

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

Check if different than previously reported. (ACC) Ste 300

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER ▼** C C00544767 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2016

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

Signature of Treasurer Backer, Dan, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 02 / 28 / 2017

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

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"/>	<input type="text" value=""/>	<input type="text" value="116420.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41102.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="119734.64"/>	<input type="text" value="312805.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="160837.42"/>	<input type="text" value="429226.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83991.67"/>	<input type="text" value="352380.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76845.75"/>	<input type="text" value="76845.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="24752.46"/>	

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

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).....	300.00	800.00
(ii) Unitemized	7192.70	7192.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7492.70	7992.70
(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)	7492.70	7992.70
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.).....	112241.94	304812.88
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)).....▶	119734.64	312805.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	119734.64	312805.58

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	4590.00	32930.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4590.00	32930.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	62115.82	137652.49
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1674.01	6047.69
(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)).....	1674.01	6047.69
29. Other Disbursements (Including Non-Federal Donations).....	15611.84	139242.31
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)) ..	83991.67	352380.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83991.67	352380.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	7492.70	7992.70
34. Total Contribution Refunds (from Line 28(d))	1674.01	6047.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5818.69	1945.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4590.00	32930.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4590.00	32930.92

: 97 `A-G79 @05 B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XA
Transaction ID :

This report amended to correctly report independent expenditures disseminated in this period but paid for in the next period. Previous memo text: This Committee responds to the September 26, 2016 RFAL, with response due October 31, 2016, as follows: 1. This report has been amended to provide updated year-to-date per election totals for Schedule E. 2. The expenditures to Campaign Solutions and to Connell Donatelli, Inc. were properly and timely disclosed as part of the June monthly estimates filed 6/3/16: Transaction IDs SE24.84750 and SE24.84752 on FEC-1076060. Note that this latter record listed the vendor slightly differently from the initial 48-hour report; this report has been updated to match the initial 48-hour report. With respect to the expenditures to MDS Communications, the Committee had previously worked with a different vendor for outbound phone services, and due to some confusion as to which vendor was providing these services for June, the estimated 48-hour report did not include the intended estimate for this activity. 3. Due to normal fluctuations in Committee program activity, expenditures included in monthly estimates are occasionally different from the estimated amount, or are never actually made. In cases where an expenditure is never made, that is, where the actual amount spent is \$0.00, the Committee does not include it on Schedule E of the corresponding periodic report. Two of the expenditures at issue here were never actually made, and so have not been included on Schedule E of this report; the expenditure to CD, Inc. was made, and was included on the Schedule E, though with a slightly different vendor name, as detailed above. Also in this amendment, the above-referenced expenditure to CD, Inc. has been broken up into three separate items; the two independent expenditures disseminated in May but not paid for until June were invoiced together with the June activity, and the total payment was originally reported as a single item. The items from Schedule D of the June monthly report for these cross-month expenditures have been added to this report, and updated to reflect the final payments.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVENUE
 City SARATOGA SPRINGS State NY Zip Code 12866-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11A.334237
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596 SCOTTSDALEAZ
 City SCOTTSDALE State AZ Zip Code 85261-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11A.334270
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

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

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

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

**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 82
<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. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) MEDICAL IMAGING SUPPORT ENGIN
----------------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.335093

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) MEDICAL IMAGING SUPPORT ENGIN
----------------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA17.335321

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) MEDICAL IMAGING SUPPORT ENGIN
----------------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA17.336135

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 82
<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. ADKISSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5652 HUNT CLUB DR.
 City FONTANA State CA Zip Code 92336-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS Occupation (for Individual) MEDICAL IMAGING SUPPORT ENGIN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 25 / 2016**
Transaction ID : SA17.338015
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ADKISSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5652 HUNT CLUB DR.
 City FONTANA State CA Zip Code 92336-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS Occupation (for Individual) MEDICAL IMAGING SUPPORT ENGIN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 21 / 2016**
Transaction ID : SA17.338028
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. AINLEY, PAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 3908
 City CRESTLINE State CA Zip Code 92325-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AINLEY ENTERPRISES LLC Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 08 / 2016**
Transaction ID : SA17.335341
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
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 82
<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. AMBROSE, TOBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3319 N STATE ROUTE 61
 City SUNBURY State OH Zip Code 43074-9639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E. J. AMBROSE INC. Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335024
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DRIVE
 City HAMILTON State OH Zip Code 45011-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 24 / 2016**
Transaction ID : SA17.338116
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ANDERSON, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6337 GLEN HOLLOW DRIVE
 City HAMILTON State OH Zip Code 45011-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 28 / 2016**
Transaction ID : SA17.338419
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
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 82
<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. ANDERSON, GAIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.336258

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ANDERSON, GAIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2950.00

Date of Receipt

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

Transaction ID : SA17.336285

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ANDERSON, GAIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.338665

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
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 82
<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. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVENUE
 City SARATOGA SPRINGS State NY Zip Code 12866-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2950.00

