

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

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

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer [Electronically Filed] Date 06 / 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.....	65704.08	
(c) Total Receipts (from Line 19)	46904.91	133003.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	112608.99	249424.55
7. Total Disbursements (from Line 31).....	50278.28	187093.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62330.71	62330.71
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)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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.).....	46904.91	132503.91
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))..... ▶	46904.91	133003.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46904.91	133003.91

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	28267.63	28340.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28267.63	28340.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	19668.65	48516.56
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	342.00	772.00
(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)).....	342.00	772.00
29. Other Disbursements	0.00	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)) ..	50278.28	187093.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50278.28	187093.84

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))	342.00	772.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-342.00	-272.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28267.63	28340.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28267.63	28340.92

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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 42
<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. DAVID ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 10250 N 2315 E ROAD

City FAIRBURY	State IL	Zip Code 61739-8811
------------------	-------------	------------------------

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

Name of Employer UNITED SOILS INC.	Occupation SELF EMPLOYED
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : SA11.263404

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. DAVID ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 10250 N 2315 E ROAD

City FAIRBURY	State IL	Zip Code 61739-8811
------------------	-------------	------------------------

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

Name of Employer UNITED SOILS INC.	Occupation SELF EMPLOYED
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11.264088

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. EDWIN ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TOWNSHIP	State OH	Zip Code 45011-
--------------------------	-------------	--------------------

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 ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11.253023

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
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 42
<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. EDWIN ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6337 GLEN HOLLOW DR.
City LIBERTY TOWNSHIP State OH Zip Code 45011-
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 ▼ 270.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11.253053
Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. EDWIN ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6337 GLEN HOLLOW DR.
City LIBERTY TOWNSHIP State OH Zip Code 45011-
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 ▼ 270.00

Date of Receipt 03 / 16 / 2016
Transaction ID : SA11.264079
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. EDWIN ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6337 GLEN HOLLOW DR.
City LIBERTY TOWNSHIP State OH Zip Code 45011-
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 ▼ 270.00

Date of Receipt 03 / 22 / 2016
Transaction ID : SA11.264295
Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" 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. CYNTHIA BARRETTE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5254

City HANOVER	State NH	Zip Code 03755-5254
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
03 / 21 / 2016
Transaction ID : SA11.264109

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. PHILIPPE BIGAR
Full Name (Last, First, Middle Initial)
Mailing Address 55 EAST 76TH STREET

City NEW YORK CITY	State NY	Zip Code 10021-
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation COMPOSER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
03 / 24 / 2016
Transaction ID : SA11.264405

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ALBERT R. BRESNIK
Full Name (Last, First, Middle Initial)
Mailing Address 2224 24TH STREET

City SANTA MONICA	State CA	Zip Code 90405-1811
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 ▼ 253.00	

Date of Receipt
03 / 05 / 2016
Transaction ID : SA11.263343

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
<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. ALBERT R. BRESNIK
Full Name (Last, First, Middle Initial)

Mailing Address 2224 24TH STREET

City SANTA MONICA State CA Zip Code 90405-1811

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 ▼
253.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11.263710

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GENEVIEVE CRAN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 537

City PAHALA State HI Zip Code 96777-0537

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 ▼
335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.263096

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 537

City PAHALA State HI Zip Code 96777-0537

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 ▼
335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.263097

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
<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. GENEVIEVE CRAN
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 537

City PAHALA	State HI	Zip Code 96777-0537
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11.263098

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GENEVIEVE CRAN
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 537

City PAHALA	State HI	Zip Code 96777-0537
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11.263389

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GENEVIEVE CRAN
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 537

City PAHALA	State HI	Zip Code 96777-0537
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11.264103

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
<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. JAMES CROUL
Full Name (Last, First, Middle Initial)

Mailing Address P.O.BOX143 206 BITTERROOT RD
206 BITTERROOT RD

City SUN VALLEY State ID Zip Code 83353-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 21 / 2016
Transaction ID : SA11.264102

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. JOYCE DILL
Full Name (Last, First, Middle Initial)

Mailing Address 3725 WEST CENTER ST

City CINCINNATI State OH Zip Code 45227-4446

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 ▼
315.00

Date of Receipt
03 / 17 / 2016
Transaction ID : SA11.264097

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 3725 WEST CENTER ST

City CINCINNATI State OH Zip Code 45227-4446

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 ▼
315.00

Date of Receipt
03 / 17 / 2016
Transaction ID : SA11.264098

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
<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. JOYCE DILL
Full Name (Last, First, Middle Initial)

Mailing Address 3725 WEST CENTER ST

City CINCINNATI State OH Zip Code 45227-4446

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 ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11.264099

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WYONIA R. FARNER
Full Name (Last, First, Middle Initial)

