

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Rebuilding America Now

ADDRESS (number and street) PO Box 26141

Check if different than previously reported. (ACC) Alexandria VA 22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00618876

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day Primary (12P) General (12G) Runoff (12R)
- PRE-Election Report for the: Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)
- Report for the:

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Call, Ryan, R., , Esq.

Type or Print Name of Treasurer _____

Signature of Treasurer Call, Ryan, R., , Esq. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Rebuilding America Now

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2160450.00"/>	<input type="text" value="2160450.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2160450.00"/>	<input type="text" value="2160450.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1589240.04"/>	<input type="text" value="1589240.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="571209.96"/>	<input type="text" value="571209.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="5613.21"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Rebuilding America Now

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2160000.00	2160000.00
(ii) Unitemized	450.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2160450.00	2160450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2160450.00	2160450.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2160450.00	2160450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2160450.00	2160450.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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	157737.04	157737.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	157737.04	157737.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1431503.00	1431503.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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 With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1589240.04	1589240.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1589240.04	1589240.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2160450.00	2160450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2160450.00	2160450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	157737.04	157737.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	157737.04	157737.04

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 COMMITTEE (In Full)
Rebuilding America Now

A. PALMER, GEOFFREY, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 N CANON DR PH
 City BEVERLY HILLS State CA Zip Code 90210-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 G. H. PALMER ASSOCIATES REAL ESTATE DEVELOPMENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000000.00

Date of Receipt
 06 / 03 / 2016
Transaction ID : SA11A.1
 Amount of Each Receipt this Period
 2000000.00
 Memo Item
 CONTRIBUTION

B. CARLTON, RICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 58258
 City NASHVILLE State TN Zip Code 37205-8258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF EMPLOYEED CONSTRUCTION MGMT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 06 / 23 / 2016
Transaction ID : SA11A.4
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

C. SOUTHEAST QSR, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1340 HAMLET AVE
 City CLEARWATER State FL Zip Code 33756-3332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 06 / 28 / 2016
Transaction ID : SA11A.9
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2060000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 OF 22	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

A. MURRAY ENERGY CORPORATION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46226 NATIONAL RD

City ST CLAIRSVILLE	State OH	Zip Code 43950-8742
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11A.10

Amount of Each Receipt this Period

100000.00

Memo Item
CONTRIBUTION

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

--

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

--

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	2160000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

A. WELLS FARGO BANK, N.A.

Full Name (Last, First, Middle Initial)
Mailing Address 420 MONTGOMERY

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement BANK FEE
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I6
Amount of Each Disbursement this Period: 15.00
BANK FEE - INCOMING WIRE
 Memo Item TRANSFER

B. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement COMPLIANCE CONSULTING
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I4
Amount of Each Disbursement this Period: 500.00
FEC COMPLIANCE REPORTING SOFTWARE
 Memo Item

C. WELLS FARGO BANK, N.A.

Full Name (Last, First, Middle Initial)
Mailing Address 420 MONTGOMERY

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement BANK FEE
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2016

FEC Identification Number: C
Transaction ID : SB21B.I7
Amount of Each Disbursement this Period: 30.00
BANK FEE - OUTGOING WIRE
 Memo Item TRANSFER

SUBTOTAL of Disbursements This Page (optional)..... ▶ 545.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

Full Name (Last, First, Middle Initial)
A. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I8**

Amount of Each Disbursement this Period: 30.00

Memo Item BANK FEE - OUTGOING WIRE TRANSFER

Full Name (Last, First, Middle Initial)
B. GAY, LAURANCE, W., MR.,

Mailing Address PO BOX 807

City EAST CANAAN State CT Zip Code 06018

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I10**

Amount of Each Disbursement this Period: 25000.00

Memo Item POLITICAL CONSULTING SERVICES RENDERED

Full Name (Last, First, Middle Initial)
C. MCKAY, KENNETH, K., MR., IV

Mailing Address 18 ARMINGTON AVENUE

City NORTH KINGSTOWN State RI Zip Code 02852

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I11**

Amount of Each Disbursement this Period: 25000.00

Memo Item POLITICAL CONSULTING SERVICES RENDERED

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50030.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 420 MONTGOMERY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I57
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE	<input type="checkbox"/> 001	Amount of Each Disbursement this Period [REDACTED] 30.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 420 MONTGOMERY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I58
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE	<input type="checkbox"/> 001	Amount of Each Disbursement this Period [REDACTED] 30.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 420 MONTGOMERY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I9
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE	<input type="checkbox"/> 001	Amount of Each Disbursement this Period [REDACTED] 192.44
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item HARLAND CLARKE - FEE FOR PRINTED BANK CHECKS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 252.44
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

