

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 02 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 02 / 29 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 06 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Stop Hillary PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		116420.64
(b) Cash on Hand at Beginning of Reporting Period.....	70019.57	
(c) Total Receipts (from Line 19)	38128.61	86099.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	108148.18	202519.64
7. Total Disbursements (from Line 31).....	42444.10	136815.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65704.08	65704.08
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)	9507.67	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Stop Hillary PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	38128.61	85599.00
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))..... ▶	38128.61	86099.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38128.61	86099.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	73.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	73.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	18820.86	28847.91
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	34507.06
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	420.00	430.00
(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)).....	420.00	430.00
29. Other Disbursements	23203.24	72957.30
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)) ..	42444.10	136815.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42444.10	136815.56

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)	0.00	500.00
34. Total Contribution Refunds (from Line 28(d))	420.00	430.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-420.00	70.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	73.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	73.29

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. ZANE CHILDERS
Full Name (Last, First, Middle Initial)
Mailing Address 209 SOUTH ALMOND
City OCILLA State GA Zip Code 31774-
FEC ID number of contributing federal political committee. **C**
Name of Employer OCILLA RACING LLC Occupation BUSINESS OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2016
Transaction ID : SA11.247044
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. WILMA AND ART DODD
Full Name (Last, First, Middle Initial)
Mailing Address 33316 KLONDIKE PLACE
City CASTLE ROCK State CO Zip Code 80108-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016
Transaction ID : SA11.247039
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. WYONIA FARNER
Full Name (Last, First, Middle Initial)
Mailing Address 12217 N NINE BARK ROAD
City HAUSER State ID Zip Code 83854-
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF, RETIRED Occupation RETIRED REALTOR, OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016
Transaction ID : SA11.247041
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

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

Mailing Address 3191 HIWAY 45

City GLENN State CA Zip Code 95943-9653

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11.247043

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WYONA MAGEE
Full Name (Last, First, Middle Initial)

Mailing Address 506 MATHESON PL

City CARY State NC Zip Code 27511-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11.247040

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 1110 134TH STREET CT S

City TACOMA State WA Zip Code 98444-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11.247042

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. W STEVENSON
Full Name (Last, First, Middle Initial)
Mailing Address 170 E 79TH ST. #2B

City NEW YORK CITY	State NY	Zip Code 10075-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
02 / 24 / 2016
Transaction ID : SA11.246987

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. W STEVENSON
Full Name (Last, First, Middle Initial)
Mailing Address 170 E 79TH ST. #2B

City NEW YORK CITY	State NY	Zip Code 10075-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
02 / 24 / 2016
Transaction ID : SA11.246988

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. W STEVENSON
Full Name (Last, First, Middle Initial)
Mailing Address 170 E 79TH ST. #2B

City NEW YORK CITY	State NY	Zip Code 10075-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
02 / 24 / 2016
Transaction ID : SA11.246989

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

FOR LINE NUMBER: PAGE 10 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. W STEVENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 E 79TH ST. #2B
 City NEW YORK CITY State NY Zip Code 10075-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : SA11.246990
 Amount of Each Receipt this Period
 75.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B.
 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

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).....▶	75.00
TOTAL This Period (last page this line number only).....▶	2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. HARVEY ORLIN

Mailing Address 2 WINDSOR DRIVE

City OLD WESTBURY State NY Zip Code 11568

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB28A.I81596**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HARVEY ORLIN

Mailing Address 2 WINDSOR DRIVE

City OLD WESTBURY State NY Zip Code 11568

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB28A.I81597**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HARVEY ORLIN

Mailing Address 2 WINDSOR DRIVE

City OLD WESTBURY State NY Zip Code 11568

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB28A.I81601**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- POLITICAL AND CONTENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I81586

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- FUNDRAISING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SB29.I81594

Amount of Each Disbursement this Period

2895.24

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SB29.I81585

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

9895.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : SB29.I815851

Amount of Each Disbursement this Period

6945.95

Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : SB29.I815852

Amount of Each Disbursement this Period

1535.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : SB29.I815853

Amount of Each Disbursement this Period

75.00

Memo Item

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

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

8555.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- MEETING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SB29.I815854

Amount of Each Disbursement this Period

85.00

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- MERCHANT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SB29.I81595

Amount of Each Disbursement this Period

1807.20

Memo Item

Full Name (Last, First, Middle Initial)

C. HALT, BUZAS & POWELL, LTD

Mailing Address 1199 N FAIRFAX ST
#1000

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY DISBURSEMENT- ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SB29.I81592

