

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 The 2016 Committee

ADDRESS (number and street) 370 Maple Avenue W Suite 4 Vienna VA 22180-5615 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00569905 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/08/2016 in the State of

5. Covering Period 10/01/2016 through 10/19/2016

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

Signature of Treasurer Frank, Robert, , , [Electronically Filed] Date 10/27/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The 2016 Committee

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"/>		754477.81
(b) Cash on Hand at Beginning of Reporting Period.....	388793.72	
(c) Total Receipts (from Line 19)	0.00	4400392.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	388793.72	5154869.83
7. Total Disbursements (from Line 31).....	43776.56	4615663.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	345017.16	539206.16
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)	5663.19	

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

Write or Type Committee Name

The 2016 Committee

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2016 To: MM / DD / YYYY 10 / 19 / 2016

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	2372953.88
(ii) Unitemized	0.00	1568500.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	3941454.19
(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	3941454.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	75133.01
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	137301.33
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	246503.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	4400392.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	4400392.02

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	23326.59	3321770.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23326.59	3321770.04
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)	20449.97	1282712.71
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	11180.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	11180.92
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	43776.56	4615663.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43776.56	4615663.67

DETAILED SUMMARY PAGE
of Disbursements

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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	3941454.19
34. Total Contribution Refunds (from Line 28(d))	0.00	11180.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	3930273.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23326.59	3321770.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	137301.33
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23326.59	3184468.71

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
The 2016 Committee

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 1593 SPRING HILL ROAD #400		FEC Identification Number C [] Transaction ID : SB21B.I9345I
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement COMPUTER SOFTWARE		Amount of Each Disbursement this Period [] 4315.63
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type []	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 1593 SPRING HILL ROAD #400		FEC Identification Number C [] Transaction ID : SB21B.I9345I
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement COMPUTER SOFTWARE		Amount of Each Disbursement this Period [] 2834.55
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type []	

Full Name (Last, First, Middle Initial) C. ATKINSON, MAURICE, , ,		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address 695 FRIAR TRUCK LANE		FEC Identification Number C [] Transaction ID : SB21B.I9346
City MACON	State GA	Zip Code 31220
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		Amount of Each Disbursement this Period [] 1500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type []	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8650.18
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"/> 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)
The 2016 Committee

A. THE OPPOSITION PROJECT

Full Name (Last, First, Middle Initial)

Mailing Address 11-C TRICOTT FOREST

City
FARMINGTON

State
CT

Zip Code
06032

Purpose of Disbursement
CONSULTING - DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9346'
Amount of Each Disbursement this Period
1000.00

Memo Item

B. HORNE, CHRISTINA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 305 OKLAHOMA PLACE

City
LADSON

State
SC

Zip Code
29456-3225

Purpose of Disbursement
CAMPAIGN EVENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I93462
Amount of Each Disbursement this Period
8589.32

Memo Item

C. CONSERVATIVE REVIEW

Full Name (Last, First, Middle Initial)

Mailing Address 3960 HOWARD HUGHES PARKWAY
#290

City
LAS VEGAS

State
NV

Zip Code
89169

Purpose of Disbursement
CAMPAIGN EVENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I9346
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

9589.32

**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"/> 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)
The 2016 Committee

Full Name (Last, First, Middle Initial) A. FACEBOOK, INC.		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016	
Mailing Address 1 HACKER WAY		FEC Identification Number C [] Transaction ID : SB21B.I9346! Amount of Each Disbursement this Period [] 1617.39	
City MENLO PARK	State CA	Zip Code 94025	Category/ Type []
Purpose of Disbursement SOCIAL MEDIA ADVERTISING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. FAITH & FAMILY PRESIDENTIAL FORUM		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 1700 WADE HAMPTON BLVD		FEC Identification Number C [] Transaction ID : SB21B.I9346! Amount of Each Disbursement this Period [] 1000.00	
City GREENVILLE	State SC	Zip Code 29614	Category/ Type []
Purpose of Disbursement CAMPAIGN EVENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. PARKS AT NEXTON		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016	
Mailing Address 2000 FRONT STREET		FEC Identification Number C [] Transaction ID : SB21B.I9347 Amount of Each Disbursement this Period [] 750.00	
City SUMMERVILLE	State SC	Zip Code 29483	Category/ Type []
Purpose of Disbursement RENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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)
The 2016 Committee

Full Name (Last, First, Middle Initial) A. PARKS AT NEXTON		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 2000 FRONT STREET		FEC Identification Number C [] Transaction ID : SB21B.I9347 Amount of Each Disbursement this Period [] 750.00	
City SUMMERVILLE	State SC	Zip Code 29483	Category/ Type []
Purpose of Disbursement RENT		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. PARKS AT NEXTON		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016	
Mailing Address 2000 FRONT STREET		FEC Identification Number C [] Transaction ID : SB21B.I9347 Amount of Each Disbursement this Period [] 750.00	
City SUMMERVILLE	State SC	Zip Code 29483	Category/ Type []
Purpose of Disbursement RENT		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Memo Item <input checked="" type="checkbox"/>		

