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FEC FORM 3X

05/20/2016 15 : 13

PAGE 1 / 16

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Use	Only	
1.	NAME OF COMMITTEE (in fu		e or print 🔻		mple: If typin r the lines.	ng, type	12FE4M!	5]	
M	AKE AMERIC	A AWESC	DME							1
	DRESS (number and		O BOX 26141							
	Check if differ than previousl reported. (ACC	У					VA	22313		
2.	FEC IDENTIFICA	TION NUMB	ER 🔻 _	CITY 🔺		S		ZI	P CODE 🔺	L
	C C00594176			3. IS THIS REPORT		NEW (N) OR	A (A	MENDED		
4.	TYPE OF REPO (Choose One)	ORT	(b) Monthly Report	Feb 20 (M2)	×	May 20 (M5)	Αυς	g 20 (M8)	Nov (Non- Year	20 (M11) Election Only)
	(a) Quarterly Repo	orts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	o 20 (M9)		20 (M12) Election Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan	31 (YE)
	Quarterly	Report (Q1)	(c) 12-Day		Primary (12F	P)	General	(12G)	Runo	off (12R)
	July 15 Quarterly	Report (Q2)	PRE-Elect Report for		Convention ((12C)	Special	(12S)		
	October 1 Quarterly	5 Report (Q3)				(opeena.	()		
	January 3			Election on	M M /	D D /	Y . Y . Y . Y		the tate of	
	July 31 M Report (N Year Only	on-election	(d) 30-Day POST -Ele Report for		General (300	G)	Runoff	(30R)	Spec	al (30S)
	Terminatio	on Report	Report Io	line:	M M /	D D /	YYYYY	ir	the	
	(IER)			Election on					tate of	
5.	Covering Period	04	01 / Y	2016	through	M M 04	/ D D 30	/ Y Y Y 2016	Y	
l ce	rtify that I have exa	amined this R	eport and to the	best of my knov	wledge and	belief it is true	e, correct ar	nd complete.		
Тур	e or Print Name of	Treasurer C	Chris Marston							
Sigr	nature of Treasurer	Chris Mar	ston		[Electronicall	y Filed] Da	ate 05	M / D D 20	20	16
NOT	TE: Submission of fa	lse, erroneous	, or incomplete inf	ormation may su	bject the per	son signina thi	is Report to	the penalties	of 2 U.S.C	. §437a.
_	Office	,					,	1	FORM 3	
L	Use Only								. 12/2004	

Image# 201605209015575707 SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MAKE AMERICA AWESOME Y М D M 04 01 2016 04 30 2016 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 1711.77 January 1, 2016 (b) Cash on Hand at 24866.32 Beginning of Reporting Period..... 5880.00 36893.55 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 38605.32 30746.32 6(a) and 6(c) for Column B)..... 178.06 8037.06 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

30568.26

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MAKE AMERICA AWESOME

Report Covering the Period: From: 04	01 2016	To: 04 / 04 / 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4400.00	40000.00
(i) Itemized (use Schedule A)	4400.00	19880.00
	1480.00	16997.00
(ii) Unitemized	7 7 7	10997.00
(iii) TOTAL (add	5880.00	36877.00
Lines 11(a)(i) and (ii)▶	3880.00	7 7 7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7	7 7
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7 7	7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	5880.00	36877.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7	7 7
All Loans Received	0.00	0.00
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	16.55
Refunds of Contributions Made	7 7 7	7 7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		7 7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(.,		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		20000 55
12, 13, 14, 15, 16, 17, and 18(c))►	5880.00	36893.55
Total Federal Receipts		

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......► 5880.00

36893.55

Page 3

I

DETAILED SUMMARY PAGE

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	178.06	2765.46
	(c) Total Operating Expenditures		
2	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	178.06	2765.46
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditures (use Schedule E)	0.00	4721.60
5.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
_		0.00	
6.	Loan Repayments Made	7 7 7	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	550.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))►	0.00	550.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	178.06	8037.06
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	178.06	8037.06

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5880.00	36877.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	550.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5880.00	36327.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	178.06	2765.46
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	16.55
 Net Operating Expenditures (subtract Line 37 from Line 36) 	178.06	2748.91