Date of Receipt **06 / 29 / 2016**
Transaction ID : SA17.338666
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ASTROP, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 BLACKLAND ROAD
 City ATLANTA State GA Zip Code 30342-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.336283
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. AUDE, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CONGAREE PARK DRIVE
 City WEST COLUMBIA State SC Zip Code 29169-7639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335002
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	540.00
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 82
<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. BARTH, MARTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3521 NW 82 AVE
 City MIAMI State FL Zip Code 33122-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PULSAR Occupation (for Individual) BUSINESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA17.338134
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 546 227-B
 City SEAVIEW State WA Zip Code 98644-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334939
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 546 227-B
 City SEAVIEW State WA Zip Code 98644-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA17.335326
 Amount of Each Receipt this Period 50.00
 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 14 OF 82
<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. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 546
 227-B
 City SEAVIEW State WA Zip Code 98644-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 08 / 2016**
Transaction ID : SA17.335327
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 546
 227-B
 City SEAVIEW State WA Zip Code 98644-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336221
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BIGAR, PHILIPPE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) COMPOSER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **06 / 18 / 2016**
Transaction ID : SA17.336280
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
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 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. BLEVINS, KEITH, , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 1934 BYRNES ROAD			Transaction ID : SA17.335043
City NORTH AUGUSTA	State SC	Zip Code 29841-2090	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.16	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BLEVINS, KEITH, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1934 BYRNES ROAD			Transaction ID : SA17.338456
City NORTH AUGUSTA	State SC	Zip Code 29841-2090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.16	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BRESNIK, ALBERT R., , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 2224 24TH STREET			Transaction ID : SA17.335039
City SANTA MONICA	State CA	Zip Code 90405-1811	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 453.00	

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. BRESNIK, ALBERT R., , ,		Date of Receipt MM / DD / YYYY 06 / 22 / 2016
Mailing Address 2224 24TH STREET		Transaction ID : SA17.337978
City SANTA MONICA	State CA	Zip Code 90405-1811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 453.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRIGGS, BILL, , ,		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 4150 N SUTTLE RD 4150 N SUTTLE RD		Transaction ID : SA17.336210
City PORTLAND	State OR	Zip Code 97217-7717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 350.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BRIGGS, BILL, , ,		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 4150 N SUTTLE RD 4150 N SUTTLE RD		Transaction ID : SA17.336211
City PORTLAND	State OR	Zip Code 97217-7717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 350.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
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 17 OF 82
<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. BUCHHOLZ, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16249 MDU LOOP
 City BELLE FOURCHE State SD Zip Code 57717-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) AGRICULTURE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 22 / 2016**
Transaction ID : SA17.338137
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BURTON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304281 E. 1800 RD
 City RATLIFF CITY State OK Zip Code 73481-5831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335092
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CAIL, RONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 MAIN STREET W
 City SNELLVILLE State GA Zip Code 30078-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE FARM INS. COS. Occupation (for Individual) AGENT, INSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335100
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	425.00
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 18 OF 82
<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. CALLAHAN, GLORIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 SHAKERAG ROAD

City AIKEN	State SC	Zip Code 29803-6262
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA17.336185

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CALLAHAN, GLORIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 SHAKERAG ROAD

City AIKEN	State SC	Zip Code 29803-6262
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.338113

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. CALLAHAN, GLORIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 SHAKERAG ROAD

City AIKEN	State SC	Zip Code 29803-6262
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.338520

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. CARROLL JR., DR. GEORGE B, , ,

Mailing Address **POB 2582**

City **CORRALES** State **NM** Zip Code **87048-2582**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED USDOE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2016

Transaction ID : SA17.334726

Amount of Each Receipt this Period
 25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CARTER, PATRICK, , ,

Mailing Address **8540 E PINCHOT AVE**

City **SCOTTSDALE** State **AZ** Zip Code **85251-7312**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2016

Transaction ID : SA17.334986

Amount of Each Receipt this Period
 35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CARTER, PATRICK, , ,

Mailing Address **8540 E PINCHOT AVE**

City **SCOTTSDALE** State **AZ** Zip Code **85251-7312**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2016

Transaction ID : SA17.336099

Amount of Each Receipt this Period
 30.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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 82
<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. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336100
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 27 / 2016**
Transaction ID : SA17.337880
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 29 / 2016**
Transaction ID : SA17.338423
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	80.00
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 82
<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. COBB, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 OVERLOOK CREST
 City BIRMINGHAM State AL Zip Code 35226-3270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335102
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COOPER, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2460 WHITE OAK PLACE
 City DANVILLE State CA Zip Code 94506-2040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335096
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO
 City PORTLAND State OR Zip Code 97229-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335051
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
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 82
<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. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 05 / 2016
Transaction ID : SA17.335112

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 23 / 2016
Transaction ID : SA17.337459

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. DICKEY, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2317 SUL ROSS

City HOUSTON	State TX	Zip Code 77098-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) REAL ESTATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 20 / 2016
Transaction ID : SA17.336278

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
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 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. DILL, JOYCE, , ,			Date of Receipt
Mailing Address 3725 WEST CENTER ST			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City CINCINNATI	State OH	Zip Code 45227-4446	Transaction ID : SA17.338664
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ <input type="text" value="565.00"/>		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DOLAN, JOHN J., , ,			Date of Receipt
Mailing Address 32 MARTA DRIVE			<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City WILMINGTON	State DE	Zip Code 19808-4854	Transaction ID : SA17.335091
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ <input type="text" value="275.00"/>		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DOLAN, JOHN J., , ,			Date of Receipt
Mailing Address 32 MARTA DRIVE			<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City WILMINGTON	State DE	Zip Code 19808-4854	Transaction ID : SA17.337942
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ <input type="text" value="275.00"/>		NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. DONEY, JACK, , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 310 SOUTHWEST SECOND STYREET SUITE 201			Transaction ID : SA17.335122
City MIAMI	State OK	Zip Code 74354-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SELF		Occupation (for Individual) MEDICAL DOCTOR	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ELLIOTT, DONALD G, , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 104 BENT OAK DR. 104 BENT OAK DR.			Transaction ID : SA17.335099
City SAN ANTONIO	State TX	Zip Code 78231-1503	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ELLIOTT, DONALD G, , ,			Date of Receipt MM / DD / YYYY 06 / 17 / 2016
Mailing Address 104 BENT OAK DR. 104 BENT OAK DR.			Transaction ID : SA17.336259
City SAN ANTONIO	State TX	Zip Code 78231-1503	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
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 82
<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. ELLIOTT, DONALD G, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 BENT OAK DR.
104 BENT OAK DR.