Full Name (Last, First, Middle Initial) C. SOUTH CAROLINA TEA PARTY COALITION		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016	
Mailing Address P.O. BOX 51551		FEC Identification Number C [] Transaction ID : SB21B.I9346 Amount of Each Disbursement this Period [] 600.00	
City MYRTLE BEACH	State SC	Zip Code 29579	Category/ Type []
Purpose of Disbursement CAMPAIGN EVENT - BOOTH FEES		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Memo Item <input checked="" type="checkbox"/>		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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"/> 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)
The 2016 Committee

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 500 STAPLES DR.		FEC Identification Number C [] Transaction ID : SB21B.I9346! Amount of Each Disbursement this Period [] 107.07
City FRAMINGHAM	State MA	Zip Code 01702-4478
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 500 STAPLES DR.		FEC Identification Number C [] Transaction ID : SB21B.I9347C Amount of Each Disbursement this Period [] 44.28
City FRAMINGHAM	State MA	Zip Code 01702-4478
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 10 / 15 / 2016
Mailing Address 1360 BEVERLY ROAD SUITE 300		FEC Identification Number C [] Transaction ID : SB21B.I9346 Amount of Each Disbursement this Period [] 5000.00
City MCLEAN	State VA	Zip Code 22101-3646
Purpose of Disbursement SALARIES & CONSULTANT FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5000.00
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"/> 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)
The 2016 Committee

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 1360 BEVERLY ROAD
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement PAYROLL SERVICE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
10 / 15 / 2016

FEC Identification Number C

Transaction ID : SB21B.I9346

Amount of Each Disbursement this Period 87.09

Memo Item

B.

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

FEC Identification Number C

Amount of Each Disbursement this Period

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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	87.09
TOTAL This Period (last page this line number only).....▶	23326.59

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
The 2016 Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Directv			Nature of Debt (Purpose): UTILITIES
Mailing Address PO Box 60036			
City Los Angeles	State CA	Zip Code 90060-0036	

Outstanding Balance Beginning This Period 119.76	Transaction ID : SD10.62	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 119.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor William J. Olson, p.c.			Nature of Debt (Purpose): Legal Fees
Mailing Address 370 Maple Avenue W Suite 4			
City Vienna	State VA	Zip Code 22180	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.63	
Amount Incurred This Period 5543.43	Payment This Period 0.00	Outstanding Balance at Close of This Period 5543.43

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)..... ▶	5663.19
2) TOTALS This Period (last page this line number only)..... ▶	5663.19
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) ▶	5663.19

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00569905 </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item CHOCKLETT PRESS	Date of Public Distribution/Dissemination 10 / 03 / 2016			
Mailing Address 2922 NICHOLAS AVE	Amount 3162.49			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City ROANOKE</td> <td style="width:33%; border-bottom: 1px solid black;">State VA</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code 24012</td> </tr> </table>		City ROANOKE	State VA	Zip Code 24012
City ROANOKE		State VA	Zip Code 24012	
Purpose of Expenditure DIRECT MAIL - PRINTING				
Name of Federal Candidate: TRUMP, DONALD, , ,	<input checked="" type="checkbox"/> Support <input 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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
652401.63	652401.63			

Full Name of Payee <input type="checkbox"/> Memo Item CHOCKLETT PRESS	Date of Public Distribution/Dissemination 10 / 03 / 2016			
Mailing Address 2922 NICHOLAS AVE	Amount 3162.48			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City ROANOKE</td> <td style="width:33%; border-bottom: 1px solid black;">State VA</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code 24012</td> </tr> </table>		City ROANOKE	State VA	Zip Code 24012
City ROANOKE		State VA	Zip Code 24012	
Purpose of Expenditure DIRECT MAIL - PRINTING				
Name of Federal Candidate: CLINTON, HILLARY, , ,	<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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
652401.63	652401.63			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	6324.97
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

FRANK, ROBERT, , ,

[Electronically Filed]

Date

10 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00569905 </div>
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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 <input type="checkbox"/> Memo Item SAVANNA COMMUNICATIONS, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 755 SONNE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6562.50</div>		
City ANNAPOLIS	State MD	Zip Code 21041			
Purpose of Expenditure ONLINE ADVERTISEMENTS		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE24.92813 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Name of Federal Candidate: TRUMP, DONALD, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">652401.63</div>			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 SAVANNA COMMUNICATIONS, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 755 SONNE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6562.50</div>		
City ANNAPOLIS	State MD	Zip Code 21041			
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE24.92814 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">652401.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">13125.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

FRANK, ROBERT, , ,

[Electronically Filed]

Date

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

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ C C00569905
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item THE PINKSTON GROUP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO BOX 373		Amount <input type="text"/>	
City FAIRFAX STATION	State VA	Zip Code 22039-0373	Transaction ID : SE24.92811
Purpose of Expenditure PUBLIC RELATIONS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input 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 <input type="text"/>		652401.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item THE PINKSTON GROUP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO BOX 373		Amount <input type="text"/>	
City FAIRFAX STATION	State VA	Zip Code 22039-0373	Transaction ID : SE24.92812
Purpose of Expenditure PUBLIC RELATIONS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<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 <input type="text"/>		652401.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	20449.97

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.

FRANK, ROBERT, , ,

[Electronically Filed]

Date

/ /

Signature