

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 Freedom Partners Action Fund, Inc.

ADDRESS (number and street) 2300 Wilson Blvd. Ste. 500 ARLINGTON VA 22201

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00564765 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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 08/01/2016 through 08/31/2016

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 Thomas F. Maxwell III

Signature of Treasurer Thomas F. Maxwell III [Electronically Filed] Date 09/20/2016

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)

Page 2

Write or Type Committee Name

Freedom Partners Action Fund, 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"/>		14814493.15
(b) Cash on Hand at Beginning of Reporting Period.....	9768706.37	
(c) Total Receipts (from Line 19)	2742843.07	14779493.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12511549.44	29593986.24
7. Total Disbursements (from Line 31).....	9644983.76	26727420.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2866565.68	2866565.68
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)	875.00	

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

Freedom Partners Action Fund, 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).....	2435295.57	14459659.47
(ii) Unitemized	266.00	11892.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2435561.57	14471551.75
(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)	2435561.57	14471551.75
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).....	307281.50	307941.34
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))..... ▶	2742843.07	14779493.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2742843.07	14779493.09

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	102936.82	610726.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	102936.82	610726.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E)	9542046.94	26016694.33
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)) ..	9644983.76	26727420.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9644983.76	26727420.56

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)	2435561.57	14471551.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2435561.57	14471551.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	102936.82	610726.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	307281.50	307941.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-204344.68	302784.89

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

Form/Schedule: F3XN
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:
Transaction ID:

**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 56
(check only one)

<input checked="" 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 type="checkbox"/>	17
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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)
Freedom Partners Action Fund, Inc.

A. MR. STEPHEN I. CHAZEN
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1229

City BELLAIRE	State TX	Zip Code 77402-1229
------------------	-------------	------------------------

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

Name of Employer OCCIDENTAL PETROLEUM CORP.	Occupation DIRECTOR
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225000.00

Date of Receipt
08 / 15 / 2016
Transaction ID : SA11A.1792

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

B. MR. GEORGE W. GIBBS III
Full Name (Last, First, Middle Initial)
Mailing Address 5005 YACHT CLUB ROAD

City JACKSONVILLE	State FL	Zip Code 32210-8321
----------------------	-------------	------------------------

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 ▼
100000.00

Date of Receipt
08 / 29 / 2016
Transaction ID : SA11A.1804

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

C. MRS. LESLIE F. GILLIAM
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 820

City KESWICK	State VA	Zip Code 22947-0820
-----------------	-------------	------------------------

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

Name of Employer Cumberland Development	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
08 / 25 / 2016
Transaction ID : SA11A.1802

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	700000.00
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 8 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MR. WOODY L. HUNT

Mailing Address **PO BOX 12220**

City **EL PASO** State **TX** Zip Code **79913-0220**

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

Name of Employer **HUNT COMPANIES, INC.** Occupation **EXECUTIVE CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11A.1796

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. PAUL C. JOST

Mailing Address **1500 OCEAN DRIVE
UNIT 1105**

City **MIAMI BEACH** State **FL** Zip Code **33139-3133**

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

Name of Employer **CHANDLER MANAGEMENT CORP.** Occupation **REAL ESTATE INVESTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11A.1793

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. RANDY KENDRICK

Mailing Address **3964 E PARADISE VIEW DRIVE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-3800**

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 ▼ **50000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SA11A.1798

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **100000.00**

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 9 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. WAYNE L. LAUFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4989 JOEWOOD DRIVE
 City State Zip Code
 SANIBEL FL 33957-7511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800000.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : SA11A.1806
 Amount of Each Receipt this Period
 300000.00
 Memo Item
 CONTRIBUTION

B. MR. RICHARD LENDERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 936 SPINNAKERS REACH DRIVE
 City State Zip Code
 PONTE VEDRA BEACH FL 32082-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 08 / 05 / 2016
Transaction ID : SA11A.1785
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. MR. ROBERT L. LUDDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4641 PARAGON PARK ROAD
 City State Zip Code
 RALEIGH NC 27616-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CAPTIVE-AIRE SYSTEMS, INC. CORPORATE EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 08 / 29 / 2016
Transaction ID : SA11A.1805
 Amount of Each Receipt this Period
 100000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 401000.00
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 10 OF 56
(check only one)

<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MR. CHRIS RUFER

Mailing Address 724 MAIN ST.