City SAN ANTONIO	State TX	Zip Code 78231-1503
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.338650

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ERIKS, SUSAN, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10101 STATE HWY 31 EAST

City MURCHISON	State TX	Zip Code 75778-3427
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.335026

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. FLANAGAN, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1879 JIM SIMMONS

City FLAGSTAFF	State AZ	Zip Code 86005-4236
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.338138

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	390.00
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 82
<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. FLOYD, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 MOCKINGBIRD LANE
 City SPARTANBURG State SC Zip Code 29307-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA17.336284
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6198 LAWRENCE 2240
 City MONETT State MO Zip Code 65708-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : SA17.334943
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6198 LAWRENCE 2240
 City MONETT State MO Zip Code 65708-9504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335109
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
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 82
<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. FULDNER, CHRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6198 LAWRENCE 2240

City MONETT	State MO	Zip Code 65708-9504
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.337999

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GERHARDT, WALTER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9503 GULFSTREAM RD

City FRANKFORT	State IL	Zip Code 60423-2536
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.334745

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. GRABANSKI, EILEEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 721 2 NO AVE NE
2

City HILLSBORO	State ND	Zip Code 58045-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.335046

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
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 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. GREEN, CHRISTY, , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 506 CHRISTINE DRIVE			Transaction ID : SA17.335048
City VACAVILLE	State CA	Zip Code 95687-4339	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE		Occupation (for Individual) CHEMISTRY LAB TECHNICIAN	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GREENO, MALCOLM, , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 333 OSPREY POINT DRIVE			Transaction ID : SA17.335034
City OSPREY	State FL	Zip Code 34229-9252	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HANDELMAN, TAMAR, , ,			Date of Receipt MM / DD / YYYY 06 / 17 / 2016
Mailing Address 7705 KESTREL LANE			Transaction ID : SA17.336277
City GOLETA	State CA	Zip Code 93117-	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. HASTON JR., FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 WYNWOOD RD
 City TRUSSVILLE State AL Zip Code 35173-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335021
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HASTON JR., FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 WYNWOOD RD
 City TRUSSVILLE State AL Zip Code 35173-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **06 / 07 / 2016**
Transaction ID : SA17.335346
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOFGAARDEN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 FLINTRIDGE AVE.
 891 FLINTRIDGE AVE.
 City LA CANADA FLINTRID State CA Zip Code 91011-4064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.336236
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00
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 30 OF 82
<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. HOLMES, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX AR
 City HAGATNA State GU Zip Code 96932-7564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA17.335113
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOLMES, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX AR
 City HAGATNA State GU Zip Code 96932-7564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA17.338663
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG Occupation (for Individual) PROPERTY MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1013.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2016
Transaction ID : SA17.337127
 Amount of Each Receipt this Period
 18.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	368.00
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 31 OF 82
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. HUANG, DAVID LK, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 25 / 2016 Transaction ID : SA17.337690
Mailing Address 1462 25TH AVE			Amount of Each Receipt this Period 25.00
City SAN FRANCISCO	State CA	Zip Code 94122-3318	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) YU TONG		Occupation (for Individual) PROPERTY MANAGER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1013.55		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JACKSON, SHARON, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2016 Transaction ID : SA17.335035
Mailing Address 2143 VISTA ENTRADA 2143 VISTA ENTRADA			Amount of Each Receipt this Period 50.00
City NEWPORT BEACH	State CA	Zip Code 92660-3938	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) WORLD TRAVEL		Occupation (for Individual) OWNER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JACKSON, SHARON, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2016 Transaction ID : SA17.335945
Mailing Address 2143 VISTA ENTRADA 2143 VISTA ENTRADA			Amount of Each Receipt this Period 25.00
City NEWPORT BEACH	State CA	Zip Code 92660-3938	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) WORLD TRAVEL		Occupation (for Individual) OWNER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 265.00		

