

# 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>Arts, Tanya, , ,</b>		3. FEC Identification Number <b>C</b> C90016874
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 14022 Furlong Trail		
(c) City, State and ZIP Code Hastings MN 55033		
2. Occupation and Name of Employer (for Individual Filers Only) Software Tester Spok		

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  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  3280.31

7. TOTAL INDEPENDENT EXPENDITURES .....  3280.31

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Arts, Tanya, , ,	Arts, Tanya, , ,	10/31/2016

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)  
Arts, Tanya, , ,

<b>A.</b> Full Name (Last, First, Middle Initial) misc, misc, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address			<b>Transaction ID : F56.000001</b>		
City	State	Zip Code	Amount of Each Receipt this Period 2480.31		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>B.</b> Full Name (Last, First, Middle Initial) Patterson, Christine, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address			<b>Transaction ID : F56.000002</b>		
City	State	Zip Code	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3280.31
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	3280.31

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Arts, Tanya, , ,

Full Name (Last, First, Middle Initial) of Payee Outfront Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address		Amount 3000.00	
City State Zip Code		Transaction ID : F57.000001	
Purpose of Expenditure Billboard ads	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: McMullin, Evan, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		.00	

Full Name (Last, First, Middle Initial) of Payee GoFundMe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address		Amount 280.31	
City State Zip Code		Transaction ID : F57.000002	
Purpose of Expenditure Fees for fundraising site and payment disbursement	Category/ Type 003	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: McMullin, Evan, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		.00	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City State Zip Code			
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	3280.31
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	3280.31