

CORSARO & ASSOCIATES CO., LPA

28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
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DATE: August 2, 2016 FAX NO.: 202-219-0174

TO: _____

COMPANY: FEDERAL ELECTION COMMISSION

FROM: Michael F. Halper, Esq. NO. OF PGS. (INCLUDING COVER SHEET): 6

COMMENTS: _____

Please see the attached.

20160803 08:02 FAX 202-219-0174

CONFIRMATION

Sent by: _____ Date/Time Sent: _____

Confirmation No.: N/A Spoke with: _____

Confirmed by: _____ Date/Time Confirmed: _____

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Corsaro & Associates

A Legal Professional Association

28039 Clemens Road
Westlake OH 44145

(440) 871-4022/Telephone
(440) 871-9567/Facsimile

August 2, 2016

VIA FACSIMILE

FEDERAL ELECTION COMMISSION

999 East Street NW

Washington, D.C. 20463

Re: Mr. Kenneth A. Lanci
Amended FEC Form 5, Report of Independent Expenditures Made and
Contributions Received

Dear Sir or Madam:

Enclosed please find an Amended FEC Form 5, Report of Independent Expenditures Made and Contributions Received, duly executed by Mr. Kenneth A. Lanci. If you should have any questions and/or comments concerning the enclosed, please do not hesitate to contact me.

Sincerely,
COR SARO & ASSOCIATES CO., LPA

By: Michael F. Halper, Esq.

WCW/mcb

Enclosure

cc: Mr. Kenneth A. Lanci (w/encl.) (via email)

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation KENNETH A. LANCI		3. FEC Identification Number C 9 0 0 1 6 0 0 7
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2017 E. 9th Street, Sky 3		
(c) City, State and ZIP Code Cleveland, OH 44115		
2. Occupation and Name of Employer (for Individual Filers Only) Executive Consolidated Graphics Management, Inc.		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, It amends the report filed on 0 4 1 5 2 0 1 6

5. COVERING PERIOD: FROM 0 1 0 1 2 0 1 6
THROUGH 0 3 3 1 2 0 1 6

6. TOTAL CONTRIBUTIONS.....	10,035.83
7. TOTAL INDEPENDENT EXPENDITURES	10,035.83

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

Kenneth A. Lanci

8-2-16

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

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-A
ITEMIZED RECEIPTS**

PAGE 1 OF 1

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 FILER (In Full)
Kenneth A. Lanci

A. Full Name (Last, First, Middle Initial) Lanci, Kenneth A.			Date of Receipt	
Mailing Address 2017 E. 9th Street, Sky 3			0 3 1 0 2 0 1 6	
City	State	Zip Code	Amount of Each Receipt this Period	
Cleveland	OH	44115	1 0 0 3 5 8 3	
FEC ID number of contributing federal political committee. C				
Name of Employer Consolidated Graphics Management, Inc.		Occupation Executive		

B. 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		

C. 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		

D. 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		

SUBTOTAL of Receipts This Page (optional)	▶	1 0 0 3 5 8 3
TOTAL This Period (last page carry total to Line 8)	▶	1 0 0 3 5 8 3

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)					
Kenneth A. Lancl					
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Unita This City, LLC			0 3 1 0 2 0 1 6		
Mailing Address			Amount		
1978 Wright Road			1 5 0 0 0 0		
City	State	Zip Code			
Akron	OH	44320			
Purpose of Expenditure		Category/Type	Office Sought:		
Development of Ohio Dems for Trump website		0 0 4	<input type="checkbox"/> House State: OHIO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:		
Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:		
1 5 0 0 0 0			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Stevens Strategic Communications, Inc.			0 3 1 0 2 0 1 6		
Mailing Address			Amount		
Gemini Towers Suite 500, 1991 Crocker Road			1 9 0 0 0 0		
City	State	Zip Code			
Westlake	OH	44145			
Purpose of Expenditure		Category/Type	Office Sought:		
Preparation of a press release		0 0 4	<input type="checkbox"/> House State: OHIO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:		
Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:		
3 4 0 0 0 0			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Consolidated Solutions			0 3 1 0 2 0 1 6		
Mailing Address			Amount		
1614 E. 40th Street			9 4 7 5 4		
City	State	Zip Code			
Cleveland	OH	44103			
Purpose of Expenditure		Category/Type	Office Sought:		
Preparation of banners		0 0 4	<input type="checkbox"/> House State: OHIO <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:		
Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:		
4 3 4 7 5 4			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			4 3 4 7 5 4		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			:		
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			:		

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 3

NAME OF FILER (In Full)
Kenneth A. Lanci

Full Name (Last, First, Middle Initial) of Payee Consolidated Solutions		Date of Public Distribution/Dissemination 0 3 / 1 0 / 2 0 1 6	
Mailing Address 1814 E. 40th Street		Amount 5 6 8 8 2 8	
City Cleveland	State OH	Zip Code 44103	
Purpose of Expenditure Preparation of posters and handouts	Category/Type 0 0 4	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OHIO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1 0 0 3 5 8 3		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Kenneth A. Lanci	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5 6 8 8 2 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1 0 0 3 5 8 3

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Via FAX

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(8/2013)

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