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 32 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. JAMIESON, BRUCE, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 8600 SKYLINE DR. 1225		Transaction ID : SA17.335101
City DALLAS	State TX	Zip Code 75243-4171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KATTERMANN, WILLIAM A, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 719 SALERNO WAY 719 SALERNO WAY		Transaction ID : SA17.335055
City HOWELL	State NJ	Zip Code 07731-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 325.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KATTERMANN, WILLIAM A, , ,		Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 719 SALERNO WAY 719 SALERNO WAY		Transaction ID : SA17.335826
City HOWELL	State NJ	Zip Code 07731-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 325.00	NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. KATTERMANN, WILLIAM A, , ,		Date of Receipt
Mailing Address 719 SALERNO WAY 719 SALERNO WAY		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City HOWELL	State NJ	Zip Code 07731-
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.338638
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) 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 ▼ <input type="text" value="325.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KEITHLY, CHERYL, , ,		Date of Receipt
Mailing Address 5702 W COUNTY 8 1/2 STREET 5702 W COUNTY 8 1/2 STREET		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2016"/>
City YUMA	State AZ	Zip Code 85364-8425
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.338062
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) 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 ▼ <input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KOEHNEN, YVONNE, , ,		Date of Receipt
Mailing Address 3191 HIWAY 45		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City GLENN	State CA	Zip Code 95943-9653
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.334477
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Occupation (for Individual) 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 ▼ <input type="text" value="290.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 34 OF 82
<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. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588
 City GALLIPOLIS State OH Zip Code 45631-8698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335047
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588
 City GALLIPOLIS State OH Zip Code 45631-8698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 11 / 2016
Transaction ID : SA17.335331
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KRUEGER, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8170 JOHN PECTOL ROAD
 City GEORGETOWN State IN Zip Code 47122-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335094
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 35 OF 82
<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. LA TOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 WEST CENTER STREET
 560
 City FAYETTEVILLE State AR Zip Code 72701-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA/ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA17.338140
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LASKER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 SPRING MARSH CIRCLE
 City SAVANNAH State GA Zip Code 31411-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 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
 06 / 05 / 2016
Transaction ID : SA17.335098
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LAYTON, EVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 BUNKER HILL DRIVE
 809 BUNKER HILL DRIVE
 City CARSON CITY State NV Zip Code 89703-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334800
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	625.00
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 36 OF 82
<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. LAYTON, EVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 BUNKER HILL DRIVE
 809 BUNKER HILL DRIVE
 City CARSON CITY State NV Zip Code 89703-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335068
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334741
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : SA17.335086
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
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 37 OF 82
<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. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **06 / 28 / 2016**
Transaction ID : SA17.338415
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LINEBERRY, WALT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13550 NORLAND ST.
 City SAN ANTONIO State TX Zip Code 78232-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 18 / 2016**
Transaction ID : SA17.336281
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334985
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	310.00
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 38 OF 82
<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. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336101
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MACKRIZZ, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 18580
 P.O. BOX 18580
 City CORPUS CHRISTI State TX Zip Code 78480-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335033
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MAGNUSSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2013 MISTY HAVEN LANE
 City PLANO State TX Zip Code 75093-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED NYCPD DETECTIVE. Occupation (for Individual) RETIRED (LAW ENFORCEMENT)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 23 / 2016**
Transaction ID : SA17.338139
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	330.00
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 39 OF 82
<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. MARCLEY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 FLORAL WAY
 City SANTA ROSA State CA Zip Code 95403-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 23 / 2016**
Transaction ID : SA17.338086
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MARKHAM, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3829 KINROSS DRIVE
 3829 KINROSS DRIVE
 City BIRMINGHAM State AL Zip Code 35242-5803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHERN COMPANY SERVICES, INC. Occupation (for Individual) RISK MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335038
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MARZ, WALTER G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 E ELGIN ST.
 City GILBERT State AZ Zip Code 85295-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334755
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 82
<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. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **06 / 04 / 2016**
Transaction ID : SA17.334966
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.335856
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASILKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 CIRCLEHILLS DR.
 City GRAND FORKS State ND Zip Code 58201-7921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335053
 Amount of Each Receipt this Period 50.00
 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 41 OF 82
<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. MASILKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 CIRCLEHILLS DR.
 City GRAND FORKS State ND Zip Code 58201-7921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 24 / 2016**
Transaction ID : SA17.337617
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MATULA, STEPHEN C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 S. GEORGE MASON DR. 813W 813W
 City FALLS CHURCH State VA Zip Code 22041-3761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334730
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MATULA, STEPHEN C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 S. GEORGE MASON DR. 813W 813W
 City FALLS CHURCH State VA Zip Code 22041-3761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **06 / 21 / 2016**
Transaction ID : SA17.337936
 Amount of Each Receipt this Period 50.00
 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 42 OF 82
<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. MATZKA, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 LORWOOD MI
City SMITHS CREEK State MI Zip Code 48074-

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335007

Amount of Each Receipt this Period 40.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MATZKA, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 LORWOOD MI
City SMITHS CREEK State MI Zip Code 48074-

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA17.338632

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MCALLISTER, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 JULIEN PLACE
City SPARTANBURG State SC Zip Code 29301-1233

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

Name of Employer (for Individual) SEALED AIR CORPORATION Occupation (for Individual) R&D NEW BUSINESS DEVELOPMENT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334749

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 115.00

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 43 OF 82
<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. MCALLISTER, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 JULIEN PLACE

City SPARTANBURG	State SC	Zip Code 29301-1233
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SEALED AIR CORPORATION	Occupation (for Individual) R&D NEW BUSINESS DEVELOPMEN
-------------------------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.334792

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
-------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.335074

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 CHESTNUT ST

City WESTON	State MA	Zip Code 02493-1533
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) COMM. REAL ESTATE
-------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.335083

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
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 44 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. MCMANUS, JIM, , ,			Date of Receipt
Mailing Address 88 CHESTNUT ST			<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 06 / 17 / 2016
City WESTON	State MA	Zip Code 02493-1533	Transaction ID : SA17.336042
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) SELF		Occupation (for Individual) COMM. REAL ESTATE	<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 ▼ 285.00		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCMANUS, JIM, , ,			Date of Receipt
Mailing Address 88 CHESTNUT ST			<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 06 / 17 / 2016
City WESTON	State MA	Zip Code 02493-1533	Transaction ID : SA17.336240
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SELF		Occupation (for Individual) COMM. REAL ESTATE	<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 ▼ 285.00		NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MERTZ, DORIS E., , ,			Date of Receipt
Mailing Address 15541 QUEENSFERRY			<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 06 / 05 / 2016
City FORT MYERS	State FL	Zip Code 33912-4004	Transaction ID : SA17.335036
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ 210.00		NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 82
<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. MOORE, TERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
-------------------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.335262

