

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 Family Policy Alliance, fka CitizenLink fka Focus on the Family Action		3. FEC Identification Number C C90008186
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8655 EXPLORER DRIVE		
(c) City, State and ZIP Code COLORADO SPRINGS CO 80920		
2. Occupation and Name of Employer (for Individual Filers Only)		

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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
11		04		2016

THROUGH

M M	/	D D	/	Y Y Y Y
11		05		2016

6. TOTAL CONTRIBUTIONS.....

50000.00

7. TOTAL INDEPENDENT EXPENDITURES

45000.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Caldwell, Rich, , ,

Caldwell, Rich, , ,

11/05/2016

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)
Family Policy Alliance, fka CitizenLink fka Focus on the Family Action

A. Full Name (Last, First, Middle Initial) Liberty Petroleum Corporation			Date of Receipt 11 / 04 / 2016 Transaction ID : F56.000001		
Mailing Address 10851 N. Black Canyon Hwy. Suite 540			Amount of Each Receipt this Period 25000.00		
City Phoenix	State AZ	Zip Code 85029			
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) Daylight Holdings LP			Date of Receipt 11 / 04 / 2016 Transaction ID : F56.000002		
Mailing Address 13261 N. Victor Hugo Ave.			Amount of Each Receipt this Period 25000.00		
City Phoenix	State AZ	Zip Code 85032			
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

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

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

SUBTOTAL of Receipts This Page (optional)	50000.00
TOTAL This Period (last page carry total to Line 6)	50000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Family Policy Alliance, fka CitizenLink fka Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payee Facebook		Date of Public Distribution/Dissemination 11 / 04 / 2016	
Mailing Address 1 Hacker Way		Amount 1000.00	
City Menlo Park	State CA	Zip Code 94025	
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Connect Strategic Communications		Date of Public Distribution/Dissemination 11 / 05 / 2016	
Mailing Address PO Box 141251		Amount 40500.00	
City Dallas	State TX	Zip Code 75214	
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee De Jesus, Matt, , ,		Date of Public Distribution/Dissemination 11 / 04 / 2016	
Mailing Address 7037 W. Campo Bello Dr.		Amount 1000.00	
City Glendale	State AZ	Zip Code 85308	
Purpose of Expenditure Digital advertising (production cost)		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	42500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Family Policy Alliance, fka CitizenLink fka Focus on the Family Action

Full Name (Last, First, Middle Initial) of Payee Jeremiah Films		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address PO Box 51302		Amount 2500.00	
City Jacksonville Beach	State FL	Zip Code 32240	
Purpose of Expenditure Digital advertising (production cost)		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000004

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	45000.00