



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Stop Hillary PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		116420.64
(b) Cash on Hand at Beginning of Reporting Period.....	62330.71	
(c) Total Receipts (from Line 19) .....	25978.52	158982.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88309.23	275403.07
7. Total Disbursements (from Line 31).....	40390.71	227484.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47918.52	47918.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Stop Hillary PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25978.52	158482.43
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))..... ▶	25978.52	158982.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25978.52	158982.43

**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 .....	27332.28	55673.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27332.28	55673.20
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) .....	12129.38	60645.94
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	34507.06
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	929.05	1701.05
(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)).....	929.05	1701.05
29. Other Disbursements .....	0.00	72957.30
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40390.71	227484.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40390.71	227484.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	500.00
34. Total Contribution Refunds (from Line 28(d)) .....	929.05	1701.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-929.05	-1201.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	27332.28	55673.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27332.28	55673.20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This report amended to update cash on hand figures and year-to-date independent expenditure aggregates.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

**A. EDWIN ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6337 GLEN HOLLOW DR.  
City LIBERTY TWP State OH Zip Code 45011-0442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 330.00

Date of Receipt 04 / 13 / 2016  
**Transaction ID : SA17.269221**  
Amount of Each Receipt this Period 10.00  
 Memo Item  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**B. EDWIN ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6337 GLEN HOLLOW DR.  
City LIBERTY TWP State OH Zip Code 45011-0442  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 330.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : SA17.269270**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**C. GAIL ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 416 UNION AVENUE  
City SARATOGA SPRINGS State NY Zip Code 12866-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1350.00

Date of Receipt 04 / 11 / 2016  
**Transaction ID : SA17.269196**  
Amount of Each Receipt this Period 250.00  
 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 8 OF 24
<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. GAIL ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 UNION AVENUE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2016

**Transaction ID : SA17.269278**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GAIL ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 UNION AVENUE

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2016

**Transaction ID : SA17.279765**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ALBERT R. BRESNIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2224 24TH STREET

City SANTA MONICA	State CA	Zip Code 90405-1811
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
303.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2016

**Transaction ID : SA17.269130**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)  
**A. TOD CARSON**

Mailing Address 1260 N WETHERLY DRIVE

City State Zip Code  
LOS ANGELES CA 90069-1816

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

Name of Employer Occupation  
SELF MERCHANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : SA17.279764**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CURT COOPER**

Mailing Address 2460 WHITE OAK PLACE

City State Zip Code  
DANVILLE CA 94506-2040

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2016

**Transaction ID : SA17.269177**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JACK DONEY**

Mailing Address 310 SOUTHWEST SECOND ST  
SUITE 201

City State Zip Code  
MIAMI OK 74354-

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

Name of Employer Occupation  
SELF MEDICAL DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2016

**Transaction ID : SA17.269197**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 24
	<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. CHRISTY GREEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 CHRISTINE DRIVE  
 City VACAVILLE State CA Zip Code 95687-4339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOLANO COMMUNITY COLLEGE Occupation CHEMISTRY LAB TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 05 / 2016  
**Transaction ID : SA17.269140**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. BRUCE JAMIESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8600 SKYLINE DR. APT 1225  
 City DALLAS State TX Zip Code 75243-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2016  
**Transaction ID : SA17.269186**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. YVONNE KOEHNEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3191 HIGHWAY 45  
 City GLENN State CA Zip Code 95943-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 05 / 2016  
**Transaction ID : SA17.268589**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> 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 24
<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. KRISTINE KRUEGER**  
 Full Name (Last, First, Middle Initial)  
 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 UNIVERSITY OF LOUISVILLE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 05 / 2016  
**Transaction ID : SA17.269175**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ANNE. C. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 EAST 75 ST 7A  
 City NEW YORK State NY Zip Code 10021-2762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : SA17.279766**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. TERRY MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 MONARC COVE  
 City CEDAR PARK State TX Zip Code 78613-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MOORE AND ASSOC. Occupation SELF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : SA17.280785**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 24
<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. MICHAEL ROOZEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 453 SILVER SHADOW DRIVE

City SAN MARCOS	State CA	Zip Code 92078-4457
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FEC ID number of contributing federal political committee. **C**

Name of Employer OWNER/RUBBERSTAMPCHAMP.COM	Occupation BUSINESS OWNER
--	------------------------------

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
04		05		2016

**Transaction ID : SA17.269194**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. LEO SANDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3223 PERRY ST

City DENVER	State CO	Zip Code 80212-
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2016

**Transaction ID : SA17.269065**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LAUREN SIMEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 N. BROOK HILLS DRIVE

City GREEN BAY	State WI	Zip Code 54313-8280
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2016

**Transaction ID : SA17.269195**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<b>TOTAL</b> 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 24
<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. RICHARD SMYTHE**  
Full Name (Last, First, Middle Initial)

