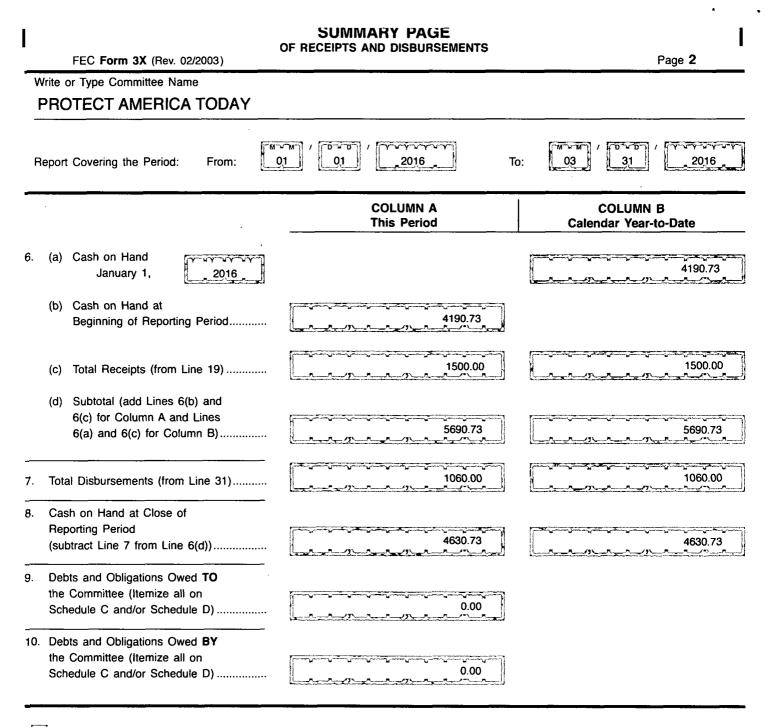
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C C00512012			3. IS THIS REPORT		iew N) <b>or</b>	(A)	1ENDED	
July 15 Quarterly October Quarterly January Year-End July 31 M Report (N Year Only	Report (Q1) (c) Report (Q2) Report (Q2) 15 Report (Q3) 31 Report (YE) Mid-Year Non-election y) (MY) on Report (YE)	port e On: 12-Day PRE-Electio Report for t 30-Day POST-Elect Report for t E	he:	Primary (12P Convention (	12C)	General Special (	(12S) in the State	Special (30S)
I certify that I have ex				wledge and t	pelief it is true	e, correct and	d complete.	
Type or Print Name of Treasurer       Mr. Robert Herold Brockhaus Jr.         Signature of Treasurer       Mr. Robert Herold Brockhaus Jr.         Date       0.40 ' 0.50 ' 0.00 ' 0.50 ' 0.00 ' 0.50 ' 0.00 ' 0.50 ' 0.00 ' 0.50 ' 0.00 ' 0.50 ' 0.00 ' 0.50 '								
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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)

Write or Type Committee Name PROTECT AMERICA TODAY MUM \_\_\_\_D\_\_\_D\_ V V V N V N w.c 03 2016 31 01 01 Report Covering the Period: From: 2016 To: **COLUMN A** COLUMN B I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: Individuals/Persons Other (a) Than Political Committees 1500.00 1500.00 (i) Itemized (use Schedule A)..... 0.00 (ii) Uniternized ..... 0.00 (iii) TOTAL (add 1500.00 1500.00 Lines 11(a)(i) and (ii)..... • 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1500.00 1500.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 Party Committees..... 0.00 0.00 0.00 13. All Loans Received ..... 0.00 14. Loan Repayments Received..... 0.00 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 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 0.00 (b) Levin Funds (from Schedule H5) ...... 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))...... 1500.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....... 1500.00

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Page 3

## DETAILED SUMMARY PAGE

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#### COLUMN A **Total This Period**