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 16 (check only one) I1a 11b 11c 12 13 14 15 16 17
	r information copied from such Reports and S or commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME			
Α.	Full Name (Last, First, Middle Initial) Penna Dexter			Date of Receipt
-	Mailing Address 3705 Stonington Dr	State	Zip Code	04 26 2016 Transaction ID : SA11AI.4687
	Plano	ТΧ	75093	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		1000.00
\$	Name of Employer Self	Occupation Commentat		Memo Item
ł	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dan Gabriel			Date of Receipt
_	Mailing Address 888 N Quincy St Ste 1901			04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity Arlington	State VA	Zip Code 22203	Transaction ID : SA11AI.4679 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		300.00
	Name of Employer Vebstringers LLC	Occupation		Memo Item
ł	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Quin Hillyer			Date of Receipt
-	Mailing Address 141 Batre Ln		7.0.1	04 / D D / Y Y Y Y Y 28 2016
	City Mobile	State AL	Zip Code 36602	Transaction ID : SA11AI.4685
-	FEC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period
Ī	Name of Employer	Occupation		Memo Item
_	Self	Columnist		
ł	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 300.00	
SL	 IBTOTAL of Receipts This Page (optional)		`	1600.00

TOTAL This Period (last page this line number only)......

FEC Schedule A (Form 3X) Rev. 12/2015

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 16 (check only one) I1a 11b 11c 12 I1a 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME			
Α.	Full Name (Last, First, Middle Initial) Jerry Johnson Mailing Address 13108 Pershing Dr			Date of Receipt
	City Manassas	State VA	Zip Code 20112	04 28 2016 Transaction ID : SA11AI.4683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Info Req per Best Efforts	Occupation Info Req pe	er Best Efforts	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
В.	Full Name (Last, First, Middle Initial) Richard Norman Mailing Address 40599 Paver Ln			Date of Receipt
	City Paeonian Springs FEC ID number of contributing federal political committee.	State VA	Zip Code 20129	04 28 2016 Transaction ID : SA11AI.4681 Amount of Each Receipt this Period 1000.00
	Name of Employer The Richard Norman Company Receipt For: Primary General	Occupation Direct Mark Aggregate		Memo Item
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	1000.00]
C.				Date of Receipt
	City Alexandria	State VA	Zip Code 22309	04 28 2016 Transaction ID : SA11AI.4677 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Antietam Communications Receipt For: Primary General Other (specify)	Occupation Partner Aggregate	Year-to-Date ▼ 1000.00	Memo Item
s	UBTOTAL of Receipts This Page (optional)			2300.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 16 (check only one) I1a 11b 11c 12 I3 14 15 16 17
or	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME			
	Full Name (Last, First, Middle Initial) Mark West			Date of Receipt
	Mailing Address 2315 Heavenly View Dr			M M / D D / Y Y Y Y Y 04 29 2016
-	City Ooltewah	State TN	Zip Code 37363	Transaction ID : SA11AI.4689 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer None	Occupation Retired		— Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
B.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
-	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
Ì	Name of Employer	Occupation		Memo Item
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]
<u></u> с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
Ì	Name of Employer	Occupation		Memo Item
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]
sı	JBTOTAL of Receipts This Page (optional)			500.00

 4400.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				IUMBER:				PA	GE	9 ()F 16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- · -		only 21b 27	22 28a		23 28b	F	24 28c		25 29	26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME												
Full Name (Last, First, Middle Initial) A. PayPal					Date of	Dis	burse				Y	Y
Mailing Address 2211 N First St					04			0)16	T
5	State Zip Code CA 95131				Trans	acti	on ID	: S	6B21B	.4676	;	
CC Processing	[Amount	of	Each	Dis	sburse	ment	this I	Period
Office Sought: House Disburser	nent For:	Cate Ty		y/	_	no lt	,				178.0	06
	Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) B.					Date of	Dis	burse				Y	V
Mailing Address					- M	/						T
City S	State Zip Code											
Purpose of Disbursement Candidate Name	[Cate	aor	v/	Amount	of	Each	Dis	sburse	ment	this I	Period
		Ty			-	no lt			- 7			
State: District: Full Name (Last, First, Middle Initial)												
C. Mailing Address					Date of	Dis		eme		/ Y	Y	Y
	State Zip Code										_	
Purpose of Disbursement		_		-								
Candidate Name	L	Cate Ty	gor pe	y/	Amount	of	Each		sburse	ment	this F	Period
	nent For: Primary General Other (specify) V				Mer	no lt	tem		,			
SUBTOTAL of Disbursements This Page (optional)											178.0	06
TOTAL This Period (last page this line number only).							,				178.0	06

