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Image# 201606169018420000

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Stop Hillary PAC			
<u> </u>			
ADDRESS (number and street)	203 South Union Street		
Check if different	Ste 300		
than previously reported. (ACC)	Alexandria		VA 22314
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00544767		S THIS NEW (N) OI	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0	Q1)	20 (M4) Jul 20 (M7	
July 15 Quarterly Report (0	O2) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	YE) Electio	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t Electio	on on	in the State of
5. Covering Period 0		through 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Dan Backer		
Signature of Treasurer Dan	Backer	[Electronically Filed]	Date 06 / 16 / 2016
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signin	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Stop Hillary PAC 2016 01 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 116420.64 January 1, 2016 (b) Cash on Hand at 116420.64 Beginning of Reporting Period..... 47970.39 47970.39 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 164391.03 164391.03 6(a) and 6(c) for Column B)..... 94371.46 94371.46 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 70019.57 70019.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 18820.86 Schedule C and/or Schedule D) ..... 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

Stop Hill	lary	PA	С
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Report Covering the Period: From: 01	01 2016 To	o: 01 31 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	500.00	500.00
	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	F00.00	500.00
Lines 11(a)(i) and (ii)▶	500.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	500.00	500.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
_		
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
'. Other Federal Receipts		
(Dividends, Interest, etc.)	47470.39	47470.39
3. 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
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))      ■	47970.39	47970.39
_		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	47970.39	47970.39

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
	perating Expenditures: –  Allocated Federal/Non-Federal  Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b)					
(0)	Expenditures	73.29	73.29		
(c)	Total Operating Expenditures  (add 21(a)(i), (a)(ii), and (b))▶	73.29	73.29		
22. Tr	ansfers to Affiliated/Other Party	0.00	0.00		
23. Co	ommitteesontributions to	0.00	0.00		
Fe an	ederal Candidates/Committees ad Other Political Committees	0.00	0.00		
	dependent Expenditures	10027.05	10027.05		
25. Cd	se Schedule E) pordinated Party Expenditures	10027.05	10027.05		
(2 (u:	U.S.C. §441a(d)) se Schedule F)	0.00	0.00		
)6 I ^	van Ronaymonte Mado	34507.06	34507.06		
. LO	an Repayments Made		04007.00		
	efunds of Contributions To:	0.00	0.00		
(a)		10.00	10.00		
	Than I childer committees				
(b)		0.00	0.00		
(c)	Other Political Committees (such as PACs)	0.00	0.00		
(d	) Total Contribution Refunds				
(d)	(add Lines 28(a), (b), and (c))▶	10.00	10.00		
00 O1	shari Diahamaanaata	40754.00	40754.06		
29. Ot	ther Disbursements	49754.06	49754.06		
	ederal Election Activity (2 U.S.C. §431(20))				
(a)	) Allocated Federal Election Activity (from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(;;) III aviall Chara	0.00	0.00		
(b)	(ii) "Levin" Share  ) 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		
	-				
	tal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	2,277, 12	04074 40		
20	, 27, 20, 20, 21, 20(a), 28 and 30(b))	94371.46	94371.46		
	tal Federal Disbursements				
(SI	ubtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)	94371.46	94371.46		

### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	500.00
4. Total Contribution Refunds (from Line 28(d))	10.00	10.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	490.00	490.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	73.29	73.29
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	73.29	73.29

### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA Transaction ID :

This report amended to update independent expenditure amounts and corresponding debts.

Form/Schedule: Transaction ID:

## SCHEDULE A (FEC Form 3X)

	F	FOR LINE NUMBER: PAGE 7 OF 2								27		
Use separate schedule(s) for each category of the	(c	(check only one)										
Detailed Summary Page		X	11a		11b		11c		12			
Botanoa Gammary 1 ago			13		14		15		16			17
not be sold or used by any person for the purpose of soliciting contributions												