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MOORE, TERRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MOORE AND ASSOC.	Occupation (for Individual) SELF
-------------------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.335607

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MULLANEY, KATHRYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 3127

City NARRAGANSETT	State RI	Zip Code 02882-0795
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.338667

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	530.00
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 46 OF 82
<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. NICOLL, SHARON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7703 VERNA WAY
7703 VERNA WAY

City LUCERNE State CA Zip Code 95458-8593

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 17 / 2016
Transaction ID : SA17.336237

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. NICOLL, SHARON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7703 VERNA WAY
7703 VERNA WAY

City LUCERNE State CA Zip Code 95458-8593

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 22 / 2016
Transaction ID : SA17.338123

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. OOI, SENG, K., DR., RET.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 N. ELDRIDGE PKWY
518 518

City HOUSTON State TX Zip Code 77079-2707

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt
06 / 05 / 2016
Transaction ID : SA17.334728

Amount of Each Receipt this Period
25.00

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 47 OF 82
<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. POHRER, JACK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 OVERBROOK DR.

City SAINT LOUIS	State MO	Zip Code 63124-
---------------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.336276

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. POHRER, JACK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 OVERBROOK DR.

City SAINT LOUIS	State MO	Zip Code 63124-
---------------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2016

Transaction ID : SA17.338119

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. PREJEAN, CURTIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2811 FALMOTH DR.

City SHREVEPORT	State LA	Zip Code 71106-
--------------------	-------------	--------------------

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

Name of Employer (for Individual) RED RIVER CV SURGEONS	Occupation (for Individual) CV SURGEON
------------------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA17.336279

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
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 48 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. RADCLIFF, JERRY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2016
Mailing Address 5595 THATCH CT.		Transaction ID : SA17.336282
City PRESCOTT	State AZ	Zip Code 86305-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RAHN, NOEL, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2016
Mailing Address 7119 ANTRIM CT.		Transaction ID : SA17.338135
City MINNEAPOLIS	State MN	Zip Code 55439-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) GERONIMO ENERGY	Occupation (for Individual) ALTERNATIVE ENERGIES.	<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 ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RAMIREZ, DIEGO, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2016
Mailing Address 681 E LA VISTA AVE		Transaction ID : SA17.334399
City DINUBA	State CA	Zip Code 93618-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) DIEGO	Occupation (for Individual) ABLE	<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 ▼ 245.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	505.00
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 49 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. RAMIREZ, DIEGO, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 681 E LA VISTA AVE		Transaction ID : SA17.334586
City DINUBA	State CA	Zip Code 93618-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) DIEGO	Occupation (for Individual) ABLE	<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 ▼ 245.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RAMIREZ, DIEGO, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 681 E LA VISTA AVE		Transaction ID : SA17.334603
City DINUBA	State CA	Zip Code 93618-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) DIEGO	Occupation (for Individual) ABLE	<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 ▼ 245.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RAMIREZ, DIEGO, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 681 E LA VISTA AVE		Transaction ID : SA17.334801
City DINUBA	State CA	Zip Code 93618-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) DIEGO	Occupation (for Individual) ABLE	<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 ▼ 245.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	45.00
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 50 OF 82
<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. RAMIREZ, DIEGO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 681 E LA VISTA AVE

City DINUBA	State CA	Zip Code 93618-2752
----------------	-------------	------------------------

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

Name of Employer (for Individual) DIEGO	Occupation (for Individual) ABLE
--------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.334821

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. RAMIREZ, DIEGO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 681 E LA VISTA AVE

City DINUBA	State CA	Zip Code 93618-2752
----------------	-------------	------------------------

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

Name of Employer (for Individual) DIEGO	Occupation (for Individual) ABLE
--------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.336627

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. RETTIG, JACK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 ROYAL PLAZA DRIVE

City FORT LAUDERDALE	State FL	Zip Code 33301-
-------------------------	-------------	--------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) MANAGER
-------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.338662

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	280.00
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 51 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. RICHERT, JOSEPH, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 34180HURON RIVER DRIVE		Transaction ID : SA17.335104
City NEW BOSTON	State MI	Zip Code 48164-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RODACK, MARK, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 16051 COLLINS AVENUE 3502		Transaction ID : SA17.335121
City SUNNY ISLES BEACH	State FL	Zip Code 33160-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 1550.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RODACK, MARK, , ,		Date of Receipt MM / DD / YYYY 06 / 09 / 2016
Mailing Address 16051 COLLINS AVENUE 3502		Transaction ID : SA17.335342
City SUNNY ISLES BEACH	State FL	Zip Code 33160-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 1550.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 52 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. RODACK, MARK, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2016
Mailing Address 16051 COLLINS AVENUE 3502		Transaction ID : SA17.336286
City SUNNY ISLES BEACH	State FL	Zip Code 33160-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 1550.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROGERS, JON, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2016
Mailing Address 1731 AVIATION B;LVD		Transaction ID : SA17.338096
City LINCOLN	State CA	Zip Code 95648-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) R\$FC	Occupation (for Individual) MANAGER	<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 ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ROOZEN, MICHAEL, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2016
Mailing Address 453 SILVER SHADOW DRIVE		Transaction ID : SA17.335119
City SAN MARCOS	State CA	Zip Code 92078-4457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) OWNER/RUBBERSTAMPCHAMP.COM	Occupation (for Individual) BUSINESS OWNER	<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 ▼ 750.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 53 OF 82
<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. RUPANI, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 76 STATION ST
City BULGER State PA Zip Code 15019-2017
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335040
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. SACKRIDER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 308OAK ST
City LADY LAKE State FL Zip Code 32159-
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) SACKROOFING INC Occupation (for Individual) ROOFING CONTRACTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335118
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. SEELY, GAIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2701 WEST 2000 SOUTH
2701 WEST 2000 SOUTH
City REXBURG State ID Zip Code 83440-4032
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335089
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 350.00
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 54 OF 82
<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. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 STREAMSIDE CIR
 [AKA VILLA 78]
 City PLEASANTON State CA Zip Code 94588-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.16

