/48
NA	ME OF COMMITTEE (In Full)		EEC II	
K	elliPAC			
			C	C00572941
Ch	eck if 24-hour report X 48-hour report X New re	port Amends repo	rt filed on	
	Full Name of Payee		Date of Public	c Distribution/Dissemination
	Fastrip Gas		M M	
	Mailing Address 2111 Hwy 95			
			Amount	
	City State	Zip Code		54.02
	Bullhead City AZ	86430	Transaction I	D: SE.4319 Insement or Obligation
	Purpose of Expenditure	Category/		
	Fuel	Type 002	07	03 2016
	Name of Federal Candidate	X Support	Office Sought:	House District:
	KELLI WARD	Oppose	President	Senate State: <u>AZ</u>
	Calendar Year-To-Date		Disbursement For:	X Primary General
	Per Election for Office Sought	290.36	2016 Other (sp	pecify) ►
	Full Name of Payee		Date of Publi	c Distribution/Dissemination
	Hilton Garden Inn		M M	/ D D / Y Y Y Y
	Mailing Address 1 Circle Rd			
			Amount	
	City State	Zip Code		434.74
	Stony Brooke NY	11794	Transaction II Date of Disbu	D: SE.4314 ursement or Obligation
	Purpose of Expenditure Hotel Room	Category/ 002	M	/ D D / Y Y Y Y
		Туре	07	03 2016
	Name of Federal Candidate	X Support	Office Sought:	House District: 12
	KELLI WARD	Oppose	President	Senate State: <u>AZ</u>
	Calendar Year-To-Date	101.71	Disbursement For: 2016	Y Primary General
	Per Election for Office Sought	434.74	Other (sp	pecify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		►	488.76
	(b) CURTOTAL of Unitersided Independent Funder ditures			
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
				-7
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
	Douglas McKee		M M / D D	/ Y Y Y Y
		nically Filed] Date	08 23	2016
	oignaturo			

Image# 201608239023730701 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)					PAGE 3	OF 8 F FORM 24/48
NA	ME OF COMMITTEE (In Full)				FEC II		
	elliPAC						
					С	C00572941	
Ch	eck if 24-hour report X 48-hour repo	ort 🗙 New re	port Amends rep	ort filed on	M = M		Y Y Y Y Y
	Full Name of Payee Ihop			_	of Publi	ic Distribution	/Dissemination
	Mailing Address 339 Portion Rd			Amou	unt	L	<u>.</u>
	O ¹¹		7. 0. 1				
	City	State	Zip Code	Trop	, action	ID : SE.4320	19.53
	Ronkonkoma	NY	11779			ursement or	Obligation
	Purpose of Expenditure Food		Category/ Type 002		^M 07	/ 01 /	Y Y Y Y 2016
	Name of Federal Candidate		X Support	Office Soug	nt:	House	District:
	KELLI WARD		Oppose	Presid		X Senate	State: AZ
	Calendar Year-To-Date Per Election for Office Sought		143.53	Disbursemer 2016		Primary	General
	Full Name of Payee Jet blue			Date			n/Dissemination
						, , , ,	
	Mailing Address 27-01 Queens Plaza Nor	ťh		Amo	unt		
	City	State	Zip Code				55.00
	Long Island	NY	11101			D: SE.4321 ursement or	Obligation
	Purpose of Expenditure Lugage		Category/ Type 002		^M 07	/ 01 /	^Y 2016
	Name of Federal Candidate		X Support	Office Soug	ht:	House	District:
	KELLI WARD		Oppose	Presid	lent	X Senate	State: AZ
	Calendar Year-To-Date Per Election for Office Sought		55.00	Disburseme 2016		✓ Primar pecify) ►	y General
Γ	(a) CURTOTAL of Itemized Independent Fur	anditure a					
	(a) SUBTOTAL of Itemized Independent Exp	enditures			-7-	-7-	74.53
	(b) SUBTOTAL of Unitemized Independent E	xpenditures		•• •			
	(c) TOTAL Independent Expenditures			•••			
	Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize					
	Douglas McKee	[Electro	onically Filed] Date	e 08 /	23	/ Y Y 20	Y Y 16
	Signature				<u> </u>		