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may 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) Stop Hillary PAC Full Name (Last, First, Middle Initial) ROBERT VLASIC Date of Receipt Mailing Address 716 OCEAN DRIVE 2016 City State Zip Code Transaction ID: SA11.117507 FL JUNO BEACH 33408 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation CONTRIBUTION INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 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 C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 27 (check only one)  11a 11b 11c 12 13 14 15 16 🗙 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Stop Hillary PAC			erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) J SCOTT BECKENDORF  Mailing Address 7 IRONWOOD ROAD  City SAN ANTONIO  FEC ID number of contributing federal political committee.  Name of Employer WINE CONSULTANTS  Receipt For:  Primary General Other (specify)	· · ·		Date of Receipt  01 06 2016  Transaction ID: SA11.117903  Amount of Each Receipt this Period  250.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  HOWARD COLLIER  Mailing Address 581 JOLLY ROGERS RD AD  City  ABILENE  FEC ID number of contributing federal political committee.  Name of Employer RETIRED  Receipt For:  Primary  Other (specify)   General	State TX  C  Occupation ELECTRICA	Zip Code 79601  AL ENGINEERING  Year-to-Date ▼  500.00	Date of Receipt  01 27 2016  Transaction ID: SA11.119562  Amount of Each Receipt this Period  500.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  JAMES CROUL  Mailing Address P.O. BOX 143  City SUN VALLEY  FEC ID number of contributing federal political committee.  Name of Employer  ME  Receipt For:  Primary General Other (specify)	· · ·	Zip Code 83353 Year-to-Date ▼	Date of Receipt  01 06 2016  Transaction ID: SA11.117904  Amount of Each Receipt this Period  250.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)		•	1000.00
TOTAL This Period (last page this line number	only)	<b>&gt;</b>	

SCHEDULE A (FEC FORM 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 27 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and or for commercial purposes, other than using the such as			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Stop Hillary PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial)  PHYLLIS DORRICOTT			Date of Receipt
Mailing Address 26710 BIRCH HILLL WAY  City	State	Zip Code	01 27 2016 Transaction ID : SA11.119561
LOS ALTOS HILLS	CA	94022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer N/A	Occupation RETIRED		Memo Item CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  B. CHRISTY GREEN			Date of Receipt
Mailing Address 506 CHRISTINE DRIVE	2		01 26 2016
City VACAVILLE	State CA	Zip Code 95687	Transaction ID : SA11.119411  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SOLANO COMMUNITY COLLEGE	Occupation CHEMISTR	Y LAB MANAGER	Memo Item CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  C. MICHAEL KOSTAS			Date of Receipt
Mailing Address 2810 COBB LANE  City	State	Zip Code	01 30 2016
SMYRNA	GA	30082	Transaction ID : SA11.119682  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SELF	Occupation CHIROPRA	ACTIC PHYSICIAN	Memo Item CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional).			750.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 27 (check only one)  11a 11b 11c 12 13 14 15 16 🗙 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  ALEXIS LAMOTHE  Mailing Address 13111 IRWIN WAY  City CARMEL  FEC ID number of contributing federal political committee.  Name of Employer  SELF  Receipt For:  Primary General Other (specify)	State Zip Code IN 46032  C  Occupation INVESTOR  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1 21 2016  Transaction ID: SA11.118756  Amount of Each Receipt this Period  100.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  ALEXIS LAMOTHE  Mailing Address 13111 IRWIN WAY  City CARMEL  FEC ID number of contributing federal political committee.  Name of Employer SELF  Receipt For: Primary General Other (specify)	State Zip Code IN 46032  C  Occupation INVESTOR  Aggregate Year-to-Date ▼  250.00	Date of Receipt  01
