

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Stop Hillary PAC

ADDRESS (number and street) 203 South Union Street
Ste 300
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00544767 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer [Electronically Filed] Date 06 / 20 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Stop Hillary PAC

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="2016"/>		116420.64
(b) Cash on Hand at Beginning of Reporting Period.....	47918.52	
(c) Total Receipts (from Line 19)	34088.51	193070.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82007.03	309491.58
7. Total Disbursements (from Line 31).....	40904.25	268388.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41102.78	41102.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5400.00	

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

Stop Hillary PAC

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).....	0.00	500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	500.00
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.).....	34088.51	192570.94
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))..... ▶	34088.51	193070.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34088.51	193070.94

DETAILED SUMMARY PAGE
of Disbursements

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	55673.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	55673.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	14890.73	75536.67
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	34507.06
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2672.63	4373.68
(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)).....	2672.63	4373.68
29. Other Disbursements	23340.89	96298.19
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)) ..	40904.25	268388.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40904.25	268388.80

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)	0.00	500.00
34. Total Contribution Refunds (from Line 28(d))	2672.63	4373.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-2672.63	-3873.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	55673.20
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	55673.20

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 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)
Stop Hillary PAC

A. GAIL ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2016

Transaction ID : SA17.310689

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GAIL ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2016

Transaction ID : SA17.310690

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ALBERT R. BRESNIK
Full Name (Last, First, Middle Initial)

Mailing Address 2224 24TH STREET

City SANTA MONICA	State CA	Zip Code 90405-1811
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310595

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. DR. GEORGE B CARROLL JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address POB 2582
 City CORRALES State NM Zip Code 87048-2582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310207
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DR. GEORGE B CARROLL JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address POB 2582
 City CORRALES State NM Zip Code 87048-2582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : SA17.311081
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TOD CARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1260 N WETHERLY DRIVE
 City LOS ANGELES State CA Zip Code 90069-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation MERCHANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2016
Transaction ID : SA17.310686
 Amount of Each Receipt this Period 200.00
 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. CURT COOPER
Full Name (Last, First, Middle Initial)
Mailing Address 2460 WHITE OAK PLACE
City DANVILLE State CA Zip Code 94506-2040
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **310.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310660
Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. JAMES CROUL
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 143
206 BITTERROOT RD
City SUN VALLEY State ID Zip Code 83353-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **05 / 29 / 2016**
Transaction ID : SA17.311162
Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. JACK DONEY
Full Name (Last, First, Middle Initial)
Mailing Address 310 SOUTHWEST SECOND STREET
SUITE 201
City MIAMI State OK Zip Code 74354-
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation MEDICAL DOCTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310691
Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **700.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. CHRISTY GREEN

Mailing Address 506 CHRISTINE DRIVE

City VACAVILLE State CA Zip Code 95687-4339

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

Name of Employer SOLANO COMMUNITY COLLEGE Occupation CHEMISTRY LAB TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : SA17.310604

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. DAVID LK HUANG

Mailing Address 1462 25TH AVE

City SAN FRANCISCO State CA Zip Code 94122-3318

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

Name of Employer YU TONG Occupation PROPERTY MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
970.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA17.310885

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8600 SKYLINE DR.
1225

City DALLAS State TX Zip Code 75243-4171

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : SA17.310668

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. ROBERTA JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 660 E. BULLOCH ST.
City WASHINGTON State UT Zip Code 84780-2303
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA17.310244
Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. ROBERTA JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 660 E. BULLOCH ST.
City WASHINGTON State UT Zip Code 84780-2303
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA17.310636
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. ROBERTA JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 660 E. BULLOCH ST.
City WASHINGTON State UT Zip Code 84780-2303
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 05 / 09 / 2016
Transaction ID : SA17.310647
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. YVONNE KOEHNEN
Full Name (Last, First, Middle Initial)