SCHEDULE D (FEC Form 3X)		Г		PAGE 10 OF 16
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Liz Mair				r Independent Expenditures (NH) DEntires on Sch. E)
Mailing Address 1200 Nash St Ste 247				
City State	Zip Code			
Arlington	VA	22209		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.4538
6258.55				
Amount Incurred This Period	Payment	t This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00)	6258.55
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
Liz Mair			Advances f	or Non-IE Expenditures
Mailing Address 1200 Nash St				
City State	Zip Code			
Arlington	VA	22209		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4537
26.31				
Amount Incurred This Period	Paymon	t This Period	Outstandir	ng Balance at Close of This Period
	Faymen			
0.00		0.00)	26.31
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Liz Mair			Advance for	or Independent Expenditures (NV) Dentires on Sch. E)
Mailing Address 1200 Nash St				
Ste 247 City	State Z	ip Code		
Arlington		22209		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4556
5256.53				
Amount Incurred This Period	Payment	t This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00)	5256.53
1) SUBTOTALS This Period This Page (optional)			•	11541.39
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule (
4) ADD 2) and 3) and carry forward to appropriate				

		· · · · · ·	
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 11 OF 16
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans			(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Deb	
Liz Mair			ndependent Expenditures (VA) Intires on Sch. E)
Mailing Address 1200 Nash St Ste 247			
City State	Zip Code		
Arlington	VA 22209		
Outstanding Balance Beginning This Period 949.35		Transaction	ID : SD10.4557
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00	0.	00	949.35
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Deb	
Liz Mair			ndepdent Expenditures (3/15 ee Sch. E Memo Entries)
Mailing Address 1200 Nash St Ste 247			
City State	Zip Code		
Arlington	VA 22209		
Outstanding Balance Beginning This Period		Transastia	- ID - SD40 4600
6263.19		Transactio	n ID : SD10.4600
	Payment This Period	Outstanding	Balance at Close of This Period
Amount Incurred This Period	Fayment This Fehod		
Amount Incurred This Period	0.		6263.19
	0.0	00	ŋ ŋ
0.00	0.0	00 Nature of Deb Advance for I	ŋ ŋ
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair	0.0	00 Nature of Deb Advance for I	t (Purpose): ndependent Expenditures (3/22
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St	0.0	00 Nature of Deb Advance for I	t (Purpose): ndependent Expenditures (3/22
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair	0.0	00 Nature of Deb Advance for I	t (Purpose): ndependent Expenditures (3/22
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247	or or Creditor	00 Nature of Deb Advance for I	t (Purpose): ndependent Expenditures (3/22
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City	or or Creditor State Zip Code	00 Nature of Deb Advance for I Primaries) (S	t (Purpose): ndependent Expenditures (3/22
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington	or or Creditor State Zip Code	00 Nature of Deb Advance for I Primaries) (S	t (Purpose): ndependent Expenditures (3/22 ee Sch. E Memo Entires)
0.00 C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington Outstanding Balance Beginning This Period 750.61	O. or or Creditor State Zip Code VA 22209	00 Nature of Deb Advance for I Primaries) (S Transactio	n ID : SD10.4653
0.00 C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington Outstanding Balance Beginning This Period 750.61 Amount Incurred This Period	O. or or Creditor State Zip Code VA 22209 Payment This Period	00 Nature of Deb Advance for I Primaries) (S Transactio Outstanding	n ID : SD10.4653
0.00 C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington Outstanding Balance Beginning This Period 750.61	O. or or Creditor State Zip Code VA 22209	00 Nature of Deb Advance for I Primaries) (S Transactio Outstanding	n ID : SD10.4653
0.00 C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington Outstanding Balance Beginning This Period 750.61 Amount Incurred This Period	O. or or Creditor State Zip Code VA 22209 Payment This Period 0.1	00 Nature of Deb Advance for I Primaries) (S Transactio Outstanding 00	n ID : SD10.4653
C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington Outstanding Balance Beginning This Period 750.61 Amount Incurred This Period 0.00	O.I or or Creditor State Zip Code VA 22209 Payment This Period 0.1	00 Nature of Deb Advance for I Primaries) (S Transactio Outstanding 00	n ID : SD10.4653 Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Debt Liz Mair Mailing Address 1200 Nash St Ste 247 City Arlington Outstanding Balance Beginning This Period 750.61 Amount Incurred This Period 0.00	or or Creditor State Zip Code VA 22209 Payment This Period 0.1	00 Nature of Deb Advance for I Primaries) (S Transactio Outstanding 00	n ID : SD10.4653 Balance at Close of This Period