Full Name (Last, First, Middle Initial)  ALEXIS LAMOTHE  Mailing Address 13111 IRWIN WAY  City CARMEL  FEC ID number of contributing federal political committee.  Name of Employer  SELF Receipt For:  Primary General Other (specify)	State Zip Code IN 46032  C  Occupation INVESTOR  Aggregate Year-to-Date ▼  250.00	Date of Receipt  01 27 2016  Transaction ID: SA11.119558  Amount of Each Receipt this Period  100.00  Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 27 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Stop Hillary PAC		erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) BENJAMIN METZLER  Mailing Address 511 MONTCLAIR COURT  City PARKTON  FEC ID number of contributing federal political committee.  Name of Employer ELEMENT FLEET MANAGEMENT Receipt For: Primary General Other (specify)	State Zip Code MD 21120  C  Occupation PROJECT MANAGER  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1 26 2016  Transaction ID: SA11.119412  Amount of Each Receipt this Period  250.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  WILLIAM NAEGELE  Mailing Address 4300 BAKER ROAD  City  MINNETONKA  FEC ID number of contributing federal political committee.  Name of Employer  RESTAURANTS NO LIMIT  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 55343  C  Occupation RESTAURANT/REAL ESTATE  Aggregate Year-to-Date ▼  350.00	Date of Receipt  O1
Full Name (Last, First, Middle Initial)  WILLIAM NAEGELE  Mailing Address 4300 BAKER ROAD  City  MINNETONKA  FEC ID number of contributing federal political committee.  Name of Employer  RESTAURANTS NO LIMIT  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 55343  C  Occupation RESTAURANT/REAL ESTATE  Aggregate Year-to-Date ▼  350.00	Date of Receipt  O1 27 2016  Transaction ID: SA11.119559  Amount of Each Receipt this Period  100.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Stop Hillary PAC	I Statements may not be sold or use the name and address of any political	d by any person for the purpose of soliciting contributions of committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  JACK RETTIG  Mailing Address 316 ROYAL PLAZA DRIVE  City FORT LAUDERDALE  FEC ID number of contributing federal political committee.  Name of Employer  SELF  Receipt For:  Primary General Other (specify)	State Zip Code FL 33301  C  Occupation RETIRED  Aggregate Year-to-Date ▼	Date of Receipt  01 06 2016  Transaction ID: SA11.117905  Amount of Each Receipt this Period  500.00  Memo Item  CONTRIBUTION  NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  MARK RODACK  Mailing Address 16051 COLLINS AVE 3502  City  SUNNY ISLES BEACH  FEC ID number of contributing federal political committee.  Name of Employer  RETIRED  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33160  C  Occupation RETIRED  Aggregate Year-to-Date ▼	Date of Receipt  01 06 2016  Transaction ID: SA11.117906  Amount of Each Receipt this Period  500.00  Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial)  MARK RODACK  Mailing Address 16051 COLLINS AVE 3503  City SUNNY ISLES BEACH  FEC ID number of contributing federal political committee.  Name of Employer  RETIRED  Receipt For:  Primary General Other (specify)	State Zip Code FL 33160  C  Occupation RETIRED  Aggregate Year-to-Date ▼	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line numb	er only)	