Image# 201608239023730702 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	edule E)	ENDENT EXPEND	IIUNES			PAGE 4 OF 8 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Kell	iPAC				С	C00572941
Check	if 24-hour report X 48-hour	report 🛛 🗙 New rep	ort Amends repo		Л – М	/ D = D / Y = Y = Y = Y
Fu	III Name of Payee			Date	of Publ	ic Distribution/Dissemination
J	let blue				и – м	/ D D / Y Y Y Y
Ma	ailing Address 27-01 Queens Plaza No	rth		Amoi	unt	
Ci	ty	State	Zip Code			55.00
L	ong Island	NY	11101			ID : SE.4322 ursement or Obligation
	urpose of Expenditure Igage		Category/ Type 002		07 ^M	/ D D / Y Y Y Y 03 / 2016
Na	ame of Federal Candidate		X Support	Office Soug	nt:	House District:
к	ELLI WARD		Oppose	Presic	ent [Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	345.36	Disbursemen 2016		✓ Primary General pecify) ►
	Ill Name of Payee			Date	of Pub	ic Distribution/Dissemination
_	ake Grove Diner				M	/ D D / Y Y Y Y
M	ailing Address 2211 Nesconset Hwy			Amo	unt	
Ci	itv	State	Zip Code			26.45
	ake Grove	NY	11755			D : SE.4323 pursement or Obligation
	urpose of Expenditure Food		Category/ Type 002		^M 07	/ D D / Y Y Y Y 01 / 2016
Na	ame of Federal Candidate		Support	Office Soug	ht:	House District:
к	ELLI WARD		Oppose	Presid	lent	Senate State: <u>AZ</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	169.98	Disburseme 2016		✓ Primary General pecify) ►
(a)	SUBTOTAL of Itemized Independent	Expenditures				81.45
(D)	SUBTOTAL of Unitemized Independent	nt Expenditures		·· ►	-7	
(c)	TOTAL Independent Expenditures			••	-7	
with	der penalty of perjury I certify that the n, or at the request or suggestion of, a ty committee) any political party comm	ny candidate or authorized				
	Douglas McKee	[Electron	ically Filed] Date	e 08	23	/ Y Y Y Y Y 2016
	Signature				<u> </u>	

Image# 201608239023730703 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)		IIUNES			PAGE 5 FOR SE OF FO	OF 8
	ME OF COMMITTEE (In Full)					NTIFICATION	
K	elliPAC				C C	00572941	
Ch	eck if24-hour report 🛛 🗙 48-hour report	New repo	ort Amends repo		M /	D D / Y	Y Y Y Y
	Full Name of Payee McCarran Airport Parking				of Public [Distribution/Dis	semination
	Mailing Address 1234 Airport Dr			Amou	nt		
	City	State	Zip Code				45.00
	Las Vegas	NV	89101			: SE.4324 sement or Oblig	
	Purpose of Expenditure Parking		Category/ Type 002		07	03 / Y	2016 Y
	Name of Federal Candidate		X Support	Office Sough	t:	House Dis	trict:
	KELLI WARD		Oppose	Preside	ent X		tate: AZ
	Calendar Year-To-Date Per Election for Office Sought		407.60	Disbursemen 2016	t For:	✓ Primary	General
	Full Name of Payee Rally Forge LLC				of Public I	Distribution/Dis	semination
	Mailing Address 21401 E Russet Rd			Amou	Int		
	City	State	Zip Code				25000.00
	Queen Creek	AZ	85142		of Disburs		
	Purpose of Expenditure Digital Media		Category/ Type 004		07 /	27 / Y	2016 Y
	Name of Federal Candidate		Support	Office Sough	nt:	House Dis	strict:
	KELLI WARD		Oppose	Presid	-		tate: AZ
	Calendar Year-To-Date Per Election for Office Sought		33307.60	Disbursemer 2016	nt For:	✓ Primary cify) ►	General
	(a) SUBTOTAL of Itemized Independent Expend	itures		•	-7-	2	25045.00
	(b) SUBTOTAL of Uniternized Independent Expe	nditures		•• •			
	(c) TOTAL Independent Expenditures			•	-7-	7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
	Douglas McKee	[Electron	ically Filed] Date	e 08	D D D 23	/ 2016	Y
	Signature						

