

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ESAFund

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="2015"/>	<input type="text" value="251102.15"/>	<input type="text" value="251102.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="708857.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2100000.00"/>	<input type="text" value="2674489.63"/>
(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="2808857.82"/>	<input type="text" value="2925591.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1466407.06"/>	<input type="text" value="1583141.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1342450.76"/>	<input type="text" value="1342450.76"/>
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="0.00"/>	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ESAFund

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).....	210000.00	2650000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	210000.00	2650000.00
(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)	210000.00	2650000.00
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	24489.63
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))..... ▶	210000.00	2674489.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	210000.00	2674489.63

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	118478.03	165490.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	118478.03	165490.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	400000.00	400000.00
24. Independent Expenditures (use Schedule E)	937929.03	1007650.03
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	10000.00	10000.00
30. 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 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)) ..	1466407.06	1583141.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1466407.06	1583141.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2100000.00	2650000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2100000.00	2650000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	118478.03	165490.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	24489.63
38. Net Operating Expenditures (subtract Line 37 from Line 36)	118478.03	141001.36

**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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
ESAFund

Full Name (Last, First, Middle Initial) A. Kenneth C. Griffin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015 Transaction ID : SA11AI.6418
Mailing Address 131 S. Dearborn Street		Amount of Each Receipt this Period 500000.00
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee.	C	
Name of Employer Citadel, LLC	Occupation Founder and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	

Full Name (Last, First, Middle Initial) B. Linda McMahon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2015 Transaction ID : SA11AI.6328
Mailing Address 14 Hurlingham Drive		Amount of Each Receipt this Period 50000.00
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) C. Linda McMahon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.6419
Mailing Address 14 Hurlingham Drive		Amount of Each Receipt this Period 200000.00
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250000.00	

SUBTOTAL of Receipts This Page (optional).....▶	750000.00
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: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ESAFund

Full Name (Last, First, Middle Initial)
A. Marlene Ricketts

Mailing Address P. O. Box 31519

City Omaha	State NE	Zip Code 68131
---------------	-------------	-------------------

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

Name of Employer n/a	Occupation retired
-------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.6329

Amount of Each Receipt this Period
850000.00

Full Name (Last, First, Middle Initial)
B. Paul Singer

Mailing Address 40 W. 57th Street, 30th Floor

City New York	State NY	Zip Code 10019
------------------	-------------	-------------------

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

Name of Employer Elliott Management Corp.	Occupation c.e.o.
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.6405

Amount of Each Receipt this Period
500000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1350000.00
TOTAL This Period (last page this line number only).....▶	2100000.00

**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. America Rising, LLC

Mailing Address 138 Conant Street
First Floor

City Beverly State MA Zip Code 01915

Purpose of Disbursement
research

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.6385

Amount of Each Disbursement this Period

861.13

Full Name (Last, First, Middle Initial)

B. Clark Hill, PLC

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.6414

Amount of Each Disbursement this Period

15320.00

Full Name (Last, First, Middle Initial)

C. Delos Communications, LLC

Mailing Address 874 Green Bay Road, #270

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
research

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Transaction ID : SB21B.6424

Amount of Each Disbursement this Period

10000.00

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

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

26181.13

**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial) A. Holtzman Vogel Josefiak		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 41 North Hill Drive Suite 100		Transaction ID : SB21B.6374
City Warrenton	State VA	
Zip Code 20186	Purpose of Disbursement legal services	Amount of Each Disbursement this Period 450.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jones Day		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address P. O. Box 7805		Transaction ID : SB21B.6338
City Washington	State DC	
Zip Code 20044	Purpose of Disbursement legal services	Amount of Each Disbursement this Period 39030.69
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jones Day		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address P. O. Box 7805		Transaction ID : SB21B.6362
City Washington	State DC	
Zip Code 20044	Purpose of Disbursement legal services	Amount of Each Disbursement this Period 5688.78
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	45169.47
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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. Jones Day

Mailing Address P. O. Box 7805

City Washington State DC Zip Code 20044

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2015

Transaction ID : SB21B.6397

Amount of Each Disbursement this Period

8518.75

Full Name (Last, First, Middle Initial)

B. Jones Day

Mailing Address P. O. Box 7805

City Washington State DC Zip Code 20044

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.6404

Amount of Each Disbursement this Period

7368.75

Full Name (Last, First, Middle Initial)