Full Name (Last, First, Middle Initial) A. GAY, LAURANCE, W., MR.,		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016	
Mailing Address PO BOX 807		FEC Identification Number C [REDACTED]	
City EAST CANAAN	State CT	Zip Code 06018	Transaction ID : SB21B.I13
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/Type 001	Amount of Each Disbursement this Period 35000.00
Candidate Name		Memo Item <input type="checkbox"/> POLITICAL CONSULTING SERVICES RENDERED	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. MCKAY, KENNETH, K., MR., IV		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 18 ARMINGTON AVENUE		FEC Identification Number C [REDACTED]	
City NORTH KINGSTOWN	State RI	Zip Code 02852	Transaction ID : SB21B.I14
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/Type 001	Amount of Each Disbursement this Period 35000.00
Candidate Name		Memo Item <input type="checkbox"/> POLITICAL CONSULTING SERVICES RENDERED	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FOLEY & LARDNER, LLP		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 3000 K STREET, NW SUITE 600		FEC Identification Number C [REDACTED]	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : SB21B.I12
Purpose of Disbursement LEGAL CONSULTING		Category/Type 001	Amount of Each Disbursement this Period 10000.00
Candidate Name		Memo Item <input type="checkbox"/> LEGAL RETAINER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

80000.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. MCKAY, KENNETH, K., MR., IV

Mailing Address 18 ARMINGTON AVENUE

City
NORTH KINGSTOWN

State
RI

Zip Code
02852

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I18

Amount of Each Disbursement this Period

[REDACTED] 2592.86

Memo Item EXPENSE REIMBURSEMENT - TRAVEL

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I20

Amount of Each Disbursement this Period

[REDACTED] 730.20

Memo Item TRAVEL EXPENSE - REIMBURSEMENT FOR AIRFARE

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City
FORT WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I37

Amount of Each Disbursement this Period

[REDACTED] 921.20

Memo Item TRAVEL EXPENSE - REIMBURSEMENT FOR AIRFARE

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2592.86

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH

State TX

Zip Code 76155

Purpose of Disbursement TRAVEL

002

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I38

Amount of Each Disbursement this Period

71.74

Memo Item TRAVEL EXPENSE - REIMBURSEMENT FOR AIRLINE BAGGAGE FEE

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 60 MASSACHUSETTS AVENUE NE

City WASHINGTON

State DC

Zip Code 20002-4285

Purpose of Disbursement TRAVEL

002

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I21

Amount of Each Disbursement this Period

151.00

Memo Item TRAVEL EXPENSE - REIMBURSEMENT FOR TRAIN TRAVEL

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVENUE NE

City WASHINGTON

State DC

Zip Code 20002-4285

Purpose of Disbursement TRAVEL

002

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I25

Amount of Each Disbursement this Period

109.00

Memo Item TRAVEL EXPENSE - REIMBURSEMENT FOR TRAIN

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

Full Name (Last, First, Middle Initial) A. HOTEL ALEXANDRIA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016	
Mailing Address 400 COURTHOUSE SQUARE			
City ALEXANDRIA	State VA	Zip Code 22314-5700	
Purpose of Disbursement TRAVEL		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.I19 Amount of Each Disbursement this Period [REDACTED] 264.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 002		
Memo Item <input checked="" type="checkbox"/> TRAVEL EXPENSE - REIMBURSEMENT FOR HOTEL			

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES INC.		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016	
Mailing Address 1455 MARKET STREET SUITE 400			
City SAN FRANCISCO	State CA	Zip Code 94103	
Purpose of Disbursement TRAVEL		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.I27 Amount of Each Disbursement this Period [REDACTED] 60.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 002		
Memo Item <input checked="" type="checkbox"/> TRAVEL EXPENSE - REIMBURSEMENT FOR CAR FARE			

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES INC.		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016	
Mailing Address 1455 MARKET STREET SUITE 400			
City SAN FRANCISCO	State CA	Zip Code 94103	
Purpose of Disbursement TRAVEL		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.I34 Amount of Each Disbursement this Period [REDACTED] 81.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 002		
Memo Item <input checked="" type="checkbox"/> TRAVEL EXPENSE - REIMBURSEMENT FOR CAR FARE			

SUBTOTAL of Disbursements This Page (optional)..... ▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