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 SELF Occupation 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  
 04 / 05 / 2016

**Transaction ID : SA17.269178**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. DENNIS TEUFEL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O.BOX 5596

City SCOTTSDALE State AZ Zip Code 85261-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2016

**Transaction ID : SA17.269133**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. JOHN F. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 MAIDEN CHOICE LANE  
APT 8-107

City CATONSVILLE State MD Zip Code 21228-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2016

**Transaction ID : SA17.269172**

Amount of Each Receipt this Period  
 75.00

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 24
<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. JOHN F. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 MAIDEN CHOICE LANE  
APT 8-107

City CATONSVILLE State MD Zip Code 21228-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : SA17.269253

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. JOHN F. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 MAIDEN CHOICE LANE  
APT 8-107

City CATONSVILLE State MD Zip Code 21228-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : SA17.269254

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LES TROUTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3901 E PINNACLE PEAK RD  
LOT 91

City PHOENIX State AZ Zip Code 85050-8109

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
04 / 05 / 2016  
Transaction ID : SA17.268921

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 15 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

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

Mailing Address 4718 HALLMARK DR.  
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
04 / 05 / 2016  
Transaction ID : SA17.268858

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 4718 HALLMARK DR.  
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
04 / 12 / 2016  
Transaction ID : SA17.269250

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 4718 HALLMARK DR.  
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
04 / 20 / 2016  
Transaction ID : SA17.279732

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 16 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

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

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-1165

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

Name of Employer SELF Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : SA17.269236**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-1165

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

Name of Employer SELF Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 26 / 2016**

**Transaction ID : SA17.280779**

Amount of Each Receipt this Period  
**15.00**

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. KARRIE WRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 E 75TH ST  
7E

City NEW YORK State NY Zip Code 10021-2625

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

Name of Employer SELF Occupation SELF

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  
**04 / 05 / 2016**

**Transaction ID : SA17.268842**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4465.00</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DONNY FERGUSON**

Mailing Address 101 SKYHILL ROAD  
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : SB21B.I83979

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: ONLINE VOTER CONTACT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.I84021

Amount of Each Disbursement this Period

14370.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement  
CAREY ACCT: LEGAL AND COMPLIANCE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : SB21B.I83981

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

21370.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : **SB21B.I83982**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOSH DELANO**

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement  
MEDIA SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : **SB21B.I84019**

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : **SB21B.I84020**

Amount of Each Disbursement this Period

750.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

**Transaction ID : SB21B.I83819**

Amount of Each Disbursement this Period

329.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : SB21B.I83820**

Amount of Each Disbursement this Period

89.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2016

**Transaction ID : SB21B.I83821**

Amount of Each Disbursement this Period

2638.67

Memo Item

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

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

3057.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.I83924

Amount of Each Disbursement this Period

585.35

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: CHARGEBACK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.I83925

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2016

Transaction ID : SB21B.I83932

Amount of Each Disbursement this Period

218.55

Memo Item

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

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

903.90

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Stop Hillary PAC**

Full Name (Last, First, Middle Initial)

## A. VICTORY SIGNS AND GRAPHICS

Mailing Address 4306 ABRIGADOR TRAIL NE

City State Zip Code  
COMSTOCK PARK MI 49321

Purpose of Disbursement  
CAREY ACCT: ONLINE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

Transaction ID : SB21B.I83977

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

## B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

500.00

27332.28

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

NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>AMERICAN ACTION NEWS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Mailing Address 203 S UNION ST SUITE 300	Amount <span style="border: 1px solid black; padding: 2px;">530.00</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure APRIL ONLINE ADVERTISING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60645.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE24.82462**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount <span style="border: 1px solid black; padding: 2px;">516.60</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure APRIL LIST RENTAL FEES	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60645.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE24.83822**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1046.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

DAN BACKER

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount <span style="border: 1px solid black; padding: 2px;">1071.53</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure APRIL EXTERNAL DEPLOYMENT COSTS	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;">60645.94</span>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 18 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount <span style="border: 1px solid black; padding: 2px;">11.25</span>
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure APRIL LIST RENTAL FEES	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 18 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;">60645.94</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1082.78</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*DAN BACKER*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

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

NAME OF COMMITTEE (In Full) <b>Stop Hillary PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00544767
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>POLITICAL LIST BROKERS LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Mailing Address 107 S WEST ST PMB 826	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code ALEXANDRIA VA 22314-2824	
Purpose of Expenditure APRIL LIST RENTAL FEES	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 04 / 2016
Name of Federal Candidate HILLARY CLINTON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;">60645.94</span>	<span style="border: 1px solid black; padding: 2px;">2016</span>

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"> </span>
City State Zip Code	
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10000.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12129.38</span>

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

*DAN BACKER*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2016