C. Jones Day

Mailing Address P. O. Box 7805

City Washington State DC Zip Code 20044

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.6413

Amount of Each Disbursement this Period

1937.50

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

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

17825.00

**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial) A. Robert Watkins & Company		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 610 S. Boulevard		Transaction ID : SB21B.6396
City Tampa	State FL	
Zip Code 33606	Purpose of Disbursement accounting services	Amount of Each Disbursement this Period 3407.43
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Targeted Victory		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 1033 N. Fairfax Street Suite 400		Transaction ID : SB21B.6360
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement online advertising-non candidate	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TargetPoint Consulting, Inc.		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 66 Canal Center Plaza, #555		Transaction ID : SB21B.6398
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement polling	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23407.43
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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.6349

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.6358

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.6366

Amount of Each Disbursement this Period

20.00

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

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

60.00

**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.6376

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.6387

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.6388

Amount of Each Disbursement this Period

20.00

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

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

60.00

**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.6395

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.6403

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2015

Transaction ID : SB21B.6406

Amount of Each Disbursement this Period

15.00

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

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

55.00

**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Transaction ID : SB21B.6408

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2015

Transaction ID : SB21B.6415

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SB21B.6416

Amount of Each Disbursement this Period

15.00

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

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

55.00

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**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"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SB21B.6417

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SB21B.6422

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Vox Populi Polling

Mailing Address 1020 Bernard Street
Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
polling

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.6400

Amount of Each Disbursement this Period

5500.00

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

5535.00

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

118348.03

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial) A. America Rising PAC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1555 Wilson Blvd., #307		Transaction ID : SB23.6345
City Arlington	State VA	
Purpose of Disbursement contribution	Candidate Name	Amount of Each Disbursement this Period 50000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Arizona Grassroots Action PAC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 228 S. Washington Street Suite 115		Transaction ID : SB23.6348
City Alexandria	State VA	
Purpose of Disbursement contribution	Candidate Name	Amount of Each Disbursement this Period 50000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. Fighting for Ohio Fund		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address P. O. Box 26141		Transaction ID : SB23.6421
City Alexandria	State VA	
Purpose of Disbursement contribution	Candidate Name	Amount of Each Disbursement this Period 100000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	200000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
ESAFund

Full Name (Last, First, Middle Initial)

A. Future45

Mailing Address P. O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB23.6401

Amount of Each Disbursement this Period

175000.00

Full Name (Last, First, Middle Initial)

B. Restoration PAC

Mailing Address 18W140 Butterfield Road
Suite 1500

City Oakbrook Terrace State IL Zip Code 60181

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2015			

Transaction ID : SB23.6332

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

200000.00

400000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ESAFund

Full Name (Last, First, Middle Initial)

A. Republican Governors Association

Mailing Address 1747 Pennsylvania Avenue, N.W.
Suite 250

City Washington State DC Zip Code 20006

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SB29.6342

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

10000.00

10000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Crossroads Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2015
Mailing Address 66 Canal Center Plaza Suite 555	Amount 240050.00
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6310 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 17 / 2015
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Kelly A. Ayotte	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 355271.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee Crossroads Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 26 / 2015
Mailing Address 66 Canal Center Plaza Suite 555	Amount 85050.00
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6390 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2015
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Margaret Wood Hassan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 812221.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	325100.00
(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.

Nancy H. Watkins

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Norway Hill Associates, Inc.
Mailing Address
30 Norway Hill Road
City
Hancock State
NH Zip Code
03449
Purpose of Expenditure
media consulting
Category/Type
Name of Federal Candidate
Kelly A. Ayotte
Support
Office Sought:
House
Senate
State: NH
Calendar Year-To-Date
Per Election for Office Sought
573960.00

Date of Public Distribution/Dissemination
09 / 10 / 2015
Amount
40000.00
Transaction ID : SE.6350
Date of Disbursement or Obligation
08 / 27 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Norway Hill Associates, Inc.
Mailing Address
30 Norway Hill Road
City
Hancock State
NH Zip Code
03449
Purpose of Expenditure
direct voter contact
Category/Type
Name of Federal Candidate
Kelly A. Ayotte
Support
Office Sought:
House
Senate
State: NH
Calendar Year-To-Date
Per Election for Office Sought
713834.25

Date of Public Distribution/Dissemination
10 / 26 / 2015
Amount
86054.25
Transaction ID : SE.6377
Date of Disbursement or Obligation
10 / 26 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 126054.25
(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.
Signature Nancy H. Watkins [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 30 Norway Hill Road	Amount 28684.75
City Hancock State NH Zip Code 03449	Transaction ID : SE.6382 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Purpose of Expenditure direct voter contact	Category/Type
Name of Federal Candidate Margaret Wood Hassan	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 28684.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 30 Norway Hill Road	Amount 115401.75
City Hancock State NH Zip Code 03449	Transaction ID : SE.6407 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Purpose of Expenditure direct voter contact	Category/Type
Name of Federal Candidate Kelly A. Ayotte	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 940498.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	144086.50
(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.

Nancy H. Watkins
Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