Temilized Receipts	SCHEDULE A (FEC Form 3X)		parate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 27 (check only one)				
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 commendate purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Stop Hilliary PAC  Full Name (Last, First, Middle Initial)  ADENNIS ROSS  Mailing Address 703 1ST AVE SE  City  City  State  City  Amount of Each Receipt this Period  Memolten  Memolten  Amount of Each Receipt this Period  Memolten  Memolten  Memolten  Contributions  Con	ITEMIZED RECEIPTS	for eac	h category of the	11a 11b 11c 12				
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)  Stop Hillary PAC  Full Name (Last, Frst, Middle Initial)  FEC ID number of contributing feederal political committee.  Name of Employer  FRC Dennity General  Other (specify) ▼  State Zip Code  Non CONTRIBUTION ACCOUNT  Primary General  Other (specify) ▼  Full Name (Last, Frst, Middle Initial)  C Initial Name (Last, Frst, Middle Initial)  FULL Name (Last, Frst, Middle Initial)  FULL Name (Last, Frst, Middle Initial)  C Initial Name (Last, Frst, Middle Initial)  FULL Name (				13   14   15   16   X 17				
Stop Hillary PAC  Full Name (Last, First, Middle Initial)  A. DENNIS ROSS  City State Zip Code MN 55927  City State Zip Code MN 55927  For ID number of contributing federal political committee.  Name of Employer General City State Zip Code  NON CONTRIBUTION ACCOUNT  Fell Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Amount of Each Receipt this Period  C. Mailing Address  City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Receipt For:  Primary General City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Name of Employer Occupation  FEC ID number of contributing federal political committee.  Amount of Each Receipt this Period  Amount of Each Receipt mis Period								
A. DENNIS ROSS  Mailing Address 703 1ST AVE SE  City DODGE CENTER MN 55927  Amount of Each Receipt this Period  FEC 1D number of contributing federal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  Fill Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Cocupation  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period  C.  Amount of Each Receipt this Period	,							
City	Full Name (Last, First, Middle Initial)  A. DENNIS ROSS			Date of Receipt				
DOOGE CENTER  FEC ID number of contributing federal political committee.  Name of Employer  SELF  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City  State  Zip Code  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Contribution  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation  Aggregate Year-to-Date ▼  Date of Receipt this Period  Amount of Each Receipt this Period  Memo Item  Contribution  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Date	Mailing Address 703 1ST AVE SE							
FEC ID number of contributing federal political committee.  Name of Employer  SELF  Receipt For:  Primary General Other (specify) V  Pull Name (Last, First, Middle Initial)  FCI D number of contributing federal political committee.  Name of Employer  Primary General Other (specify) V  Aggregate Year-to-Date V  Primary General Other (specify) V  Amount of Each Receipt this Period	City			Transaction ID : SA11.119410				
tederal political committee.  Name of Employer  SELF  Receipt For:  Primary General Other (specify) V  Primary General Other (specify) V  Primary General Other (specify) V  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) V  FILL Name (Last, First, Middle Initial)  FEC ID number of contributing federal political committee.  Name of Employer  Financy General Other (specify) V  FEC ID number of contributing federal political committee.  Name of Employer  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date V  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date V  FEC ID number of contributing federal political committee.  Name of Employer  Cocupation  Aggregate Year-to-Date V  Primary General Other (specify) V  Amount of Each Receipt this Period	DODGE CENTER	MN 5592	7	Amount of Each Receipt this Period				
SELF Receipt For:    Primary   General   Other (specify) ▼		C		250.00				
SELF Receipt For:    Primary   General   Aggregate Year-to-Date ▼	Name of Employer	Occupation		—— Memo Item				
Receipt For:				CONTRIBUTION				
Primary   General   250.00   NON CONTRIBUTION ACCOUNT	Receipt For:		ate <b>V</b>					
Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt this Period  C.  Amount of Each Receipt  Amount of Each Receipt  Amount of Each Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  Amount of Each Receipt this Period  Memo Item  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		Aggregate real to be		NON CONTRIBUTION ACCOUNT				
B. Mailing Address  City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Receipt For: Primary General Other (specify) ▼  C. Mailing Address  City State Zip Code  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  FUI Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Other (specify)		230.00	1				
City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Memo Item  Memo Item  Memo Item  SUBTOTAL of Receipts This Page (optional)	Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt				
Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer    Name of Employer	Mailing Address			M = M / D = D / Y = Y = Y				
FEC ID number of contributing federal political committee.  Name of Employer    Cocupation	City	State Zip C	ode	Amount of Each Receipt this Period				
Name of Employer    Receipt For:	•	С		Timedia of Edul According to the				
Receipt For:  Primary General Other (specify) ▼  C.  Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item  SUBTOTAL of Receipts This Page (optional)	·	Occupation		Memo Item				
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼  Substoct A Signey State Sear-to-Date State State Sear-t	Name of Employer	Occupation						
Cther (specify) ▼  City  State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer  Primary General  Other (specify) ▼  Substotal of Receipts This Page (optional)		Aggregate Year-to-Da	ate ▼					
C.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Substoctal of Receipts This Page (optional)				1				
C.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify)   Other (specify)   SUBTOTAL of Receipts This Page (optional)	Other (specify) ▼		7	1				
Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Full Name (Last, First, Middle Initial)  C.			Date of Receipt				
Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)								
FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For: Primary General Other (specify)  Other (specify)  Substitute of Receipts This Page (optional)	City	State Zip C	ode	Annual of Each Provide this Provide				
Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)	· ·	С		Amount of Each Receipt this Period				
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Name of Employer	Occupation		Memo Item				
2050 00	Primary General	Aggregate Year-to-Da						
2050.00	SUBTOTAL of Receipts This Page (optic	onal)		250.00				
TOTAL This Period (last page this line number only)		·		3950.00				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
II EIWILED DISBURSEMENIS	for each category of the Detailed Summary Page	X 21b   27	22 23 24 25 26 28a 28b 28c 29 30l
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Stop Hillary PAC	o and dadress of any pointer		
Full Name (Last, First, Middle Initial)  A. PCI PAYMENT SOLUTIONS			Date of Disbursement
Mailing Address 902 CHINQUAPIN RD			01 04 2016
MCLEAN	State Zip Code VA 22102		Transaction ID : SB21B.I80138
Purpose of Disbursement MERCHANT PROCESSING FEES Candidate Name			Amount of Each Disbursement this Period
Office Sought: House Disbursen	cent For:	Category/ Type	73.29
Senate President	Primary General Other (specify)		Memo Item
State: District:  Full Name (Last, First, Middle Initial)  B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For:  Primary General  Other (specify)		Memo Item
State: District:  Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M M / D D / Y Y Y Y Y
	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			73.29
TOTAL This Period (last page this line number only)			73.29