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Page 4 COLUMN B

## **Calendar Year-to-Date**

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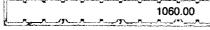
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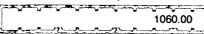
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|------------|------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |            | FEC Form 3X (Rev. 02/2003)                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            | II. Disbursements                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 21.        |            | rating Expenditures:                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (a)        | Allocated Federal/Non-Federal<br>Activity (from Schedule H4)                          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|            |            | (i) Federal Share                                                                     | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|            |            | (ii) Non Federal Chara                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (b)        | (ii) Non-Federal Share<br>Other Federal Operating                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (0)        | Expenditures                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (c)        | Total Operating Expenditures                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            | (add 21(a)(i), (a)(ii), and (b)) •                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 22.        |            | nsfers to Affiliated/Other Party                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 23.        | Con        | nmittees<br>tributions to                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | Fed        | eral Candidates/Committees<br>Other Political Committees                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 24.        | Inde       | ependent Expenditures                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 25.        | (use       | e Schedule E)<br>Irdinated Party Expenditures                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 20.        | (2 L       | J.S.C. §441a(d))<br>9 Schedule F)                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (use       | Schedule F)                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 26.        | Loa        | n Repayments Made                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 27.<br>28. | Loa        | ns Made                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 20.        | (a)        | Individuals/Persons Other                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | •          | Than Political Committees                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (b)        | Political Party Committees                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (c)        | Other Political Committees                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            | (such as PACs)                                                                        | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            | (d)        | Total Contribution Refunds                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (u)        | (add Lines 28(a), (b), and (c))                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 29.        | Oth        | er Disbursements                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ~~         | <b>.</b>   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 30.        | reo<br>(a) | eral Election Activity (2 U.S.C. §431(20)<br>Allocated Federal Election Activity      | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|            | (0)        | (from Schedule H6)                                                                    | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|            |            | (i) Federal Share                                                                     | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|            |            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | /L\        | (ii) "Levin" Share                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (b)        | Federal Election Activity Paid Entirely<br>With Federal Funds                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (c)        | Total Federal Election Activity (add                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            | Lines 30(a)(i), 30(a)(ii) and 30(b)) >                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ~          | <b>-</b>   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 31.        |            | 1 Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c)).           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | 20,        | $z_{7}$ , $z_{0}$ , $z_{0}$ , $z_{1}$ , $z_{0}(u_{1})$ , $z_{2}$ and $v_{0}(v_{1})$ . | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 32.        | Tota       | I Federal Disbursements                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            |            | ptract Line 21(a)(ii) and Line 30(a)(ii)                                              | (And the second s |
|            | from       | h Line 31)▶                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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#### DETAILED JUWIWART PAGE

of Disbursements

## FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex-

penditures

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| 33. | Total Contributions (other than loans) |
|-----|----------------------------------------|
|     | (from Line 11(d), page 3)              |
| 34. | Total Contribution Refunds             |

- (add Line 21(a)(i) and Line 21(b)) ..........► 37. Offsets to Operating Expenditures

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Page 5

|                       | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS                                                               |                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         6         0F         7           (check only one)         (check only one)         11a         11b         11c         12           13         14         15         16         17 |
|-----------------------|----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| An<br>or              | y information copied from such Reports and St<br>for commercial purposes, other than using the           | atements ma<br>name and a | ay not be sold or used by any penderess of any political committee            | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.                                                                                                                       |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)<br>PROTECT AMERICA TODAY                                                     |                           |                                                                               |                                                                                                                                                                                                                          |
| Α.                    | Full Name (Last, First, Middle Initial)<br>Jeffrey D Gordon<br>Mailing Address 1701 Pennsylvania Ave, NW |                           |                                                                               |                                                                                                                                                                                                                          |
|                       | Suite 300                                                                                                | State                     | Zip Code                                                                      |                                                                                                                                                                                                                          |
|                       | City<br>Washington                                                                                       | State<br>DC               | 20006                                                                         | Transaction ID : SA11AI.4618 Amount of Each Receipt this Period                                                                                                                                                          |
|                       | FEC ID number of contributing federal political committee.                                               | C                         |                                                                               | 1000.00                                                                                                                                                                                                                  |
|                       | Name of Employer                                                                                         | Occupation                | · · · · · · · · · · · · · · · · · · ·                                         |                                                                                                                                                                                                                          |
|                       | Self                                                                                                     | Consultant                |                                                                               |                                                                                                                                                                                                                          |
|                       | Receipt For:                                                                                             |                           | Year-to-Date ▼                                                                |                                                                                                                                                                                                                          |
|                       | Other (specify) ▼                                                                                        |                           | 1000.00<br>-3`                                                                |                                                                                                                                                                                                                          |
| в.                    | Full Name (Last, First, Middle Initial)<br>Manny Rosales                                                 |                           |                                                                               | Date of Receipt                                                                                                                                                                                                          |
|                       | Mailing Address 11122 Lutrell Lane                                                                       |                           |                                                                               | 03 11 2016                                                                                                                                                                                                               |
|                       | City                                                                                                     | State                     | Zip Code                                                                      | Transaction ID : SA11AI.4619                                                                                                                                                                                             |
|                       | Silver Spring                                                                                            | MD                        | 20902                                                                         | Amount of Each Receipt this Period                                                                                                                                                                                       |
|                       | FEC ID number of contributing federal political committee.                                               | C                         |                                                                               | 500.00                                                                                                                                                                                                                   |
|                       | Name of Employer<br>Latino Nat. Republican Coal.                                                         | Occupation                | n <u>,                                   </u>                                 |                                                                                                                                                                                                                          |
|                       | Receipt For:                                                                                             | Chairman                  |                                                                               | _                                                                                                                                                                                                                        |
|                       | Primary General                                                                                          | Aggregate                 | Year-to-Date ▼                                                                |                                                                                                                                                                                                                          |
|                       | Other (specify)                                                                                          | L <u>.</u>                | 500.00                                                                        |                                                                                                                                                                                                                          |
| С.                    | Full Name (Last, First, Middle Initial)                                                                  |                           |                                                                               | Date of Receipt                                                                                                                                                                                                          |
|                       | Mailing Address                                                                                          |                           |                                                                               |                                                                                                                                                                                                                          |
|                       | City                                                                                                     | State                     | Zip Code                                                                      | Amount of Each Receipt this Period                                                                                                                                                                                       |
|                       | FEC ID number of contributing federal political committee.                                               | C.                        | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                        |                                                                                                                                                                                                                          |
|                       | Name of Employer                                                                                         | Occupation                | 1                                                                             |                                                                                                                                                                                                                          |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼                                                     | Aggregate                 | Year-to-Date ▼                                                                |                                                                                                                                                                                                                          |
|                       |                                                                                                          | <u>L_n_n</u>              |                                                                               |                                                                                                                                                                                                                          |
| s                     | UBTOTAL of Receipts This Page (optional)                                                                 |                           |                                                                               | 1500.00                                                                                                                                                                                                                  |
| T                     | OTAL This Period (last page this line number of                                                          | only)                     |                                                                               | 1500.00                                                                                                                                                                                                                  |

