

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Faith Family Freedom Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="70136.07"/>	<input type="text" value="70136.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50128.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2411.00"/>	<input type="text" value="19645.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52539.87"/>	<input type="text" value="89781.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13409.40"/>	<input type="text" value="50650.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39130.47"/>	<input type="text" value="39130.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9495.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Faith Family Freedom Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	280.00	3620.00
(ii) Unitemized	2131.00	16025.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2411.00	19645.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2411.00	19645.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2411.00	19645.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2411.00	19645.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	27241.34
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	13409.40	23409.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13409.40	50650.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13409.40	50650.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2411.00	19645.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2411.00	19645.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)
A. Brian R Gardner

Mailing Address 1500 W North St

City Jackson State MI Zip Code 49202

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

Name of Employer Consumers Energy Occupation Info requested per best efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.11571

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Nancy Unsworth

Mailing Address 13 Endicott St #B

City Danvers State MA Zip Code 01923-3711

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.11583

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	280.00

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T Financial

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258-0340

Purpose of Disbursement
Facebook ads (see memo entries)

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2015

Transaction ID : SB29.11643

Amount of Each Disbursement this Period

1199.49

Full Name (Last, First, Middle Initial)

B. BB&T Financial

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258-0340

Purpose of Disbursement
Non-federal Facebook ads (see memo entry)

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2015

Transaction ID : SB29.11646

Amount of Each Disbursement this Period

6999.68

Full Name (Last, First, Middle Initial)

C. BB&T Financial

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258-0340

Purpose of Disbursement
Non-federal disbursement (see memo entry)

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2015

Transaction ID : SB29.11647

Amount of Each Disbursement this Period

210.23

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

8409.40

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Connemara Interactive

Mailing Address 2402 Valletta Road

City State Zip Code
Louisville KY 40205

Purpose of Disbursement
Non-federal disbursement

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Transaction ID : SB29.11640

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City State Zip Code
Menlo Park CA 94025

Purpose of Disbursement
Non-federal disbursement

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.11650

Amount of Each Disbursement this Period

210.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City State Zip Code
Menlo Park CA 94025

Purpose of Disbursement
Non-federal disbursement

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.11651

Amount of Each Disbursement this Period

6999.68

[MEMO ITEM]

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

5000.00

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

13409.40

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T Financial	Nature of Debt (Purpose): Facebook ads
Mailing Address PO Box 580340	
City State Zip Code Charlotte NC 28258-0340	

Outstanding Balance Beginning This Period <input type="text" value="1199.49"/>	Transaction ID : SD10.11537	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1199.49"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T Financial	Nature of Debt (Purpose): Nonfederal advertising
Mailing Address PO Box 580340	
City State Zip Code Charlotte NC 28258-0340	

Outstanding Balance Beginning This Period <input type="text" value="6999.68"/>	Transaction ID : SD10.11535	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6999.68"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T Financial	Nature of Debt (Purpose): Nonfederal ads
Mailing Address PO Box 580340	
City State Zip Code Charlotte NC 28258-0340	

Outstanding Balance Beginning This Period <input type="text" value="210.23"/>	Transaction ID : SD10.11536	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="210.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T Financial	Nature of Debt (Purpose): Non-federal disbursement
Mailing Address PO Box 580340	
City State Zip Code Charlotte NC 28258-0340	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11648	
Amount Incurred This Period 9495.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9495.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connemara Interactive	Nature of Debt (Purpose): Nonfederal advertising
Mailing Address 2402 Valletta Road	
City State Zip Code Louisville KY 40205	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.11545	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	9495.00
2) TOTALS This Period (last page this line number only)..... ▶	9495.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9495.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ C C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Facebook [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2015
Mailing Address 1601 Willow Road	Amount 243.15
City State Zip Code Menlo Park CA 94025	Transaction ID : SE.11653 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015
Purpose of Expenditure Facebook ad	Category/Type 004
Name of Federal Candidate MICHAEL F BENNET	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	11689.31

Full Name of Payee Facebook [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2015
Mailing Address 1601 Willow Road	Amount 284.18
City State Zip Code Menlo Park CA 94025	Transaction ID : SE.11654 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015
Purpose of Expenditure Facebook ad	Category/Type 004
Name of Federal Candidate HEIDI HEITKAMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____
	11729.58

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

Signature _____ **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund
FEC IDENTIFICATION NUMBER C C00489625
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Facebook [MEMO ITEM]
Mailing Address 1601 Willow Road
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Facebook ad Category/Type
Name of Federal Candidate LISA MURKOWSKI Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4628.84

Date of Public Distribution/Dissemination 10/01/2015
Amount 180.33
Transaction ID : SE.11655
Date of Disbursement or Obligation 11/11/2015
Office Sought: House Senate State: AK
Disbursement For: Primary General Other (specify)

Full Name of Payee Facebook [MEMO ITEM]
Mailing Address 1601 Willow Road
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Facebook ad Category/Type 004
Name of Federal Candidate JOSEPH S DONNELLY Support Oppose
Calendar Year-To-Date Per Election for Office Sought 5729.26

Date of Public Distribution/Dissemination 10/01/2015
Amount 281.20
Transaction ID : SE.11656
Date of Disbursement or Obligation 11/11/2015
Office Sought: House Senate State: IN
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Paul Tripodi [Electronically Filed] Date 12/10/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ C C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Facebook [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2015
Mailing Address 1601 Willow Road	Amount 210.63
City State Zip Code Menlo Park CA 94025	Transaction ID : SE.11659 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015
Purpose of Expenditure Facebook ad	Category/Type 004
Name of Federal Candidate ROBERT P JR CASEY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: PA
Calendar Year-To-Date Per Election for Office Sought 4659.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015