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 X 26
Any information copied from such Reports and Statem	ents may not be sold or used		
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  Stop Hillary PAC	e and address of any political	committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. AMERICAN ACTION NEWS LLC  Mailing Address 203 S UNION ST  STE 300			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code VA 22314		Transaction ID : SB26.I57973
		Category/ Type	Amount of Each Disbursement this Period  1125.00  Memo Item
Full Name (Last, First, Middle Initial)  BIG EYE DIRECT  Mailing Address 13860 REDSKIN DR.			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	vitate Zip Code VA 20171  regiance Direct, paid		Transaction ID : SB26.I57972  Amount of Each Disbursement this Period
Office Sought: House Disbursem		Category/ Type	5366.56  Memo Item
Full Name (Last, First, Middle Initial)  CAMPAIGN SOLUTIONS  Mailing Address 445 NORTH SAND AND AND AND AND AND AND AND AND AND			Date of Disbursement
,		Category/ Type	Transaction ID : SB29.I78570_B  Amount of Each Disbursement this Period  2463.27
Senate	Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			
OTAL This Period (last page this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one) 22 23 24 25 X 26	
Any information copied from such Reports and Statem	ents may not be sold or used			
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  Stop Hillary PAC	e and address of any political	committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)  A. CD, INC.  Mailing Address P.O. BOX 1877			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
,	itate Zip Code VA 22313		Transaction ID : SB26.I78571	
Purpose of Disbursement August/September Monthly Online Advertising  Candidate Name  Office Sought: House Disbursem Senate		Category/ Type	Amount of Each Disbursement this Period  13245.55  Memo Item	
Full Name (Last, First, Middle Initial)  3. CD, INC.  Mailing Address P.O. BOX 1877			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
ALEXANDRIA Purpose of Disbursement October Monthly Online Advertising	vitate Zip Code VA 22313		Transaction ID : SB26.I78571_B  Amount of Each Disbursement this Period	
		Category/ Type	3806.68 Memo Item	
Full Name (Last, First, Middle Initial) C. CD, INC.			Date of Disbursement	
ALEXANDRIA Purpose of Disbursement December Monthly Online Advertising  Candidate Name  Office Sought: House Disbursem Senate		Category/ Type	Transaction ID : SB26.I78571_C  Amount of Each Disbursement this Period  5000.00  Memo Item	
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only).	TOTAL This Period (last page this line number only)			