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334452
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 STREAMSIDE CIR
 [AKA VILLA 78]
 City PLEASANTON State CA Zip Code 94588-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.16

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334675
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHAPIRO, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BEACH STREET
 City MANCHESTER State MA Zip Code 01944-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OWNER OF WELLNESS CENTER& YOGA STUDIO Occupation (for Individual) PSYCHOTHEAPIST/ YOGA INSTRUCT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335103
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 55 OF 82
<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. SILK, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 SUMMER ST
 130 SUMMER ST
 City STONEHAM State MA Zip Code 02180-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MINUTE MAN Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334995
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SIMEK, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 N. BROOK HILLS DRIVE
 City GREEN BAY State WI Zip Code 54313-8280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335120
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SKEREN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 MOODY CT
 200
 City THOUSAND OAKS State CA Zip Code 91360-6068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLOYD SKEREN KELLY Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335009
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	330.00
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 56 OF 82
<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. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700

City BLUE MOUNTAIN	State MS	Zip Code 38610-9667
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES AGENT
----------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016

Transaction ID : SA17.335049

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700

City BLUE MOUNTAIN	State MS	Zip Code 38610-9667
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES AGENT
----------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA17.336157

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SMYTHE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 RAMILLO AVE

City LONG BEACH	State CA	Zip Code 90815-4353
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) RETAILER
-------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016

Transaction ID : SA17.335097

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
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 57 OF 82
<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. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE,
 City CEDARHURST State NY Zip Code 11516-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.34

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334703
 Amount of Each Receipt this Period 22.50
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE,
 City CEDARHURST State NY Zip Code 11516-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.34

Date of Receipt **06 / 09 / 2016**
Transaction ID : SA17.335312
 Amount of Each Receipt this Period 34.34
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. STOWBUNENKO, S D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 OAKLAND AVENUE,
 City CEDARHURST State NY Zip Code 11516-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.34

Date of Receipt **06 / 27 / 2016**
Transaction ID : SA17.337126
 Amount of Each Receipt this Period 17.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	73.84
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 58 OF 82
<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. SWEET, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13102 INDIAN CREEK
 City HOUSTON State TX Zip Code 77079-7218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIANCE RESIDENTIAL COMPANY Occupation (for Individual) REAL ESTATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 22 / 2016**
Transaction ID : SA17.338136
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SYTZ, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 COVENANT DR., 1328 COVENANT DR.,
 City GASTONIA State NC Zip Code 28054-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335037
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334767
 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 59 OF 82
<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. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA17.335228
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA17.336107
 Amount of Each Receipt this Period 38.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596
 SCOTTSDALEAZ
 City SCOTTSDALE State AZ Zip Code 85261-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335041
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	103.00
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 60 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. THOMAS, PATRICIA, , ,		Date of Receipt MM / DD / YYYY 06 / 17 / 2016
Mailing Address 1400 N HARRIS RDG		Transaction ID : SA17.336287
City ATLANTA	State GA	Zip Code 30327-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TUTTLE, LEE, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 4718 HALLMARK DR. 102		Transaction ID : SA17.334733
City HOUSTON	State TX	Zip Code 77056-3909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) SELF	Occupation (for Individual) 54909924	<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 ▼ 670.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TUTTLE, LEE, , ,		Date of Receipt MM / DD / YYYY 06 / 03 / 2016
Mailing Address 4718 HALLMARK DR. 102		Transaction ID : SA17.334962
City HOUSTON	State TX	Zip Code 77056-3909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) SELF	Occupation (for Individual) 54909924	<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 ▼ 670.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	350.00
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 61 OF 82
<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. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) 54909924
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA17.335294
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) 54909924
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA17.335794
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) 54909924
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA17.337665
 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 62 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. VLASIC, ROBERT, , ,		Date of Receipt
Mailing Address 1910 RATHMOR ROAD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City BLOOMFIELD HILLS	State MI	Zip Code 48304-
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.338668
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) 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 ▼ <input type="text" value="500.00"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WEBER, EDWARD, V., MR.,		Date of Receipt
Mailing Address P O BOX 1165		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City PORT EWEN	State NY	Zip Code 12466-1165
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.335337
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) 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 ▼ <input type="text" value="825.16"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WEBER, EDWARD, V., MR.,		Date of Receipt
Mailing Address P O BOX 1165		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2016"/>
City PORT EWEN	State NY	Zip Code 12466-1165
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.336171
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) 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 ▼ <input type="text" value="825.16"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 63 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. WEBER, EDWARD, V., MR.,			Date of Receipt
Mailing Address P O BOX 1165			<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City PORT EWEN	State NY	Zip Code 12466-1165	Transaction ID : SA17.337493
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ <input type="text" value="825.16"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WEBER, EDWARD, V., MR.,			Date of Receipt
Mailing Address P O BOX 1165			<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>
City PORT EWEN	State NY	Zip Code 12466-1165	Transaction ID : SA17.337666
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ <input type="text" value="825.16"/>	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WEBER, EDWARD, V., MR.,			Date of Receipt
Mailing Address P O BOX 1165			<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2016"/>
City PORT EWEN	State NY	Zip Code 12466-1165	Transaction ID : SA17.337851
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) 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 ▼ <input type="text" value="825.16"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 64 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. WEEKES, WALLACE, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 6208 CEDARBROOK DRIVE		Transaction ID : SA17.335044
City LAS VEGAS	State NV	Zip Code 89146-1112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WEHDE, ROBERT, , ,		Date of Receipt MM / DD / YYYY 06 / 02 / 2016
Mailing Address 20 PRIMROSE CIRCLE		Transaction ID : SA17.334942
City CLINTONVILLE	State WI	Zip Code 54929-9798
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 220.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WEHDE, ROBERT, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 20 PRIMROSE CIRCLE		Transaction ID : SA17.335018
City CLINTONVILLE	State WI	Zip Code 54929-9798
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 220.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 65 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. WEHDE, ROBERT, , ,			Date of Receipt MM / DD / YYYY 06 / 28 / 2016
Mailing Address 20 PRIMROSE CIRCLE			Transaction ID : SA17.338420
City CLINTONVILLE	State WI	Zip Code 54929-9798	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WHITE, ROBERT, , ,			Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 1850 DELPHINA COURT			Transaction ID : SA17.335115
City CAMERON PARK	State CA	Zip Code 95682-8963	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WHITE, ROBERT, , ,			Date of Receipt MM / DD / YYYY 06 / 16 / 2016
Mailing Address 1850 DELPHINA COURT			Transaction ID : SA17.336220
City CAMERON PARK	State CA	Zip Code 95682-8963	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 240.00	