Amount of Each Disbursement this Period

454.86

Memo Item

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

2347.06

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. PARIKH LAW GROUP

Mailing Address 150 S WACKER DR
#2600

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
CAREY DISBURSEMENT- LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SB29.I81593

Amount of Each Disbursement this Period

2375.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2375.00

23173.25

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Action News	Nature of Debt (Purpose): FEBRUARY MONTHLY ONLINE ADVERTISING FEES
Mailing Address 203 S Union St Suite 300	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.201601002	
Amount Incurred This Period 2236.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 2236.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions	Nature of Debt (Purpose): FEBRUARY MONTHLY LIST RENTAL FEES
Mailing Address 117 N. SAINT ASAPH ST	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.201601003	
Amount Incurred This Period 2271.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 2271.66

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions	Nature of Debt (Purpose): Jan. Monthly External Deployment Costs
Mailing Address 117 N. Saint Asaph St	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 7091.17	Transaction ID : SD.201601001	
Amount Incurred This Period 0.00	Payment This Period 7091.17	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	4507.67
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications Corp	Nature of Debt (Purpose): Aug/Sept Monthly Outbound Calling Costs
Mailing Address 545 W. Juanita Avenue	
City State Zip Code Mesa AZ 85210	

Outstanding Balance Beginning This Period 9713.64	Transaction ID : SD.2015001	
Amount Incurred This Period 0.00	Payment This Period 9713.64	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MediaDC	Nature of Debt (Purpose): December Monthly Advertising
Mailing Address 1150 17th St NW Suite 503	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 440.05	Transaction ID : SD.2015010	
Amount Incurred This Period 0.00	Payment This Period 440.05	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political List Brokers	Nature of Debt (Purpose): FEBRUARY MONTHLY LIST RENTAL FEES
Mailing Address 107 S. West St PMB 826	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.201601004	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	5000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Washington Times	Nature of Debt (Purpose): Aug/Sept Monthly Digital Advertising
Mailing Address 3600 New York Ave NE	
City State Zip Code Washington DC 20002	

Outstanding Balance Beginning This Period 1576.00	Transaction ID : SD.2015007	
Amount Incurred This Period 0.00	Payment This Period 1576.00	Outstanding Balance at Close of This Period 0.00

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)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	9507.67
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) ▶	9507.67

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 7091.17
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.11741 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2016
Purpose of Expenditure JANUARY MONTHLY EXTERNAL DEPLOYMENT COSTS	Category/Type 004
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MDS COMMUNICATIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2015
Mailing Address 545 W JUANITA AVE	Amount 9713.64
City State Zip Code MESA AZ 85210	Transaction ID : SE24.11708 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2016
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY OUTBOUND CALLING COSTS	Category/Type
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16804.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

DAN BACKER [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 06 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MEDIA DC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015
Mailing Address 1150 17TH STREET, NW SUITE 505	Amount 440.05
City State Zip Code WASHINGTON, DC DC 20036	Transaction ID : SE24.81588 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 04 / 2016
Purpose of Expenditure DECEMBER MONTHLY ADVERTISING	Category/Type
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THE WASHINGTON TIMES <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 10 / 2015
Mailing Address 3600 NEW YORK AVENUE NE	Amount 1576.00
City State Zip Code WASHINGTON DC 20002	Transaction ID : SE24.81589 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 04 / 2016
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY DIGITAL ADVERTISING	Category/Type
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2016.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

DAN BACKER [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee AMERICAN ACTION NEWS <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 01 / 2016
Mailing Address 203 S UNION ST SUITE 300	Amount 2236.01
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.57116 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2016
Purpose of Expenditure FEBRUARY MONTHLY ONLINE ADVERTISING FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CAMPAIGN SOLUTIONS <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 01 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 2271.66
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.57113 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 15 / 2016
Purpose of Expenditure FEBRUARY MONTHLY LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

DAN BACKER [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee POLITICAL LIST BROKERS LLC <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 01 / 2016
Mailing Address 107 S WEST ST PMB 826	Amount 5000.00
City State Zip Code ALEXANDRIA VA 22314-2824	Transaction ID : SE24.57117 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2016
Purpose of Expenditure FEBRUARY MONTHLY LIST RENTAL FEES Category/Type 	Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 28847.91	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	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure Category/Type 	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <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..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	18820.86

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

DAN BACKER [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Signature _____