Full Name (Last, First, Middle Initial) A. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address P.O. BOX 26141		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I16
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 4000.00
Candidate Name		FEC COMPLIANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HALE WESTFALL, LLP		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 1600 STOUT STREET SUITE 500		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I15
City DENVER	State CO	Zip Code 80202
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		LEGAL AND FEC COMPLIANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HALE WESTFALL, LLP		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 1600 STOUT STREET SUITE 500		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I17
City DENVER	State CO	Zip Code 80202
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period 2905.00
Candidate Name		LEGAL AND FEC COMPLIANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	16905.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rebuilding America Now

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City
SAN FRANCISCO

State
CA

Zip Code
94104

Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I64

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City
SAN FRANCISCO

State
CA

Zip Code
94104

Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I65

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK, N.A.

Mailing Address 420 MONTGOMERY

City
SAN FRANCISCO

State
CA

Zip Code
94104

Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I66

Amount of Each Disbursement this Period

30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 420 MONTGOMERY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I67
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 420 MONTGOMERY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I68
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK, N.A.		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 420 MONTGOMERY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I69
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 90.00
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rebuilding America Now

A. FOLEY & LARDNER, LLP

Full Name (Last, First, Middle Initial)

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I47

Amount of Each Disbursement this Period: 7231.74

LEGAL SERVICES

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7231.74
TOTAL This Period (last page this line number only).....▶	157737.04

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Rebuilding America Now

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GAY, LAURANCE, W., MR.,			Nature of Debt (Purpose): ACCRUED TRAVEL EXPENSES
Mailing Address PO BOX 807			
City CANAAN	State CT	Zip Code 06018	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID : SD.0001	
Amount Incurred This Period <input type="text" value="5613.21"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5613.21"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5613.21"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="5613.21"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5613.21"/>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Rebuilding America Now	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00618876 </div>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item COLD HARBOR FILMS LTD TELEVISION ADVERTISEMENT PRODUCTION EXPENSES		Date of Public Distribution/Dissemination / /
Mailing Address 815 SLATERS LANE		Amount 40000.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.2 Date of Disbursement or Obligation / / 	
Purpose of Expenditure MEDIA Category/Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 1381553.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item COLD HARBOR FILMS LTD MEDIA PRODUCTION		Date of Public Distribution/Dissemination / /
Mailing Address 815 SLATERS LANE		Amount 41503.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.40 Date of Disbursement or Obligation / / 	
Purpose of Expenditure MEDIA Category/Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 1381553.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	 81503.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

CALL, RYAN, R. , , ESQ.

[Electronically Filed]

Date

 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Rebuilding America Now
FEC IDENTIFICATION NUMBER
C C00618876

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MULTI MEDIA SERVICES CORPORATION
MEDIA PLACEMENT
Mailing Address
915 KING STREET
2ND FLOOR
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
MEDIA
Category/Type
004
Date of Public Distribution/Dissemination
06 / 08 / 2016
Amount
1000000.00
Transaction ID : SE24.3
Date of Disbursement or Obligation
06 / 07 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, RODHAM, ,
Support
Oppose
Office Sought:
President
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
MULTI MEDIA SERVICES CORPORATION
MEDIA PLACEMENT
Mailing Address
915 KING STREET
2ND FLOOR
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
MEDIA
Category/Type
004
Date of Public Distribution/Dissemination
06 / 23 / 2016
Amount
300000.00
Transaction ID : SE24.39
Date of Disbursement or Obligation
06 / 22 / 2016

Name of Federal Candidate:
CLINTON, HILLARY, RODHAM, ,
Support
Oppose
Office Sought:
President
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1300000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

CALL, RYAN, R., , ESQ.

[Electronically Filed]

Date 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Rebuilding America Now
FEC IDENTIFICATION NUMBER
C C00618876

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
NATIONAL MEDIA DIGITAL
DIGITAL ADVERTISING AND CREATIVE
Mailing Address 815 SLATERS LANE
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA Category/Type 004
Date of Public Distribution/Dissemination 06/22/2016
Amount 50000.00
Transaction ID: SE24.41
Date of Disbursement or Obligation 06/22/2016

Name of Federal Candidate: CLINTON, HILLARY, RODHAM,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1381553.00

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. Rows include (a) SUBTOTAL of Itemized Independent Expenditures (50000.00), (a) SUBTOTAL of Unitemized Independent Expenditures, and (a) TOTAL Independent Expenditures (1431503.00).

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.

CALL, RYAN, R.,

[Electronically Filed]

Date

06/22/2016

Signature