SCHEDULE D (FEC Form 3X)			PAGE 12 OF 16
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME			
A. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		ebt (Purpose):
Liz Mair			r Independent Expenditures (See ies on Sch. E, 4/13)
Mailing Address 1200 Nash St			
Ste 247 City State	Zip Code		
Arlington	VA 22209		
	22209	Troposti	on ID : SD10.4697
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4697
0.00			
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
5251.50	0.	00	5251.50
B. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of D	ebt (Purpose):
Liz Mair		Advance fo	r Independent Expenditures (See les on Sch. E, 4/23)
Mailing Address 1200 Nash St			
City State	Zip Code		
,	VA 22209		
Ariington	VA 22205		
Arlington Outstanding Balance Beginning This Period	VA 22205	Transact	ion ID : SD10.4698
Outstanding Balance Beginning This Period	VA 22203	Transact	ion ID : SD10.4698
Outstanding Balance Beginning This Period 0.00			
Outstanding Balance Beginning This Period	Payment This Period		ion ID : SD10.4698
Outstanding Balance Beginning This Period 0.00	Payment This Period		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80	Payment This Period	Outstandir	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De	Payment This Period	Outstandir	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80	Payment This Period	Outstandir	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De	Payment This Period	Outstandir	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address	Payment This Period 0.	Outstandir	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City	Payment This Period 0.	Outstandir	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period	Payment This Period	Outstandin 00 Nature of D	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City	Payment This Period 0.	Outstandin 00 Nature of D	ng Balance at Close of This Period 266.80
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period	Payment This Period	Outstandin 00 Nature of D	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period	Payment This Period	Outstandin 00 Nature of D	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period O. ebtor or Creditor State Zip Code Payment This Period	Outstandin 00 Nature of D	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period	Payment This Period O. ebtor or Creditor State Zip Code Payment This Period	Outstandin 00 Nature of D	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period Out ebtor or Creditor State Zip Code Payment This Period I)	Outstandin	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of Dege Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional 2) 2) TOTALS This Period (last page this line num	Payment This Period Out ebtor or Creditor State Zip Code Payment This Period I) ber only)	Outstandin	ng Balance at Close of This Period 266.80 ebt (Purpose):
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 266.80 C. Full Name (Last, First, Middle Initial) of Dege Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional	Payment This Period Control of the second se	Outstandin	ng Balance at Close of This Period 266.80 ebt (Purpose): ng Balance at Close of This Period 5518.30 25022.84

ITE	EMIZED INDEPENDENT EXPENDITURES					AGE 13 OF 16 OR LINE 24 OF FORM 3X	
NA	ME OF COMMITTEE (In Full)				I		
N	IAKE AMERICA AWESOME						
					C co	00594176	
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends rep	oort filed o	on /		
	Full Name of Payee		🗙 Memo I	ltem	Date of Public I	Distribution/Dissemination	
	Cumulus Media				04 /	D / Y Y Y Y 13 2016	
	Mailing Address 1033 Jefferson St NW				Amount		
	City	State	Zip Code			2065.50	
	Atlanta	GA	30318		ransaction ID : Date of Disburs	SE.4617 sement or Obligation	
	Purpose of Expenditure Advertising - Radio (Also supports Ted Cruz) (origina estimated as 2,430)	ally	Category/ Type		M M /		
	Name of Federal Candidate		Support	Office	Sought:	House District:	
	DONALD J TRUMP		X Oppose	X	President	Senate State: <u>NY</u>	
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2016		Primary General	
	E III News of Device	Name of Payee X Memo Item			Other (specify) ►		
	Entercom Communications Corporat				Date of Public Distribution/Dissemination		
	Mailing Address 401 City Ave				04	13 2016	
	Ste 809				Amount		
	City	State	Zip Code			1500.00	
	Bala Cynwyd	PA	19004	ſ	ransaction ID : Date of Disburs	SE.4623 sement or Obligation	
	Purpose of Expenditure Advertising - Radio (also support Ted Cruz)		Category/ Type		M M /		
	Name of Federal Candidate		Support	Office	Sought:	House District:	
	DONALD J TRUMP		X Oppose	X	President	Senate State: <u>NY</u>	
	Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbur 2016	sement For:	Primary General	
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures			▶			
	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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Chris Marston	Flactron	ically Filed]	Mar	M / D D	/ Y Y Y Y	
	Signature	[Electron	Dat	te 05	20	2016	
1							