City State Zip Code
WOODLAND CA 95695-3491

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

Name of Employer Occupation
THE MORNING STAR COMPANY AGRICULTURALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
08 / 22 / 2016
Transaction ID : SA11A.1797

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City State Zip Code
ARLINGTON VA 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21409.47

Date of Receipt
08 / 31 / 2016
Transaction ID : SA11A.1810

Amount of Each Receipt this Period
9295.57

Memo Item
IN-KIND CONTRIBUTION

LEGAL SERVICES

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

Mailing Address PO BOX 21440

City State Zip Code
LITTLE ROCK AR 72221-1440

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000000.00

Date of Receipt
08 / 04 / 2016
Transaction ID : SA11A.1782

Amount of Each Receipt this Period
1000000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1059295.57

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 11 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. THE BRADBURY CO., INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 E COLE ST
 City MOUNDRIDGE State KS Zip Code 67107-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2016
Transaction ID : SA11A.1803
 Amount of Each Receipt this Period
 25000.00
 Memo Item
CONTRIBUTION

B. THE WILLIAM R JOHNSON, JR REV TR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1052
 City RIVERSIDE State CA Zip Code 92502-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JOHNSON MACHINERY CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : SA11A.1789
 Amount of Each Receipt this Period
 100000.00
 Memo Item
CONTRIBUTION

C. WILLIAM F. & PATRICIA J. PODLICH TR 07/24/2001 HILLTOP TRUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 E 1ST STREET, NUM. 592
 City TUSTIN State CA Zip Code 92780-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA11A.1801
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175000.00
TOTAL This Period (last page this line number only).....▶	2435295.57

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

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

FOR LINE NUMBER: PAGE 12 OF 56
(check only one)

<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. I360
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
307281.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2016
Transaction ID : SA15.823
Amount of Each Receipt this Period
192992.00
 Memo Item
VENDOR REFUND

B. I360
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
307281.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2016
Transaction ID : SA15.835
Amount of Each Receipt this Period
114289.50
 Memo Item
VENDOR REFUND

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
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307281.50
TOTAL This Period (last page this line number only).....▶	307281.50

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD 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
08 / 05 / 2016

Transaction ID : SB21B.I790

Amount of Each Disbursement this Period

41.55

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD 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
08 / 12 / 2016

Transaction ID : SB21B.I811

Amount of Each Disbursement this Period

1.27

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD 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
08 / 09 / 2016

Transaction ID : SB21B.I812

Amount of Each Disbursement this Period

4.20

Memo Item

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

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

47.02

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD 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
08 / 13 / 2016

Transaction ID : SB21B.I813

Amount of Each Disbursement this Period

0.69

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD 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
08 / 29 / 2016

Transaction ID : SB21B.I857

Amount of Each Disbursement this Period

0.33

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD 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
08 / 19 / 2016

Transaction ID : SB21B.I881

Amount of Each Disbursement this Period

0.69

Memo Item

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

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

1.71

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2016

Transaction ID : SB21B.I782

Amount of Each Disbursement this Period

54.90

Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2016

Transaction ID : SB21B.I783

Amount of Each Disbursement this Period

90.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2016

Transaction ID : SB21B.I815

Amount of Each Disbursement this Period

34.95

Memo Item

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

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

179.85

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

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
08 / 05 / 2016

Transaction ID : SB21B.I791

Amount of Each Disbursement this Period

1000.23

Memo Item

Full Name (Last, First, Middle Initial)

B. FP1 STRATEGIES LLC

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
TV/MEDIA PRODUCTION

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
08 / 12 / 2016

Transaction ID : SB21B.I805

Amount of Each Disbursement this Period

17000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND 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
08 / 31 / 2016

Transaction ID : SB21B.1810

Amount of Each Disbursement this Period

9295.57

Memo Item
LEGAL SERVICES

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

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

27295.80

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	19	/	2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I836