Mailing Address 3191 HIWAY 45

City GLENN	State CA	Zip Code 95943-9653
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA17.309915

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JOAN KRAMBECK
Full Name (Last, First, Middle Initial)

Mailing Address 1121 ST. RT. 588

City GALLIPOLIS	State OH	Zip Code 45631-
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA17.310603

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8170 JOHN PECTOL ROAD

City GEORGETOWN	State IN	Zip Code 47122-9705
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF LOUISVILLE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA17.310658

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. CAROLYN LUDWIG
Full Name (Last, First, Middle Initial)
Mailing Address 5104

City COLLEYVILLE	State TX	Zip Code 76034-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
05 / 10 / 2016
Transaction ID : SA17.310841

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PAOLO MASETTI
Full Name (Last, First, Middle Initial)
Mailing Address 848 CARILLON CT

City CREVE COEUR	State MO	Zip Code 63141-6316
FEC ID number of contributing federal political committee. C		
Name of Employer IPC BJC ST LOUIS	Occupation M.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt
MM / DD / YYYY
05 / 05 / 2016
Transaction ID : SA17.310420

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PAOLO MASETTI
Full Name (Last, First, Middle Initial)
Mailing Address 848 CARILLON CT

City CREVE COEUR	State MO	Zip Code 63141-6316
FEC ID number of contributing federal political committee. C		
Name of Employer IPC BJC ST LOUIS	Occupation M.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt
MM / DD / YYYY
05 / 11 / 2016
Transaction ID : SA17.310777

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. PAOLO MASETTI
Full Name (Last, First, Middle Initial)

Mailing Address 848 CARILLON CT

City CREVE COEUR State MO Zip Code 63141-6316

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

Name of Employer IPC BJC ST LOUIS Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
05 / 12 / 2016
Transaction ID : SA17.310813

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PAOLO MASETTI
Full Name (Last, First, Middle Initial)

Mailing Address 848 CARILLON CT

City CREVE COEUR State MO Zip Code 63141-6316

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

Name of Employer IPC BJC ST LOUIS Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
05 / 20 / 2016
Transaction ID : SA17.310947

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 848 CARILLON CT

City CREVE COEUR State MO Zip Code 63141-6316

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

Name of Employer IPC BJC ST LOUIS Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
05 / 26 / 2016
Transaction ID : SA17.311106

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. ELIZABETH MEUSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5040 NW 54TH STREET
 City COCONUT CREEK State FL Zip Code 33073-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA17.310662
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TERRY MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 MONARC COVE
 City CEDAR PARK State TX Zip Code 78613-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOORE AND ASSOC. Occupation SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 05 / 27 / 2016
Transaction ID : SA17.311045
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. (JOHN) DAVID NOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1198
 City BIG TIMBER State MT Zip Code 59011-1198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA17.310692
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	1110.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. MARK RODACK

Mailing Address 16051COLLINS AVE
3503

City NORTH MIAMI BEACH State FL Zip Code 33160-4505

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016

Transaction ID : SA17.311158

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MICHAEL ROOZEN

Mailing Address 453 SILVER SHADOW DRIVE

City SAN MARCOS State CA Zip Code 92078-4457

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

Name of Employer OWNER/RUBBERSTAMPCHAMP.COM Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : SA17.310687

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 3223 PERRY ST

City DENVER State CO Zip Code 80212-1729

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : SA17.310537

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. STANLEY SCHMIDT
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 137

City DALLAS	State OR	Zip Code 97338-0137
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation STATE FARM AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
05 / 09 / 2016
Transaction ID : SA17.310496

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. STANLEY SCHMIDT
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 137

City DALLAS	State OR	Zip Code 97338-0137
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation STATE FARM AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
05 / 28 / 2016
Transaction ID : SA17.311156

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. DOUGLAS SHACKLEY
Full Name (Last, First, Middle Initial)
Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-
FEC ID number of contributing federal political committee. C		
Name of Employer PACIFIC AUXILARY FIRE ALARM CO..	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.16	