| CHEDULE B (FEC Form 3X)<br>TEMIZED DISBURSEMENTS                                                      | FOR LINE<br>(check only<br>X<br>21b<br>27             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| ny information copied from such Reports and Stat<br>r for commercial purposes, other than using the n |                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NAME OF COMMITTEE (In Full)<br>PROTECT AMERICA TODAY                                                  |                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Full Name (Last, First, Middle Initial) Gisella Munoz                                                 |                                                       |                                        | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mailing Address 4437 S. 36th Street<br>A-1                                                            |                                                       |                                        | 03 31 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| City<br>Arlington                                                                                     | State Zip Code<br>VA 22206                            |                                        | Transaction ID : SB21B.4623                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Purpose of Disbursement<br>New PATPAC Website<br>Candidate Name                                       |                                                       | 001<br>Category/                       | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Office Sought: House Disburs<br>Senate President                                                      | sement For:<br>Primary General<br>Other (specify)     | Туре                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| State: District:<br>Full Name (Last, First, Middle Initial)                                           |                                                       |                                        | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mailing Address                                                                                       |                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| City                                                                                                  | State Zip Code                                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Purpose of Disbursement                                                                               |                                                       | Category/<br>Type                      | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Office Sought: House Disburs<br>Senate President State: District:                                     | sement For:<br>Primary ☐ General<br>Other (specify) ▼ |                                        | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Full Name (Last, First, Middle Initial)                                                               |                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Mailing Address                                                                                       | State Zip Code                                        |                                        | Land Long Longer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Purpose of Disbursement                                                                               |                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Candidate Name                                                                                        |                                                       | Category/<br>Type                      | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Office Sought: House Disburs<br>Senate President State: District:                                     | sement For:<br>Primary General<br>Other (specify) ▼   | - ype                                  | L <u>et of the second of the seco</u> |
| SUBTOTAL of Disbursements This Page (optional                                                         | ,,,,,,,,,,                                            |                                        | 1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                       | y                                                     | •••••••••••••••••••••••••••••••••••••• |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| Federal Election Com<br>ENVELOPE REPLACEMENT PAGE FOR<br>The FEC added this page to the end of this filin | R INCOMING DOCUMENTS                     |
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| Hand Delivered                                                                                            | Date of Receipt                          |
| Postmarked USPS First Class Mail                                                                          | Date of Receipt                          |
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| USPS Priority Mail Express                                                                                | Postmarked                               |
| Postmark Illegible                                                                                        |                                          |
| No Postmark                                                                                               |                                          |
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| Received from Senate Public Records Office                                                                | Date of Receipt                          |
| Received from Electronic Filing Office                                                                    | Date of Receipt                          |
| Other (Specify):                                                                                          | Date of Receipt or Postmarked            |
| PREPARER<br>(3/2015)                                                                                      | J-6-16<br>DATE PREPARED                  |

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