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b	
Any	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may not be sold or use ne and address of any politic	ed by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Stop Hillary PAC			
۹.	Full Name (Last, First, Middle Initial) CD, INC.			Date of Disbursement
	Mailing Address P.O. BOX 1877  City S	State Zip Code		01 18 2016
	ALEXANDRIA	VA 22313		Transaction ID : SB26.I78574
	Purpose of Disbursement December Monthly Online Advertising Candidate Name		Category/ Type	Amount of Each Disbursement this Period 3500.00
		nent For: Primary General Other (specify) ▼	.,,,,	Memo Item
3.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement  Candidate Name			Amount of Each Disbursement this Period
			Category/ Type	
		nent For: Primary General Other (specify) ▼		Memo Item
	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
		State Zip Code		
	Purpose of Disbursement			
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period
		nent For: Primary General Other (specify) ▼		Memo Item
SI	SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)				34507.06

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page  FOR LINE (check on 21b 27)	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Stop Hillary PAC	ents may not be sold or used by any per	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  A. DONNY FERGUSON  Mailing Address 101 SKYHILL ROAD  #203		Date of Disbursement  O1 04 2016
City S ALEXANDRIA Purpose of Disbursement CAREY DISBURSEMENT- POLITICAL AND CONTE Candidate Name  Office Sought: House Disbursem Senate	Category/ Type	Transaction ID : SB29.I78564  Amount of Each Disbursement this Period  4000.00  Memo Item
Full Name (Last, First, Middle Initial)  3. CAMPAIGN SOLUTIONS  Mailing Address 117 NORTH SAINT ASAPH ST  City S ALEXANDRIA  Purpose of Disbursement CAREY DISBURSEMENT- ADVOCACY AND ONLING SEDVICES Candidate Name  Office Sought: House Disbursement Senate	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	Category/	Date of Disbursement  O1 31 2016  Transaction ID : SB29.I78579  Amount of Each Disbursement this Period  5822.51
President	Type ent For: Primary	Memo Item
Senate I	ent For: Primary General Other (specify)	Memo Item 20195.51

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	27
	Detailed Summary Page	27 28a 28b 28c X 29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used be and address of any political co	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Stop Hillary PAC			
Full Name (Last, First, Middle Initial)  A. CMDI		Date of Disbursement	
Mailing Address 1593 SPRING HILL RD #400	7: 0 :	01 13 2016	
VIENNA	tate Zip Code VA 22182	Transaction ID : SB29.I57977	
Purpose of Disbursement CAREY DISBURSEMENT- COMPLIANCE SERVICE Candidate Name		Amount of Each Disbursement this Period Category/ Type 2900.00	d
	ent For: Primary General Other (specify) ▼	Memo Item	
Full Name (Last, First, Middle Initial)  B CAPITOL STRATEGIES		Date of Disbursement	
Mailing Address 203 S UNION ST STE 300		01 15 2016	
,	tate Zip Code VA 22314 EXPENSES	Transaction ID : SB29.I57978  Amount of Each Disbursement this Period	d
Candidate Name	Ca	Category/ Type  Amount of Each bisbursement this Feriod  16365.80	
Office Sought: House Disbursem	ent For:	Memo Item	
	Primary General  Other (specify) ▼		
President		Date of Disbursement	
State: President State: District:  Full Name (Last, First, Middle Initial)			
President  State: District:  Full Name (Last, First, Middle Initial)  DB CAPITOL STRATEGIES  Mailing Address 203 S UNION ST  STE 300  City  ALEXANDRIA		M = M / D = D / Y = Y = Y	
President District:  Full Name (Last, First, Middle Initial) DB CAPITOL STRATEGIES  Mailing Address 203 S UNION ST STE 300  City	Other (specify) ▼  tate Zip Code  VA 22314	Transaction ID : SB29.I78569  Amount of Each Disbursement this Period Category/	d
President State: District:  Full Name (Last, First, Middle Initial)  DB CAPITOL STRATEGIES  Mailing Address 203 S UNION ST STE 300  City S ALEXANDRIA Purpose of Disbursement CAREY DISBURSEMENT- MEDIA SERVICES  Candidate Name  Office Sought: House Senate	Other (specify) ▼  tate Zip Code  VA 22314	Transaction ID : SB29.I78569  Amount of Each Disbursement this Period	d
President State: District:  Full Name (Last, First, Middle Initial)  DB CAPITOL STRATEGIES  Mailing Address 203 S UNION ST STE 300  City S ALEXANDRIA Purpose of Disbursement CAREY DISBURSEMENT- MEDIA SERVICES  Candidate Name  Office Sought: House Senate President	Other (specify)   tate Zip Code  VA 22314  Cient For:  Primary General  Other (specify)   Other (specify)	Transaction ID: SB29.I78569  Amount of Each Disbursement this Period Type  Memo Item	d d