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 66 OF 82
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. WRIGHT, KARRIE, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 14 E 75TH ST 7E		Transaction ID : SA17.334724
City NEW YORK	State NY	Zip Code 10021-2625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) SELF	Occupation (for Individual) SELF	<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 ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WYNNE, WILLARD, , ,		Date of Receipt MM / DD / YYYY 06 / 21 / 2016
Mailing Address 473 NANCY JACK ROAD		Transaction ID : SA17.337949
City GERRARDSTOWN	State WV	Zip Code 25420-3826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 260.00	NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. YAZDAN,MD, DAVID, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016
Mailing Address 1 CHANNEL DR. 1013 1013		Transaction ID : SA17.335095
City MONMOUTH BEACH	State NJ	Zip Code 07750-1365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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 ▼ 400.00	NON CONTRIBUTION ACCOUNT

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

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

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

FOR LINE NUMBER: PAGE 67 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. RESPONSE DIRECT MAIL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 W BRADDOCK RD
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3234.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA17.85958
 Amount of Each Receipt this Period
 3234.12
 Memo Item
LIST RENTAL INCOME

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	3234.12
TOTAL This Period (last page this line number only).....	19503.96

**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)
Stop Hillary PAC

A. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREATIVE AND DEPLOYMENT SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8596i

Amount of Each Disbursement this Period: 4225.00

Memo Item

B. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8597c

Amount of Each Disbursement this Period: 365.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement CAREY ACCT: COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8598

Amount of Each Disbursement this Period: 125.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4590.00
TOTAL This Period (last page this line number only).....▶	4590.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial) A. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C Transaction ID : SB29.I85979 Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 203 SOUTH UNION ST SUITE 300		FEC Identification Number C Transaction ID : SB29.I85981 Amount of Each Disbursement this Period 2150.00
City ALEXANDRIA	State VA Zip Code 22314-3356	
Purpose of Disbursement CAREY ACCT: REIMBURSEMENTS (SEE BELOW)		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. DELANO, JOSH, , ,		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 423		FEC Identification Number C Transaction ID : SB29.I85985 Amount of Each Disbursement this Period 2025.00
City ORANGEFIELD	State TX Zip Code 77639	
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Memo Item <input checked="" type="checkbox"/>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	4150.00
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: 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
06 / 30 / 2016

FEC Identification Number
C
Transaction ID : SB29.I85982
Amount of Each Disbursement this Period
5000.00

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2016

FEC Identification Number
C
Transaction ID : SB29.I85992
Amount of Each Disbursement this Period
945.78

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 13 / 2016

FEC Identification Number
C
Transaction ID : SB29.I85993
Amount of Each Disbursement this Period
241.32

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6187.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. 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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85994
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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85995
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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85996
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. MDS COMMUNICATIONS

Full Name (Last, First, Middle Initial)

Mailing Address 545 W JUANITA AVE

City MESA State AZ Zip Code 85210

Purpose of Disbursement CAREY ACCT - DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.185988

Amount of Each Disbursement this Period: 1168.95

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).....▶	1168.95
TOTAL This Period (last page this line number only).....▶	15611.84

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 82
	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 Campaign Solutions			Nature of Debt (Purpose): Email Deployment Costs
Mailing Address 117 N. Saint Asaph St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.92579	
Amount Incurred This Period 15442.21	Payment This Period 0.00	Outstanding Balance at Close of This Period 15442.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc			Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877			
City Alexandria	State VA	Zip Code 22313	

Outstanding Balance Beginning This Period 3400.00	Transaction ID : SD.83883	
Amount Incurred This Period 0.00	Payment This Period 3400.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc.			Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877			
City Alexandria	State VA	Zip Code 22313	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD.85357	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	15442.21
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 82
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications			Nature of Debt (Purpose): Phone Voter Contact
Mailing Address 545 W Juanita Ave			
City Mesa	State AZ	Zip Code 85210	

Outstanding Balance Beginning This Period		Transaction ID : SD.92554	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9310.25	0.00	9310.25	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	9310.25
2) TOTALS This Period (last page this line number only)..... ▶	24752.46
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) ▶	24752.46

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

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE VOTER CONTACT
Date of Public Distribution/Dissemination 06/01/2016
Amount 7830.97
Transaction ID: SE24.85969
Date of Disbursement or Obligation 06/08/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 134252.49

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES
Date of Public Distribution/Dissemination 06/01/2016
Amount 1917.85
Transaction ID: SE24.85997
Date of Disbursement or Obligation 06/06/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 134252.49

(a) SUBTOTAL of Itemized Independent Expenditures 9748.82
(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.