Date of Receipt
MM / DD / YYYY
05 / 05 / 2016
Transaction ID : SA17.309889

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 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)
Stop Hillary PAC

A. DOUGLAS SHACKLEY
Full Name (Last, First, Middle Initial)
Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

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

Name of Employer PACIFIC AUXILARY FIRE ALARM CO..	Occupation BUSINESS OWNER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310158

Amount of Each Receipt this Period

290.16

 Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. DOUGLAS SHACKLEY
Full Name (Last, First, Middle Initial)
Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

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

Name of Employer PACIFIC AUXILARY FIRE ALARM CO..	Occupation BUSINESS OWNER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2016

Transaction ID : SA17.311086

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LAUREN SIMEK
Full Name (Last, First, Middle Initial)
Mailing Address 3100 N. BROOK HILLS DRIVE

City GREEN BAY	State WI	Zip Code 54313-8280
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310688

Amount of Each Receipt this Period

250.00

 Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	▶	290.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. RICHARD SMYTHE
Full Name (Last, First, Middle Initial)
Mailing Address 1131 RAMILLO AVE
City LONG BEACH State CA Zip Code 90815-4353
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation RETAILER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310661
Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. DENNIS TEUFEL
Full Name (Last, First, Middle Initial)
Mailing Address P.O.BOX 5596
City SCOTTSDALE State AZ Zip Code 85261-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310597
Amount of Each Receipt this Period **50.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. LEE TUTTLE
Full Name (Last, First, Middle Initial)
Mailing Address 4718 HALLMARK DR. 102
City HOUSTON State TX Zip Code 77056-
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **545.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310217
Amount of Each Receipt this Period **25.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **175.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. LEE TUTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-

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

Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt
05 / 20 / 2016
Transaction ID : SA17.310934

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LEE TUTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-

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

Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt
05 / 26 / 2016
Transaction ID : SA17.311104

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. EDWARD V. WEBER
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-1165

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.16

Date of Receipt
05 / 12 / 2016
Transaction ID : SA17.310790

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. MR. EDWARD V. WEBER
Full Name (Last, First, Middle Initial)
Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA17.310935

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. EDWARD V. WEBER
Full Name (Last, First, Middle Initial)
Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2016

Transaction ID : SA17.311105

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WALLACE WEEKES
Full Name (Last, First, Middle Initial)
Mailing Address 6208 CEDARBROOK DRIVE

City LAS VEGAS	State NV	Zip Code 89146-1112
-------------------	-------------	------------------------

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

Name of Employer RETIRED	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
05	/	05	/	2016

Transaction ID : SA17.310600

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. KARRIE WRIGHT

Mailing Address 14 E 75TH ST
7E

City NEW YORK State NY Zip Code 10021-2625

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

Name of Employer SELF Occupation SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2016

Transaction ID : SA17.310205

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MARTHA WYANT

Mailing Address 10606 DEER RUN

City COLLEGE STATION State TX Zip Code 77845-7841

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2016

Transaction ID : SA17.310675

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 10606 DEER RUN

City COLLEGE STATION State TX Zip Code 77845-7841

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2016

Transaction ID : SA17.310684

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. WILLARD WYNNE
Full Name (Last, First, Middle Initial)

Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN State WV Zip Code 25420-3826

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 09 / 2016
Transaction ID : SA17.310640

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. DAVID YAZDAN,MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 CHANNEL DR. 1013 1013

City MONMOUTH BEACH State NJ Zip Code 07750-1365

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA17.310659

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Amount of Each Receipt this Period

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	4920.00

**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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. PETER WELCH

Mailing Address 2217 SW 15TH PLACE

City DEERFIELD BEACH State FL Zip Code 33442

Purpose of Disbursement
CAREY ACCT: REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SB28A.I85186