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 20 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information conical from such December 2015	conto mou set les estat en		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Stop Hillary PAC			
Full Name (Last, First, Middle Initial)			
A. DB CAPITOL STRATEGIES			Date of Disbursement
Mailing Address 203 S UNION ST STE 300			01 28 2016
,	State Zip Code		Transaction ID : SB29.I78576
ALEXANDRIA	VA 22314		Transaction ib . 3023.170370
Purpose of Disbursement CAREY DISBURSEMENT- LEGAL AND COMPLIA	NCE SERVICES		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disbursen	nent For:		Memo Item
	Primary General		_
	Other (specify) ▼		
State: District:  Full Name (Last, First, Middle Initial)			
B. DB CAPITOL STRATEGIES			Date of Disbursement
Matter Address			M = M / D = D / Y = Y = Y
Mailing Address 203 S UNION ST STE 300			01 28 2016
City S ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB29.I78576_B
Purpose of Disbursement CAREY DISBURSEMENT- ACTIVE LITIGATION S			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dispulsement this Period
		Category/ Type	5000.00
Office Sought: House Disbursen	nent For:	.,,,,	Memo Item
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
DB CAPITOL STRATEGIES			M M / D D / Y Y Y Y
Mailing Address 203 S UNION ST			01 28 2016
STE 300 City	State Zip Code		
ALEXANDRIA	VA 22314		Transaction ID: SB29.I78576_C
Purpose of Disbursement CAREY DISBURSEMENT- MEDIA SERVICES			Amount of Each Disbursement this Period
Candidate Name		Category/	150.00
Office Sought: House Bisham	nont For:	Туре	130.00
Office Sought: House Disbursen Senate	nent For:  Primary General		Memo Item
President	Other (specify)		
State: District:	( 1 · 3/ ¥		
'			
SUBTOTAL of Disbursements This Page (optional)		·····•	10150.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I	one)
	Detailed Summary Page	21b 27	22 23 24 25 26 26 28c X 29 30t
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Stop Hillary PAC			
Full Name (Last, First, Middle Initial)  A. SAME DAY PROCESSING			Date of Disbursement
Mailing Address 7300 HUDSON BLVD N STE 240			01 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S ST. PAUL	State Zip Code MN 55128		Transaction ID : SB29.I57971
Purpose of Disbursement CAREY DISBURSEMENT- CAGING AND PAYMEN	IT PROCESSING		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	67.75
President	nent For: Primary General Other (specify) ▼		Memo Item
State: District:  Full Name (Last, First, Middle Initial)			
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement
Mailing Address			/ 7 - 7 - 7 - 7
,	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)		Memo Item
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	ı		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			67.75
			49754.06

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 22
FOR LINE NUMBER: (check only one)

	9
X	10

27

22 OF

NAME OF COMMITTEE (In Full) Stop Hillary PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December Monthly Online Advertising Fees American Action News Llc Mailing Address 203 S Union St Ste 300 City State Zip Code Alexandria 22314 Transaction ID: SD.2015002 Outstanding Balance Beginning This Period 1125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): August/September postage costs Big Eye Direct Mailing Address 13860 Redskin Dr City State Zip Code Herndon 20171 VA Outstanding Balance Beginning This Period Transaction ID: SD.2015005 5366.56 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 5366.56 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Dec. Monthly External Deployment Costs Campaign Solutions Mailing Address 117 N. Saint Asaph St City State Zip Code 22314 Alexandria VA Transaction ID: SD.2015003 Outstanding Balance Beginning This Period 2463.27 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2463.27 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

27

23 OF

NAME OF COMMITTEE (In Full) Stop Hillary PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Jan. Monthly External Deployment Costs Campaign Solutions Mailing Address 117 N. Saint Asaph St State Zip Code Alexandria 22314 Transaction ID: SD.201601001 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 7091.17 0.00 7091.17 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December Monthly Online Advertising CD, Inc. Mailing Address P.O. BOX 1877 City State Zip Code Alexandria 22313 VA Outstanding Balance Beginning This Period Transaction ID: SD.2015004 3500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3500.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Aug/Sept Monthly Online Advertising CD, Inc. Mailing Address P.O. BOX 1877 City State Zip Code 22313 Alexandria VA Transaction ID: SD.2015006 Outstanding Balance Beginning This Period 13245.55 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 13245.55 7091.17 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 24
FOR LINE NUMBER: (check only one)