ITEMIZED INDEPENDENT EXPENDITUR	IES			PAGE 14 OF 16 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
MAKE AMERICA AWESOME				C C00594176		
				C C00594178		
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed a	on / / / YYY		
Full Name of Payee		🗙 Memo li	tem	Date of Public Distribution/Dissemination		
Forever Media				04 / D D / Y Y Y Y 22 2016		
Mailing Address 242 Finzel Rd				Amount		
City	State	Zip Code		124.00		
Frostburg	MD	21532		ransaction ID : SE.4699 Date of Disbursement or Obligation		
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)		Category/ Type				
Name of Federal Candidate		Support	Office	Sought: House District:		
DONALD J TRUMP		X Oppose	X F	President Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2016	sement For:		
Full Name of Payee		× Memo Item		Date of Public Distribution/Dissemination		
iHeartMedia Inc						
Mailing Address 200 E Basse Rd				04 22 2016		
200 E Basse Ru				Amount		
City	State	Zip Code		142.80		
San Antonio	ТХ	78209	I	Fransaction ID : SE.4701		
Purpose of Expenditure		Category/		Date of Disbursement or Obligation		
Advertising - Radio (also supporting Ted Cruz)		Type				
Name of Federal Candidate		Support	Office	Sought: House District:		
DONALD J TRUMP		X Oppose	X	President Senate State: PA		
Calendar Year-To-Date		0.00	Disburs 2016	sement For: X Primary General		
Per Election for Office Sought		0.00	2010	Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			••• ►			
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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
Chris Marston	[Electro	nically Filed] Date	e 05	M / D D / Y Y Y Y 20 2016		
Signature						

ITEMIZED INDEPENDENT EXH	PENDITURES			PAGE 15 OF 16 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER V		
MAKE AMERICA AWESC	DME		С	C00594176		
Check if 24-hour report 48	-hour report	v report Amends repo	ort filed on			
Full Name of Payee		🗙 Memo l	tem Date of P	ublic Distribution/Dissemination		
Media One Group, LLC			M N 04	/ D D / Y Y Y Y 13 2016		
Mailing Address 2 Orchard Rd			Amount			
City	State	Zip Code		1144.00		
Jamestown	NY	14701		n ID : SE.4621 isbursement or Obligation		
Purpose of Expenditure Advertising - Radio (also supports estimated as 720)	Ted Cruz) (originally	Category/ Type	M			
Name of Federal Candidate		Support	Office Sought:	House District:		
DONALD J TRUMP		X Oppose	President	Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sough	t i i i i i i i i i i i i i i i i i i i	0.00	Disbursement Fo 2016 Other	or: X Primary General		
Full Name of Payee		🗙 Memo Ite	em Date of P	Public Distribution/Dissemination		
PMJ Communications, In	nc		04			
Mailing Address 5490 County Rou	ute 64		Amount	13 2016		
City	State	Zip Code		170.00		
Hornell	NY	14843		on ID : SE.4619 Disbursement or Obligation		
Purpose of Expenditure Advertising - Radio (Also Supports	Ted Cruz)	Category/ Type	M			
Name of Federal Candidate		Support	Office Sought:	House District:		
DONALD J TRUMP		X Oppose	X President	Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sough	t	0.00	Disbursement Fo	or: X Primary General r (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditur	es					
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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
Chris Marston	IFIA	ctronically Filed]	05	D / Y Y Y Y		
Signature		Date	9 05 2	20 2016		
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ITEMIZED INDEPENDENT EXPENDITURES		PAGE 16 OF 16 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER V				
MAKE AMERICA AWESOME		C C00594176				
Check if 24-hour report 48-hour report	New report Amends repor	t filed on				
Full Name of Payee Sound Communications, LLC	🗙 Memo Ite	m Date of Public Distribution/Dissemination				
		04 13 2016				
Mailing Address 231 N Union St		Amount				
City State	Zip Code	180.00				
Olean NY	14760	Transaction ID : SE.4615				
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)	Category/ Type	Date of Disbursement or Obligation				
Name of Federal Candidate	Support	Office Sought: House District:				
DONALD J TRUMP	X Oppose	President Senate State: <u>NY</u>				
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: X Primary General				
Full Name of Payee	× Memo Iter	Other (specify) ▶ Date of Public Distribution/Dissemination				
Vermont Broadcast Associates						
Mailing Address 1303 Concord Ave		04 13 2016				
		Amount				
City State	Zip Code	192.00				
Saint Johnsbury VT	05819	Transaction ID : SE.4695 Date of Disbursement or Obligation				
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)	Category/ Type					
Name of Federal Candidate	Support	Office Sought: House District:				
DONALD J TRUMP		President Senate State: <u>NY</u>				
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: X Primary General 2016 Other (specify) ►				
	,					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures		• 0.00				
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 (if the reporting entity is not a political party committee) any political party committee or its agent.						
Chris Marston	[Electronically Filed]	05 / 20 / 2016				
Signature	Date					