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

12500.00

Purpose of Disbursement OFFICE SPACE,UTILITIES,PERSONNEL,IT & DIGITAL CONSULTING

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. I360

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	19	/	2016

Mailing Address PO BOX 37046

Transaction ID : SB21B.I839

City BALTIMORE State MD Zip Code 21297

Amount of Each Disbursement this Period

55000.00

Purpose of Disbursement MEDIA CONSULTING

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. JONES DAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	12	/	2016

Mailing Address 51 LOUISIANA AVENUE, NW

Transaction ID : SB21B.I806

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

875.00

Purpose of Disbursement LEGAL FEES

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

68375.00

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

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2016

Transaction ID : SB21B.I838

Amount of Each Disbursement this Period

875.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 512 MEANS STREET STE. 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
EMAIL MARKETING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2016

Transaction ID : SB21B.I851

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2016

Transaction ID : SB21B.I773

Amount of Each Disbursement this Period

18125.00

Memo Item

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

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

19050.00

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. PAGELY, INC.

Mailing Address 4729 E SUNRISE DRIVE
STE. 435

City TUCSON State AZ Zip Code 85718

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2016

Transaction ID : SB21B.I867

Amount of Each Disbursement this Period

399.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PRIME MEDIA PARTNERS, LLC

Mailing Address 4201 WILSON BLVD. #110-126

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2016

Transaction ID : SB21B.I855

Amount of Each Disbursement this Period

-12452.00

Memo Item

ORIGINAL PAYMENT 21B 6/8/2016; SEE SCHEDULE E

C.

Full Name (Last, First, Middle Initial)

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

-12053.00

102896.38

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jones Day	Nature of Debt (Purpose): Legal Fees
Mailing Address 51 Louisiana Avenue, NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 1750.00	Transaction ID : DM4.001	
Amount Incurred This Period 875.00	Payment This Period 1750.00	Outstanding Balance at Close of This Period 875.00

B. 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

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)..... ▶	875.00
2) TOTALS This Period (last page this line number only)..... ▶	875.00
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) ▶	875.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
--	--

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 <input type="checkbox"/> Memo Item FACEBOOK, INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091962		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2016	
Mailing Address 1601 WILLOW ROAD		Amount 166.79	
City State Zip Code MENLO PARK CA 94025	Transaction ID : SE24.862 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016		
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TED STRICKLAND	
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item FACEBOOK, INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091962		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2016	
Mailing Address 1601 WILLOW ROAD		Amount 100.00	
City State Zip Code MENLO PARK CA 94025	Transaction ID : SE24.863 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016		
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TED STRICKLAND	
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	266.79
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: FACEBOOK, INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091953
Mailing Address: 1601 WILLOW ROAD
City: MENLO PARK State: CA Zip Code: 94025
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Category/Type:
Date of Public Distribution/Dissemination: 07/31/2016
Amount: 100.00
Transaction ID: SE24.864
Date of Disbursement or Obligation: 08/31/2016
Name of Federal Candidate: KATHLEEN MCGINTY
Support: Oppose
Office Sought: Senate State: PA
Calendar Year-To-Date Per Election for Office Sought: 6185881.82
Disbursement For: General 2016