Amount of Each Disbursement this Period

2016.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

2016.00

2016.00

**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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I85185**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TED HARVEY

Mailing Address 3010 WYECLIFF LANE

City HIGHLANDS RANCH State CO Zip Code 80126

Purpose of Disbursement
CAREY ACCCT: PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I85189**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I85188**

Amount of Each Disbursement this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: CREATIVE AND DEPLOYMENT SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2016

Transaction ID : SB29.I85259

Amount of Each Disbursement this Period

7281.11

Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST STE 300
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: REIMBURSEMENTS (SEE BELOW)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : SB29.I85190

Amount of Each Disbursement this Period

897.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSH DELANO

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement
CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : SB29.I85193

Amount of Each Disbursement this Period

675.00

Memo Item

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

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

8178.11

**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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
CAREY ACCT: POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 19 / 2016

Transaction ID : SB29.I85192

Amount of Each Disbursement this Period

162.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST STE 300
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SB29.I85194

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST STE 300
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : SB29.I85261

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

6000.00

**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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CAREY ACCT: COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I85262

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I85215

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I85216

Amount of Each Disbursement this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I85217**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I85218**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MDS COMMUNICATIONS

Mailing Address 545 W JUANITA AVE

City MESA State AZ Zip Code 85210

Purpose of Disbursement
CAREY ACCT: POLITICAL ADVOCACY CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I85196**

Amount of Each Disbursement this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. WILAND, INC

Mailing Address PO BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement
CAREY ACCT: LIST RENTAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SB29.I85195

Amount of Each Disbursement this Period

1332.38

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

1332.38

23340.89

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc	Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877	
City State Zip Code Alexandria VA 22313	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.83883	
Amount Incurred This Period 3400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc.	Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877	
City State Zip Code Alexandria VA 22313	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.85357	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

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)..... ▶	5400.00
2) TOTALS This Period (last page this line number only)..... ▶	5400.00
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) ▶	5400.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD.85357

All items reported as debts for this period are not, in fact, debts. These are amounts that were both invoiced in and paid in the month of June for Independent Expenditures made in May that were part of estimated IE reports and for which no actual balance was invoiced prior to close of books. The Committee does not agree that a debt can exist prior to it being invoiced for an actual amount that it does not know it owes. However, this Committee is reporting this activity in this bizarre manner which muddles the public record at the express direction of its FEC RAD analyst.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 01 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 3390.58
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure EXTERNAL DEPLOYMENT COSTS	Category/Type
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 31 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
77536.67	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 860.85
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MAY MONTHLY LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 31 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
77536.67	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4251.43
(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.

DAN BACKER

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 639.30
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MAY MONTHLY EXTERNAL DEPLOYMENT COSTS	Category/Type
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 16 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
77536.67	

Full Name of Payee CD, INC. <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Mailing Address P.O. BOX 1877	Amount 2000.00
City State Zip Code ALEXANDRIA VA 22313	
Purpose of Expenditure FACEBOOK ADVERTISING	Category/Type
Name of Federal Candidate DONALD J TRUMP	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 02 / 2016
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
77536.67	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	639.30
(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.

DAN BACKER

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC		FEC IDENTIFICATION NUMBER ▼ C C00544767
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 <input checked="" type="checkbox"/> Memo Item CD, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2016	
Mailing Address P.O. BOX 1877		Amount 3400.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.83883
Purpose of Expenditure FACEBOOK ADVERTISING		Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2016
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		3400.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item POLITICAL LIST BROKERS LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016	
Mailing Address 107 S WEST ST PMB 826		Amount 10000.00	
City ALEXANDRIA	State VA	Zip Code 22314-2824	Transaction ID : SE24.83882
Purpose of Expenditure MAY MONTHLY LIST RENTAL FEES		Category/Type 	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2016
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		77536.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	14890.73

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.

DAN BACKER
[Electronically Filed]
Date M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2016

Signature