Mailing Address 12217N NINE BARK ROAD

City POST FALLS State ID Zip Code 83854-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.262839

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 506 CHRISTINE DRIVE

City VACAVILLE State CA Zip Code 95687-4339

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

Name of Employer SOLANO COMMUNITY COLLEGE Occupation CHEMISTRY LAB TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2016

Transaction ID : SA11.263351

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
<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. DAVID LK HUANG
Full Name (Last, First, Middle Initial)
Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11.263146

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. DAVID LK HUANG
Full Name (Last, First, Middle Initial)
Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.263275

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. DAVID LK HUANG
Full Name (Last, First, Middle Initial)
Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.263699

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	110.00
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 15 OF 42
<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. DAVID LK HUANG
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11.263703

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11.263722

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.263728

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
<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. DAVID LK HUANG
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-
-----------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2016

Transaction ID : SA11.263729

Amount of Each Receipt this Period
550.55

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 1462 25TH AVE

City SAN FRANCISCO,	State CA	Zip Code 94122-
------------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1148.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11.253015

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. DAVID K. HUANG
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO,	State CA	Zip Code 94122-
------------------------	-------------	--------------------

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

Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGER
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1148.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11.263709

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	615.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
<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. DAVID K. HUANG
Full Name (Last, First, Middle Initial)

Mailing Address 1462 25TH AVE

City SAN FRANCISCO, State CA Zip Code 94122-

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

Name of Employer SELF EMPLOYED Occupation PROPERTY MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1148.88

Date of Receipt
03 / 10 / 2016
Transaction ID : SA11.263730

Amount of Each Receipt this Period
960.88

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8600 SKYLINE DR.
1225 1225

City DALLAS State TX Zip Code 75243-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 21 / 2016
Transaction ID : SA11.264105

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8600 SKYLINE DR.
1225 1225

City DALLAS State TX Zip Code 75243-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 21 / 2016
Transaction ID : SA11.264106

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1160.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
<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. BRUCE JAMIESON
Full Name (Last, First, Middle Initial)

Mailing Address 8600 SKYLINE DR.
1225 1225

City DALLAS State TX Zip Code 75243-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 21 / 2016
Transaction ID : SA11.264107

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. TERRY JAMISON
Full Name (Last, First, Middle Initial)

Mailing Address 20407 HIGHWAY 62

City SHADY COVE State OR Zip Code 97539-7703

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
03 / 28 / 2016
Transaction ID : SA11.264404

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. 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 ▼
260.00

Date of Receipt
03 / 05 / 2016
Transaction ID : SA11.262892

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
<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. ALEXIS LAMOTHE
Full Name (Last, First, Middle Initial)

Mailing Address 13111 IRWIN WAY

City CARMEL State IN Zip Code 46032-9790

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 ▼ 353.00

Date of Receipt 03 / 22 / 2016
Transaction ID : SA11.264388

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EVELYN MALPASS
Full Name (Last, First, Middle Initial)

Mailing Address 21330 N. COBURG RD

City HARRISBURG State OR Zip Code 97446-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11.264108

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 305 MONARC COVE

City CEDAR PARK State TX Zip Code 78613-2106

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

Name of Employer MOORE AND ASSOC. Occupation SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 02 / 2016
Transaction ID : SA11.262920

Amount of Each Receipt this Period 10.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
<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. TERRY MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
FEC ID number of contributing federal political committee. C		
Name of Employer MOORE AND ASSOC.	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
MM / DD / YYYY
03 / 14 / 2016
Transaction ID : SA11.263630

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. TERRY MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
FEC ID number of contributing federal political committee. C		
Name of Employer MOORE AND ASSOC.	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
MM / DD / YYYY
03 / 21 / 2016
Transaction ID : SA11.263864

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. TERRY MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 305 MONARC COVE

City CEDAR PARK	State TX	Zip Code 78613-2106
FEC ID number of contributing federal political committee. C		
Name of Employer MOORE AND ASSOC.	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
MM / DD / YYYY
03 / 28 / 2016
Transaction ID : SA11.264342

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" 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. JOHN T. PRATT
Full Name (Last, First, Middle Initial)
Mailing Address 1479 SW SHORELINE DR.
City PALM CITY State FL Zip Code 34990-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 15 / 2016**
Transaction ID : SA11.264110
Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MARK RODACK
Full Name (Last, First, Middle Initial)
Mailing Address 16051 COLLINS AVENUE 3502
City SUNNY ISLES BEACH State FL Zip Code 33160-
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 **850.00**