BACKER, DAN, , ,

[Electronically Filed]

Date

06/01/2016

Signature

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

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00544767 </div>
--------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2016						
Mailing Address 117 N. SAINT ASAPH ST	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10775.17</div> Transaction ID : SE24.86002 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure LIST RENTAL FEES							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	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;">134252.49</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 CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2016						
Mailing Address 117 N. SAINT ASAPH ST	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">439.33</div> Transaction ID : SE24.85998 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 13 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	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;">134252.49</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;">11214.50</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.

BACKER, DAN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00544767 </div>
--------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 20 / 2016 </div>						
Mailing Address 117 N. SAINT ASAPH ST	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2885.15 </div> Transaction ID : SE24.85999 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 20 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 134252.49 </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 CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 27 / 2016 </div>						
Mailing Address 117 N. SAINT ASAPH ST	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 4182.28 </div> Transaction ID : SE24.86000 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 27 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 134252.49 </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;"> M M / D D / Y Y Y Y Y Y 7067.43 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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.

BACKER, DAN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00544767 </div>
--------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 27 / 2016						
Mailing Address 117 N. SAINT ASAPH ST	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1412.07</div> Transaction ID : SE24.86001 Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22314
City		State	Zip Code				
ALEXANDRIA	VA	22314					
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES							
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <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 <div style="border: 1px solid black; padding: 2px; text-align: right;">134252.49</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 CD, INC.	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016						
Mailing Address P.O. BOX 1877	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> Transaction ID : SE24.85357 Date of Disbursement or Obligation MM / DD / YYYY 06 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22313</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22313
City		State	Zip Code				
ALEXANDRIA	VA	22313					
Purpose of Expenditure FACEBOOK ADVERTISING							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support TRUMP, DONALD, J, , <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 <div style="border: 1px solid black; padding: 2px; text-align: right;">134252.49</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;">3412.07</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.

BACKER, DAN, , , [Electronically Filed] Date MM / DD / YYYY 06 / 01 / 2016

 Signature

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item CD, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 1877	Amount <input type="text"/> 3400.00 Transaction ID : SE24.83883 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	
Purpose of Expenditure FACEBOOK ADVERTISING Category/Type <input type="text"/>	
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3400.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item CD, INC.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 1877	Amount <input type="text"/> 22650.25 Transaction ID : SE24.92417 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	
Purpose of Expenditure ONLINE ADVERTISING Category/Type <input type="text"/>	
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 134252.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 26050.25
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

BACKER, DAN, , ,

[Electronically Filed]

Date

/ /

Signature

**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 MM / DD / YYYY

Full Name of Payee MDS COMMUNICATIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2016
Mailing Address 545 W JUANITA AVE	Amount 357.50
City State Zip Code MESA AZ 85210	
Purpose of Expenditure ANTI HILLARY PHONE CALLS	Transaction ID : SE24.85989 Date of Disbursement or Obligation MM / DD / YYYY 06 / 07 / 2016
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 134252.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MDS COMMUNICATIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2016
Mailing Address 545 W JUANITA AVE	Amount 3302.75
City State Zip Code MESA AZ 85210	
Purpose of Expenditure ANTI HILLARY PHONE CALLS	Transaction ID : SE24.85991 Date of Disbursement or Obligation MM / DD / YYYY 06 / 27 / 2016
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 134252.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 3660.25
(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.

BACKER, DAN, , , [Electronically Filed]
Signature Date MM / DD / YYYY
06 / 01 / 2016

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

Full Name of Payee MDS COMMUNICATIONS
Mailing Address 545 W JUANITA AVE
City MESA State AZ Zip Code 85210
Purpose of Expenditure POLITICAL ADVOCACY CALLS
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 134252.49
Disbursement For: Primary General 2016

Full Name of Payee MDS COMMUNICATIONS
Mailing Address 545 W JUANITA AVE
City MESA State AZ Zip Code 85210
Purpose of Expenditure ANTI HILLARY PHONE CALLS
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 134252.49
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 962.50
(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.

BACKER, DAN, , ,

[Electronically Filed]

Date

06 / 01 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00544767 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2016		
Mailing Address 117 N SAINT ASAPH ST			Amount 15442.21		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure EMAIL DEPLOYMENT COSTS		Category/Type 	Transaction ID : SE24.92579 Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2016		
Name of Federal Candidate: CLINTON, HILLARY, , ,			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 147275.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MDS COMMUNICATIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2016		
Mailing Address 545 W JUANITA AVE			Amount 9310.25		
City MESA	State AZ	Zip Code 85210			
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type 	Transaction ID : SE24.92554 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2016		
Name of Federal Candidate: CLINTON, HILLARY, , ,			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 147275.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	62115.82

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.

BACKER, DAN, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 06 / 2016

Signature