Image# 201608239023730704 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IIUNES		PAGE 6 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER V
KelliPAC			C	C00572941
Check if 24-hour report X 48-hour	report X New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Safeway Gas			M	
Mailing Address 4823 S Aztec Rd			Amount	
City	State	Zip Code		49.72
Ft. Mohave	AZ	86426		tion ID : SE.4325 Disbursement or Obligation
Purpose of Expenditure Fuel		Category/ Type 002	M	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
KELLI WARD		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		49.72	Disbursement F 2016 Othe	For: Primary X General Pr (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Setauket Floral			М	M / D D / Y Y Y Y
Mailing Address 1380 NY-25A			Amount	
City	State	Zip Code		41.28
East Setauket	NY	11733		ion ID : SE.4326 Disbursement or Obligation
Purpose of Expenditure Flowers (Dinner Gift)		Category/ Type 002	[™] 07	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
KELLI WARD		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	211.26	Disbursement F 2016 Othe	For: X Primary General er (specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures			91.00
(-)				
(b) SUBTOTAL of Unitemized Independe	ent Expenditures		• •	· · · · · · · · ·
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Douglas McKee	[Electron	ically Filed] Date		23 2016
Signature				

Image# 201608239023730705 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule	e E)					FOR SE OF FORM 24/	8 /48
	COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBE	
KelliPA	С				С	C00572941	
Check if	24-hour report X 48-hour report	rt 🛛 🗙 New rep	ort Amends repo		- M /		Y
Full Na Shel	ne of Payee I Oil				of Public	Distribution/Disseminat	
Mailing	Address 401 West Putnam Ave			Amou	nt		
City		State	Zip Code			25.0	8
Greenv	vich	СТ	06830			D : SE.4327	
Purpose Fuel	e of Expenditure		Category/ Type 002		07	rsement or Obligation	
Name o	of Federal Candidate		Support	Office Sough	t:	House District:	
KELLI	WARD		Oppose	Preside		Senate State:	
	lendar Year-To-Date r Election for Office Sought		236.34	Disbursemen 2016 O	t For: ther (sp		eneral
	me of Payee atery				of Public	C Distribution/Disseminat	
Mailing	Address 111 jamaica ave			Amou	int		
City		State	Zip Code			17.2	4
Jamaio	ca	NY	11411			D: SE.4328 Irsement or Obligation	
Purpos Food	e of Expenditure		Category/ Type 002		07	03 / 2016	
Name of	of Federal Candidate		Support	Office Sough	nt:	House District:	
KELLI	WARD		Oppose	Preside	ent 🔰	K Senate State:	AZ
	Ilendar Year-To-Date r Election for Office Sought		362.60	Disbursemen 2016	nt For: Other (sp		eneral
(a) SUB	TOTAL of Itemized Independent Expe	nditures				42.32	2
							1
(b) SUB	TOTAL of Unitemized Independent Ex	penditures		• •	-7-		
(c) TOT	AL Independent Expenditures				7		
with, or a	enalty of perjury I certify that the inde at the request or suggestion of, any c nmittee) any political party committee	andidate or authorized					
	Douglas McKee	[Electron	<i>ically Filed]</i> Date	08 /	23	/ Y Y Y Y 2016	
Signa	ture						

Image# 201608239023730706 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)			PAGE 8 OF 8 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER
K	elliPAC		C	C00572941
				000372341
Ch	eck if24-hour report48-hour report New re	eport Amends repo	rt filed on	
	Full Name of Payee		Date of Publi	c Distribution/Dissemination
	Titan Strategies		M	/ D = D / Y = Y = Y
	Mailing Address 4003 Woodstone Way		Amount	
	City State	Zip Code		2200.00
	Louisville KY	40241	Transaction Date of Disbu	ID : SE.4329 ursement or Obligation
	Purpose of Expenditure Conduct Poll	Category/ Type 005	M 07	/ D D / Y Y Y Y 06 / 2016
	Name of Federal Candidate	Support	Office Sought:	House District:
	KELLI WARD	Oppose		X Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	2607.60	Disbursement For: 2016 Other (sp	X Primary General Decify) ►
	Full Name of Payee Titan Strategies		Date of Publi	C Distribution/Dissemination
	Mailing Address 4003 Woodstone Way		Amount	
	City State	Zip Code		5000.00
	Louisville KY	40241	Transaction II	D : SE.4330 ursement or Obligation
	Purpose of Expenditure Consulting July	Category/ Type 001		/ D D / Y Y Y Y 06 / 2016
	Name of Federal Candidate			
	KELLI WARD	Support Oppose	Office Sought:	House District: Senate State:
	Calendar Year-To-Date Per Election for Office Sought	7607.60	Disbursement For:	X Primary General
		1001.00	Other (sp	pecify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		•	7200.00
	(b) SUBTOTAL of Uniternized Independent Expenditures		•	· · · · · · · · ·
	(c) TOTAL Independent Expenditures		•	33792.06
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
		onically Filed] Date	08 / D D D 23	/ Y Y Y Y 2016
	Signature			