FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported 2200 WILSON BLVD 3. FEC Identification Number (c) ORy, State and ZIP Code 3. FEC Identification Number ARLINGTON VA 22201 2. Occupation and Name of Employer (for Individual Filers Only) C CaoD16992 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report	1. (a) Name of Individual, Organization or Corporation FREEDOM PARTNERS CHAMBER OF COMMERCE INC.		
ARLINGTON VA 22201 3. FEC identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C 00018632 C 00018632 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report C 24-Hour Report 3. July 15 Quarterly Report Image: Second Secon	2200 WILSON BLVD		
ARLINGTON VA 22201 2. Occupation and Name of Employer (for individual Filers Only) C C 2. Occupation and Name of Employer (for individual Filers Only) C C 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report C 3. July 15 Quarterly Report C C C 3. January 31 Year-End Report C C C 3. COVERING PERIOD: FROM 10 C Z016 THROUGH 11 C C C C 6. TOTAL CONTRIBUTIONS 00 Z016 Z016 Z016 Z016 Z016 <td a<="" agent="" any="" at="" authorized="" candidate="" committee="" concert="" consultation,="" cooperation,="" d.="" enterin="" in="" made="" mequest="" not="" of="" or="" suggestion="" td="" the="" vere="" with,=""><td>(c) City, State and ZIP Code</td><td>2 EEC Identification Number</td></td>	<td>(c) City, State and ZIP Code</td> <td>2 EEC Identification Number</td>	(c) City, State and ZIP Code	2 EEC Identification Number
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Intervention of person completing form Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion Intervention of the or authorized committee or its agent.			
Control of the second	(a) April 15 Quarterly Report		
I danuary 31 Year-End Report () Is this Report an amendment? No Yes, it amends the report filed on Note: () () () () () () () () () () () () ()	July 15 Quarterly Report 24-Hour Report		
 b) Is this Report an amendment? INO Yes, it amends the report filed on Yes, it amends the report of any candidate or authorized committee or agent of either, or any political party committee or its agent. 	October 15 Quarterly Report 48-Hour Report		
b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 10 / 24 / 2016 THROUGH 11 / 08 / 2016 6. TOTAL CONTRIBUTIONS 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report		
7. TOTAL INDEPENDENT EXPENDITURES 3058.53 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Heaton, Robert, , , 10/25/2016	5. COVERING PERIOD: FROM 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Heaton, Robert, , , Heaton, Robert, , , 10/25/2016	6. TOTAL CONTRIBUTIONS	.00	
of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Heaton, Robert, , , Heaton, Robert, , , 10/25/2016	7. TOTAL INDEPENDENT EXPENDITURES	3058.53	
Heaton, Robert, , , [Electronically Filed] Heaton, Robert, , , 10/25/2016		tion, or concert with, or at the request or suggestion	
10/25/2016			
	Heaton, Robert, , , Heaton, Robert, , ,	10/25/2016	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	NOTE: Submission of false, arrongous or incomplete information may subject the parson signing this range		

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
i360, LLC	
Mailing Address PO Box 37046	10 24 2016
	Amount
City State Zip Code	3058.53
Baltimore MD 21297	Transaction ID : F57.000001
Purpose of Expenditure Category/ phone calls (estimated cost) Type	Office Sought: X House State: CO
	Senate District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Coffman, Mike, , ,	President
	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought 3058.53	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M-M / D-D / Y-Y-Y-Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination	
rui Name (Last, First, Miuule Initial) of Payee	Date of Public Distribution/Dissemination
run manne (Last, First, Millule Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Mailing Address	
Mailing Address	Amount
Mailing Address City State Zip Code	Amount Office Sought: House State:
Mailing Address City State Zip Code Purpose of Expenditure Category/	Amount Office Sought: House State:
Mailing Address City State Purpose of Expenditure Category/ Type	Amount Office Sought: House State: Senate District:
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Image: Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Amount Office Sought: House State: Senate District: President
Mailing Address City State Purpose of Expenditure Category/ Type	MIM DID YIYYYY Amount Amount Office Sought: House State: Senate District: District: President Oppose
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Source	MIM P P Y Y Y Y Y Y Amount Amount Office Sought: House State: Senate District: District: Disbursement For: Primary General
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Source	MIM P P Y Y Y Y Y Y Amount Amount Office Sought: House State: Senate District: District: Disbursement For: Primary General
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought	Amount Amount Office Sought: Senate District: President Check One: Support Oppose Disbursement For: Primary General Other (specify)
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought	Amount Amount Office Sought: House State: District: District: Disbursement For: Primary General Other (specify) 3058.53
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Image: Calendar Generation of the state	Amount Amount Office Sought: House State: District: District: Disbursement For: Primary General Other (specify) 3058.53

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FOR LINE 7 OF FORM 5

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