Date of Receipt **03 / 24 / 2016**
Transaction ID : SA11.264403
Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. JON ROGERS
Full Name (Last, First, Middle Initial)
Mailing Address 1731 AVIATION BLVD
City LINCOLN State CA Zip Code 95648-9317
FEC ID number of contributing federal political committee. **C**
Name of Employer RFC Occupation MANAGER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 21 / 2016**
Transaction ID : SA11.264101
Amount of Each Receipt this Period **100.00**
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
<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. QUENTIN RYAN
Full Name (Last, First, Middle Initial)
Mailing Address 57 OSBORN ROAD
City LITCHFIELD State CT Zip Code 06759-2319
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 03 / 24 / 2016
Transaction ID : SA11.264402
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. SVEN SIMONSEN
Full Name (Last, First, Middle Initial)
Mailing Address 69 FLOOD CIR
City ATHERTON State CA Zip Code 94027-2108
FEC ID number of contributing federal political committee. **C**
Name of Employer NA Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11.251070
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. JOHN THOMPSON
Full Name (Last, First, Middle Initial)
Mailing Address 330 FRANKLIN ROAD 135A-115
City BRENTWOOD State TN Zip Code 37027-3280
FEC ID number of contributing federal political committee. **C**
Name of Employer TRINTIY HEALTHCARE Occupation CONSULTANT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 260.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11.253082
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 23 OF 42
<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. LESLIE TROUTMAN JR.
Full Name (Last, First, Middle Initial)

Mailing Address 3901 E PINNACLE PEAK RD
91

City PHOENIX State AZ Zip Code 85050-8103

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
03 / 02 / 2016
Transaction ID : SA11.263244

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LESLIE TROUTMAN JR.
Full Name (Last, First, Middle Initial)

Mailing Address 3901 E PINNACLE PEAK RD
91

City PHOENIX State AZ Zip Code 85050-8103

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
03 / 05 / 2016
Transaction ID : SA11.263245

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11.253046

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

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

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2016

Transaction ID : SA11.263247

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.263248

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.263279

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. LEE TUTTLE
Full Name (Last, First, Middle Initial)
Mailing Address 4718 HALLMARK DR.
102
City HOUSTON State TX Zip Code 77056-3909
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation 54909924
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 395.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11.263620
Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. LEE TUTTLE
Full Name (Last, First, Middle Initial)
Mailing Address 4718 HALLMARK DR.
102
City HOUSTON State TX Zip Code 77056-3909
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation 54909924
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 395.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11.263937
Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. LEE TUTTLE
Full Name (Last, First, Middle Initial)
Mailing Address 4718 HALLMARK DR.
102
City HOUSTON State TX Zip Code 77056-3909
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation 54909924
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 395.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11.263953
Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

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

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11.264317

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. RICHARD VOELL

Mailing Address 13611 DEERING BAY DRIVE
SIENA 1101 SIENA 1101

City CORAL GABLES State FL Zip Code 33158-2839

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 ▼
525.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.264400

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 13611 DEERING BAY DRIVE
SIENA 1101 SIENA 1101

City CORAL GABLES State FL Zip Code 33158-2839

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 ▼
525.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.264401

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 27 OF 42
<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. EDWARD V. WEBER
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-

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

Name of Employer - Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.16

Date of Receipt 03 / 03 / 2016
Transaction ID : SA11.263257

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-

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

Name of Employer - Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.16

Date of Receipt 03 / 01 / 2016
Transaction ID : SA11.263400

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-

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

Name of Employer - Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.16

Date of Receipt 03 / 14 / 2016
Transaction ID : SA11.263646

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 28 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

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

Mailing Address P O BOX 1165

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2016

Transaction ID : SA11.263720

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 1165

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11.264014

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 1165

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11.264395

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial) A. KARRIE WRIGHT		Date of Receipt MM / DD / YYYY 03 / 05 / 2016
Mailing Address 14 E 75TH ST 7E		Transaction ID : SA11.263265
City NEW YORK CITY	State NY	Zip Code 10021-
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. KARRIE WRIGHT		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address 14 E 75TH ST 7E		Transaction ID : SA11.264387
City NEW YORK CITY	State NY	Zip Code 10021-
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MARTHA WYANT		Date of Receipt MM / DD / YYYY 03 / 31 / 2016
Mailing Address 10606 DEER RUN		Transaction ID : SA11.253080
City COLLEGE STATION	State TX	Zip Code 77845-7841
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 30 OF 42
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12 13 14 15 16 17

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NAME OF COMMITTEE (In Full) Stop Hillary PAC

A. MARTHA WYANT
Full Name (Last, First, Middle Initial)
Mailing Address 10606 DEER RUN
City COLLEGE STATION State TX Zip Code 77845-7841
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 275.00