9 X 10

24 OF

· · · · <b>J</b> · · · ·		X 10
AME OF COMMITTEE (In Full) Stop Hillary PAC		
A. Full Name (Last, First, Middle Initial) of Deb CD, Inc.	tor or Creditor	Nature of Debt (Purpose): October Monthly Online Advertising
Mailing Address P.O. BOX 1877		
City State Alexandria	Zip Code VA 22313	
Outstanding Balance Beginning This Period		Transaction ID : SD.2015008
3806.68		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	3806.68	0.00
B. Full Name (Last, First, Middle Initial) of Debte CD, Inc.	or or Creditor	Nature of Debt (Purpose): December Monthly Online Advertising
Mailing Address P.O. BOX 1877		
City State	Zip Code	
Alexandria	VA 22313	
Outstanding Balance Beginning This Period		Transaction ID: SD.2015009
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	5000.00	0.00
C. Full Name (Last, First, Middle Initial) of Deb MDS Communications Corp	tor or Creditor	Nature of Debt (Purpose): Aug/Sept Monthly Outbound Calling Costs
Mailing Address 545 W. Juanita Avenue		
City Mesa	State Zip Code AZ 85210	
Outstanding Balance Beginning This Period		Transaction ID: SD.2015001
9713.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9713.64
SUBTOTALS This Period This Page (optional).		▶ 9713.64
TOTALS This Period (last page this line number		
) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	· · · · · · · · · · · · · · · · · · ·
) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page onl	y) <b>&gt;</b>

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 25 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

27

NAME OF COMMITTEE (In Full) Stop Hillary PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **December Monthly Advertising** MediaDC Mailing Address 1150 17th St NW Suite 503 City State Zip Code Washington 20036 Transaction ID: SD.2015010 Outstanding Balance Beginning This Period 440.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 440.05 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Aug/Sept Monthly Digital Advertising The Washington Times Mailing Address 3600 New York Ave NE City State Zip Code Washington DC 20002 Outstanding Balance Beginning This Period Transaction ID: SD.2015007 1576.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1576.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 2016.05 1) SUBTOTALS This Period This Page (optional)..... 18820.86 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 18820.86 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Signature

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 26 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on	D = D
	of Public Distribution/Dissemination
Campaign Solutions	01
Mailing Address 117 N. SAINT ASAPH ST Amoun	nt
City State Zip Code	4027.05
Alexandria VA 22314 Transac Date of	oction ID : SE24.11740 of Disbursement or Obligation
Purpose of Expenditure JANUARY MONTHLY LIST RENTAL FEES  Category/ Type	01 31 2016
Name of Federal Candidate Support Office Sough	nt: House District:
Hillary Rodham Clinton    Coppose   Preside	
Calendar Year-To-Date  Per Election for Office Sought  10027.05  Disbursemen 2016	
E Manualtana	of Public Distribution/Dissemination
Campaign Solutions	W M / D D / Y Y Y Y
Mailing Address 447 N. CAINT ACADU CT	01 04 2016
117 N. SAINT ASAPH ST  Amou	
City State Zip Code	7091.17
7 HOXAITATIA	of Disbursement or Obligation
Purpose of Expenditure	02 08 2016
Name of Federal Candidate Support Office Sough	nt: House District:
Hillary Rodham Clinton    Oppose   Preside	
Per Election for Office Sought 10027.05 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4027.05
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Dan Backer  [Electronically Filed] Date 01	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 27 OF 27 FOR LINE 24 OF FORM 3X  ENTIFICATION NUMBER ▼  C00544767					
ENTIFICATION NUMBER ▼	PAGE	27	OF	27	
	FOR LI	NE 24	OF F	ORM (	3X
C00544767					
	ENTIFI	CATIO	N NUN	IBER	•

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC		C C00544767
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee CD, Inc.	☐ Memo Ite	Date of Public Distribution/Dissemination
		01 04 7 2016
Mailing Address P.O. BOX 1877		Amount
City State	Zip Code	6000.00
Alexandria VA	22313	Transaction ID : SE24.11743  Date of Disbursement or Obligation
Purpose of Expenditure JANUARY MONTHLY ONLINE ADVERTISING	Category/ Type	01 29 / Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
Hillary Rodham Clinton	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	10027.05	Disbursement For:  Primary
Full Name of Payee	☐ Memo Iter	
	_	M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		10027.05
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Dan Backer [Electroni	cally Filed] Date	01 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		