

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CLEARPATH ACTION, INC.

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"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1514060.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="2100000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1514060.40"/>	<input type="text" value="2100000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="310954.10"/>	<input type="text" value="896893.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1203106.30"/>	<input type="text" value="1203106.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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)

Page 3

Write or Type Committee Name

CLEARPATH ACTION, INC.

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	2100000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	2100000.00
(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	2100000.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	2100000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	2100000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	160954.10	496893.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	160954.10	496893.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	150000.00	400000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	310954.10	896893.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	310954.10	896893.70

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	2100000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	2100000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	160954.10	496893.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	160954.10	496893.70

**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 checked="" 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 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)
CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. ANTHRO DIGITAL

Mailing Address 455 1ST STREET

City State Zip Code
BROOKLYN NY 11215

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period

76250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANTHRO DIGITAL

Mailing Address 455 1ST STREET

City State Zip Code
BROOKLYN NY 11215

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2016

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period

28838.41

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNIE BAKER

Mailing Address 525 G STREET SE #15

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

650.85

Memo Item

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

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

105739.26

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

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NAME OF COMMITTEE (In Full)
CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. COURTYARD MARRIOTT

Mailing Address 1717 BROADWAY

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : SB21B.4171.6

Amount of Each Disbursement this Period

312.17

Memo Item

Full Name (Last, First, Middle Initial)

B. BRACEWELL

Mailing Address PO BOX 848566

City DALLAS State TX Zip Code 75284

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2016

Transaction ID : SB21B.4182

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : SB21B.4175

Amount of Each Disbursement this Period

3500.00

Memo Item

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

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

8500.00

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

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NAME OF COMMITTEE (In Full)
CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. HPC TECHNOLOGY

Mailing Address 2870 PEACHTREE RD
#708

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SB21B.4184

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW
#3

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

735.46

Memo Item

Full Name (Last, First, Middle Initial)

C. COURTYARD MARRIOTT

Mailing Address 1717 BROADWAY

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SB21B.4169.6

Amount of Each Disbursement this Period

312.17

Memo Item

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

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

935.46

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

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NAME OF COMMITTEE (In Full)
CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. OLIVE TREE STRATEGIES,LLC

Mailing Address 2711 ORDWAY STREET NW
#200

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : SB21B.4181

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RAE, LLC

Mailing Address 626 NORTH CAROLINA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2016

Transaction ID : SB21B.4176

Amount of Each Disbursement this Period

12689.38

Memo Item

Full Name (Last, First, Middle Initial)

C. THE MORNING GROUP

Mailing Address 525 G STREET SE
#15

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2016

Transaction ID : SB21B.4173

Amount of Each Disbursement this Period

12500.00

Memo Item

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

33189.38

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. THE MORNING GROUP

Mailing Address 525 G STREET SE
#15

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING CONSULTING

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
07 / 26 / 2016

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period

12500.00

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)..... ▶

12500.00

160864.10

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.	FEC IDENTIFICATION NUMBER ▼ C C00608943
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 / D D / Y Y Y Y Y Y	

Full Name of Payee ANTHRO DIGITAL <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2016
Mailing Address 455 1ST STREET	Amount 50000.00
City State Zip Code BROOKLYN NY 11215	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type 004
Name of Federal Candidate ELISE M. STEFANIK	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 12 / 2016
Name of Federal Candidate ELISE M. STEFANIK	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
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) ▶
50000.00	

Full Name of Payee ANTHRO DIGITAL <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2016
Mailing Address 455 1ST STREET	Amount 50000.00
City State Zip Code BROOKLYN NY 11215	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type 004
Name of Federal Candidate CARLOS CURBELO	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 12 / 2016
Name of Federal Candidate CARLOS CURBELO	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
50000.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

CALEB CROSBY

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.	FEC IDENTIFICATION NUMBER ▼ C C00608943
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	

Full Name of Payee ANTHRO DIGITAL	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016
Mailing Address 455 1ST STREET		Amount 50000.00
City BROOKLYN	State NY	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2016
Name of Federal Candidate THOMAS W II REED		Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	150000.00

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

CALEB CROSBY
Signature

[Electronically Filed] Date **08 / 20 / 2016**