Date of Receipt 03 / 03 / 2016
Transaction ID : SA11.263402
Amount of Each Receipt this Period 100.00
Memo Item CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MARTHA WYANT
Full Name (Last, First, Middle Initial)
Mailing Address 10606 DEER RUN
City COLLEGE STATION State TX Zip Code 77845-7841
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 275.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11.263702
Amount of Each Receipt this Period 50.00
Memo Item CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
Memo Item

SUBTOTAL of Receipts This Page (optional) 150.00
TOTAL This Period (last page this line number only) 8436.43

**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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB21B.I82555

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: POLITICAL ADVOCACY AND EMAIL DEPLOYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : SB21B.I82560

Amount of Each Disbursement this Period

10827.99

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2016

Transaction ID : SB21B.I82556

Amount of Each Disbursement this Period

3397.10

Memo Item

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

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

16225.09

**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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2016

Transaction ID : **SB21B.I82820**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2016

Transaction ID : **SB21B.I82819**

Amount of Each Disbursement this Period

237.10

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: LEGAL/COMPLIANCE FEES AND REIMBURSEMENT (SEE BELOW)
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB21B.I82557**

Amount of Each Disbursement this Period

5148.50

Memo Item

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

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

5148.50

**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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB21B.I82821**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB21B.I82830**

Amount of Each Disbursement this Period

73.50

Memo Item

Full Name (Last, First, Middle Initial)

C. VIRTUE FOOD AND GRAIN

Mailing Address 106 S UNION ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB21B.I82829**

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)..... ▶

0.00

**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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I82811**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I82812**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I82813**

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 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)
Stop Hillary PAC

A. EDONATION

Full Name (Last, First, Middle Initial)

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 28 / 2016

Transaction ID : **SB21B.I82814**

Amount of Each Disbursement this Period: 1211.26

Memo Item

B. EDONATION

Full Name (Last, First, Middle Initial)

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SB21B.I82815**

Amount of Each Disbursement this Period: 475.31

Memo Item

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) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1686.57
TOTAL This Period (last page this line number only).....▶	28267.63

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)	PAGE 36 OF 42
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 25
			<input type="checkbox"/> 26
			<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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial) A. MOONEY FOR CONGRESS	Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address P.O. BOX 1863	Transaction ID : SB23.I82558 Amount of Each Disbursement this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Memo Item
City MARTINSBURG State WV Zip Code 25402	
Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name ALEXANDER XAVIER MOONEY	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. PATRICK MOONEY FOR CONGRESS	Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address 150 GREENBRIAR AVE	Transaction ID : SB23.I82816 Amount of Each Disbursement this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Memo Item
City ORMOND BEA State FL Zip Code 32174	
Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name PATRICK MOONEY	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C.	Date of Disbursement MM / DD / YYYY <input type="text"/>
Mailing Address	Amount of Each Disbursement this Period <input type="text"/> <input type="checkbox"/> Memo Item
City State Zip Code	
Purpose of Disbursement	
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2000.00"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 42
	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 2236.01	Transaction ID : SD.201601002	
Amount Incurred This Period 0.00	Payment This Period 2236.01	Outstanding Balance at Close of This Period 0.00

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 2271.66	Transaction ID : SD.201601003	
Amount Incurred This Period 0.00	Payment This Period 2271.66	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 5000.00	Transaction ID : SD.201601004	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
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 E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee AMERICAN ACTION NEWS <input 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 48516.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 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 48516.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4507.67
(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.

Signature DAN BACKER [Electronically Filed] 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 CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 79.65
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MARCH 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 48516.56	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 14 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 02 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 81.45
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MARCH 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 48516.56	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 28 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	161.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

DAN BACKER

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
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 CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 02 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 928.35
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MARCH LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 07 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
48516.56	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 02 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 1071.53
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure MARCH LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
48516.56	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1999.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

DAN BACKER

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CD, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016
Mailing Address P.O. BOX 1877	Amount 2000.00
City State Zip Code ALEXANDRIA VA 22313	Transaction ID : SE24.81518 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 10 / 2016
Purpose of Expenditure MARCH LIST RENTAL FEES AND ONLINE 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 48516.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CD, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016
Mailing Address P.O. BOX 1877	Amount 1000.00
City State Zip Code ALEXANDRIA VA 22313	Transaction ID : SE24.82561 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2016
Purpose of Expenditure MARCH LIST RENTAL FEES AND ONLINE 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 48516.56	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.

DAN BACKER [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
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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 POLITICAL LIST BROKERS LLC <input 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	
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 48516.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE24.57117

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Full Name of Payee POLITICAL LIST BROKERS LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2016
Mailing Address 107 S WEST ST PMB 826	Amount 5000.00
City State Zip Code ALEXANDRIA VA 22314-2824	
Purpose of Expenditure MARCH 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 48516.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE24.81520

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	19668.65

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