Full Name of Payee: FACEBOOK, INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091967
Mailing Address: 1601 WILLOW ROAD
City: MENLO PARK State: CA Zip Code: 94025
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Category/Type:
Date of Public Distribution/Dissemination: 07/31/2016
Amount: 100.00
Transaction ID: SE24.865
Date of Disbursement or Obligation: 08/31/2016
Name of Federal Candidate: CATHERINE CORTEZ MASTO
Support: Oppose
Office Sought: Senate State: NV
Calendar Year-To-Date Per Election for Office Sought: 5790708.09
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 200.00
(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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date: 08/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 FACEBOOK, INC. <input type="checkbox"/> Memo Item ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1096637	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 1601 WILLOW ROAD	Amount 100.00
City State Zip Code MENLO PARK CA 94025	Transaction ID : SE24.866 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type
Name of Federal Candidate CATHERINE CORTEZ MASTO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee FP1 STRATEGIES LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address PO BOX 16504	Amount 12000.00
City State Zip Code ALEXANDRIA VA 22302	Transaction ID : SE24.843 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate CATHERINE CORTEZ MASTO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12100.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 <input type="checkbox"/> Memo Item FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount 1500.00
City State Zip Code ARLINGTON VA 22201	Transaction ID : SE24.786 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate RONALD JOHNSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: WI
Calendar Year-To-Date Per Election for Office Sought 2967395.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <input type="checkbox"/> Memo Item FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount 1500.00
City State Zip Code ARLINGTON VA 22201	Transaction ID : SE24.787 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type
Name of Federal Candidate RONALD JOHNSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: WI
Calendar Year-To-Date Per Election for Office Sought 2967395.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	3000.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 23 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount 2054.50
City State Zip Code ARLINGTON VA 22201	Transaction ID : SE24.842 Date of Disbursement or Obligation 08 / 23 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GOOGLE <input type="checkbox"/> Memo Item ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091189	Date of Public Distribution/Dissemination 07 / 25 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount 100.00
City State Zip Code MOUNTAIN VIEW CA 94043	Transaction ID : SE24.777 Date of Disbursement or Obligation 08 / 02 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type
Name of Federal Candidate EVAN BAYH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 1054778.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2154.50
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date 08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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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 GOOGLE <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount 182.97
City State Zip Code MOUNTAIN VIEW CA 94043	Transaction ID : SE24.778 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 02 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type
Name of Federal Candidate EVAN BAYH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 1054778.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee GOOGLE <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount 161.83
City State Zip Code MOUNTAIN VIEW CA 94043	Transaction ID : SE24.801 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 12 / 2016
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type
Name of Federal Candidate EVAN BAYH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 1054778.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	344.80
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 GOOGLE ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091967	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount 95.42
City MOUNTAIN VIEW State CA Zip Code 94043	Transaction ID : SE24.802	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 12 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee GOOGLE ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091962	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount 91.82
City MOUNTAIN VIEW State CA Zip Code 94043	Transaction ID : SE24.803	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 12 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	187.24
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: GOOGLE
Mailing Address: 1600 AMPHITHEATRE PARKWAY
City: MOUNTAIN VIEW, State: CA, Zip Code: 94043
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Date of Public Distribution/Dissemination: 07/31/2016
Amount: 98.15
Transaction ID: SE24.804
Date of Disbursement or Obligation: 08/12/2016
Name of Federal Candidate: KATHLEEN MCGINTY
Office Sought: Senate, State: PA
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 6185881.82

Full Name of Payee: I360
Mailing Address: PO BOX 37046
City: BALTIMORE, State: MD, Zip Code: 21297
Purpose of Expenditure: MEDIA PLACEMENT - DIGITAL
Date of Public Distribution/Dissemination: 08/04/2016
Amount: 50000.00
Transaction ID: SE24.781
Date of Disbursement or Obligation: 08/03/2016
Name of Federal Candidate: RONALD JOHNSON
Office Sought: Senate, State: WI
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 2967395.14

(a) SUBTOTAL of Itemized Independent Expenditures: 50098.15
(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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date: 08/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016
Mailing Address PO BOX 37046		Amount 217250.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.785 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate RONALD JOHNSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	2967395.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 08 / 2016
Mailing Address PO BOX 37046		Amount 333986.25
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.792 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	551236.25
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 08 / 2016
Mailing Address PO BOX 37046		Amount 56127.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.793 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Mailing Address PO BOX 37046		Amount 523500.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.797 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	579627.00
(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.

THOMAS FRANCIS MAXWELL III

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Mailing Address PO BOX 37046		Amount 20153.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.798 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Mailing Address PO BOX 37046		Amount 434250.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.799 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	454403.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Mailing Address PO BOX 37046		Amount 57784.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 12 / 2016
Mailing Address PO BOX 37046		Amount 50000.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate RONALD JOHNSON		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 2967395.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	107784.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 15 / 2016
Mailing Address PO BOX 37046		Amount 135427.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Transaction ID : SE24.808 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 15 / 2016
Mailing Address PO BOX 37046		Amount 146818.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Transaction ID : SE24.809 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	282245.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL
Name of Federal Candidate CATHERINE CORTEZ MASTO
Calendar Year-To-Date Per Election for Office Sought 5790708.09
Date of Public Distribution/Dissemination 08/15/2016
Amount 26051.00
Transaction ID: SE24.810
Date of Disbursement or Obligation 08/11/2016
Office Sought: Senate State: NV
Disbursement For: General 2016

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE
Name of Federal Candidate TED STRICKLAND
Calendar Year-To-Date Per Election for Office Sought 9981598.60
Date of Public Distribution/Dissemination 08/17/2016
Amount 434200.00
Transaction ID: SE24.816
Date of Disbursement or Obligation 08/11/2016
Office Sought: Senate State: OH
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 460251.00
(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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 08/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 37046		Amount 57784.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.817 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 37046		Amount 331320.25
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.818 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	389104.25
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y **08 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 37046		Amount 56127.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.819 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 37046		Amount 523500.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.820 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	579627.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 37046		Amount 20153.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.821 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 17 / 2016
Mailing Address PO BOX 37046		Amount 179100.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.822 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2016
Name of Federal Candidate RONALD JOHNSON		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 2967395.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	199253.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL
Name of Federal Candidate RONALD JOHNSON
Calendar Year-To-Date Per Election for Office Sought 2967395.14
Date of Public Distribution/Dissemination 08/19/2016
Amount 50000.00
Transaction ID: SE24.824
Date of Disbursement or Obligation 08/18/2016
Office Sought: Senate State: WI
Disbursement For: General

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL
Name of Federal Candidate CATHERINE CORTEZ MASTO
Calendar Year-To-Date Per Election for Office Sought 5790708.09
Date of Public Distribution/Dissemination 08/22/2016
Amount 26051.00
Transaction ID: SE24.825
Date of Disbursement or Obligation 08/18/2016
Office Sought: Senate State: NV
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 76051.00
(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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 08/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 22 / 2016
Mailing Address PO BOX 37046		Amount 135427.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Transaction ID : SE24.826 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 22 / 2016
Mailing Address PO BOX 37046		Amount 146818.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Transaction ID : SE24.827 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	282245.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address PO BOX 37046		Amount 58200.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.829 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address PO BOX 37046		Amount 20153.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.830 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 5790708.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	602153.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address PO BOX 37046		Amount 528600.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.831 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address PO BOX 37046		Amount 57784.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.832 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	586384.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2016
Mailing Address PO BOX 37046		Amount 451877.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.833 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2016
Mailing Address PO BOX 37046		Amount 56127.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.834 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	508004.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2016
Mailing Address PO BOX 37046		Amount 139000.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2016
Name of Federal Candidate RONALD JOHNSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	2967395.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 29 / 2016
Mailing Address PO BOX 37046		Amount 20000.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 26 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	159000.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 30 / 2016
Mailing Address PO BOX 37046		Amount 475370.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 30 / 2016
Mailing Address PO BOX 37046		Amount 56127.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	531497.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Mailing Address PO BOX 37046		Amount 528600.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.846 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Mailing Address PO BOX 37046		Amount 57784.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.847 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	586384.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Mailing Address PO BOX 37046		Amount 58200.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.848 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Mailing Address PO BOX 37046		Amount 20153.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.849 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	602153.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
--	--

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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Mailing Address PO BOX 37046		Amount 100250.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.850 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2016
Name of Federal Candidate RONALD JOHNSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	2967395.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address PO BOX 37046		Amount 477844.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.870 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	578094.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address PO BOX 37046		Amount 56127.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.871 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Name of Federal Candidate KATHLEEN MCGINTY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address PO BOX 37046		Amount 528600.00
City BALTIMORE	State MD	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.872 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	584727.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address PO BOX 37046		Amount 57784.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type 	Transaction ID : SE24.873 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Mailing Address PO BOX 37046		Amount 582000.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type 	Transaction ID : SE24.874 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	639784.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y **08 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE
Name of Federal Candidate CATHERINE CORTEZ MASTO
Calendar Year-To-Date Per Election for Office Sought 5790708.09
Date of Public Distribution/Dissemination 09/07/2016
Amount 20153.00
Transaction ID: SE24.875
Date of Disbursement or Obligation 08/31/2016
Office Sought: Senate State: NV
Disbursement For: General

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE
Name of Federal Candidate RONALD JOHNSON
Calendar Year-To-Date Per Election for Office Sought 2967395.14
Date of Public Distribution/Dissemination 09/07/2016
Amount 70650.00
Transaction ID: SE24.876
Date of Disbursement or Obligation 08/31/2016
Office Sought: Senate State: WI
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 90803.00
(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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 08/31/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 INNOVATIVE ADVERTISING, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2016
Mailing Address 4250 HIGHWAY 22 STE. 7	Amount 1771.25
City State Zip Code MANDEVILLE LA 70471	Transaction ID : SE24.814 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 12 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type
Name of Federal Candidate KATHLEEN MCGINTY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee PRIME MEDIA PARTNERS, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 30 / 2016
Mailing Address 4201 WILSON BLVD. #110-126	Amount 12452.00
City State Zip Code ARLINGTON VA 22203	Transaction ID : SE24.856 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 30 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate KATHLEEN MCGINTY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 6185881.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14223.25
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 SANDLER-INNOCENZI, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 705 PRINCE STREET	Amount 11200.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.841 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 1851A MCGUCKIAN STREET	Amount 16775.00
City State Zip Code ANNAPOLIS MD 21401	Transaction ID : SE24.840 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27975.00
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee TWITTER INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091189	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 07 / 28 / 2016
Mailing Address 1355 MARKET STREET STE. 900		Amount <input type="text" value="99999999"/> 42.77
City SAN FRANCISCO	State CA	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 02 / 2016
Name of Federal Candidate EVAN BAYH		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="99999999"/> 1054778.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee TWITTER INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091962	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 07 / 28 / 2016
Mailing Address 1355 MARKET STREET STE. 900		Amount <input type="text" value="99999999"/> 200.00
City SAN FRANCISCO	State CA	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 02 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="99999999"/> 9981598.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="99999999"/> 242.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="99999999"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="99999999"/>

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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date / /
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 TWITTER INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091967	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount 133.33	
City State Zip Code SAN FRANCISCO CA 94103	Transaction ID : SE24.794 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 09 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee TWITTER INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091962	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 31 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount 133.33	
City State Zip Code SAN FRANCISCO CA 94103	Transaction ID : SE24.795 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 09 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type 	
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	9981598.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	266.66
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
TWITTER INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1091953
Memo Item

Date of Public Distribution/Dissemination
07 / 31 / 2016

Mailing Address
1355 MARKET STREET
STE. 900

Amount
133.34
Transaction ID : SE24.796

City State Zip Code
SAN FRANCISCO CA 94103

Date of Disbursement or Obligation
08 / 09 / 2016

Purpose of Expenditure
MEDIA PLACEMENT - DIGITAL
Category/Type

Name of Federal Candidate
KATHLEEN MCGINTY
Support Oppose

Office Sought: House Senate
President Senate State: PA

Calendar Year-To-Date
Per Election for Office Sought
6185881.82

Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
TWITTER INC.
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1096635
Memo Item

Date of Public Distribution/Dissemination
08 / 23 / 2016

Mailing Address
1355 MARKET STREET
STE. 900

Amount
5.00
Transaction ID : SE24.853

City State Zip Code
SAN FRANCISCO CA 94103

Date of Disbursement or Obligation
08 / 26 / 2016

Purpose of Expenditure
MEDIA PLACEMENT - DIGITAL
Category/Type

Name of Federal Candidate
TED STRICKLAND
Support Oppose

Office Sought: House Senate
President Senate State: OH

Calendar Year-To-Date
Per Election for Office Sought
9981598.60

Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 138.34
(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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 08 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 TWITTER INC. ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1096637	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount 39.94	
City State Zip Code SAN FRANCISCO CA 94103	Transaction ID : SE24.854	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5790708.09	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 M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount	
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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..... ▶	39.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9542046.94

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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2016