

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 Freedom Partners Action Fund, Inc.

ADDRESS (number and street) 2300 Wilson Blvd. Ste. 500 ARLINGTON VA 22201 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00564765 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Thomas F. Maxwell III

Signature of Treasurer Thomas F. Maxwell III [Electronically Filed] Date 01 / 31 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

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="2015"/>		335538.53
(b) Cash on Hand at Beginning of Reporting Period.....	3866442.54	
(c) Total Receipts (from Line 19)	11149200.13	11719206.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15015642.67	15074744.84
7. Total Disbursements (from Line 31).....	201149.52	260251.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14814493.15	14814493.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11635.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

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).....	11143142.91	11297166.09
(ii) Unitemized	5648.25	5953.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11148791.16	11303120.03
(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)	11148791.16	11303120.03
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).....	408.97	416086.28
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11149200.13	11719206.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11149200.13	11719206.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	201149.52	260251.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	201149.52	260251.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	201149.52	260251.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	201149.52	260251.69

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)	11148791.16	11303120.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11148791.16	11303120.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	201149.52	260251.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	408.97	416086.28
38. Net Operating Expenditures (subtract Line 37 from Line 36)	200740.55	-155834.59

**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 6 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Freedom Partners Action Fund, Inc.

A. MR. CHARLES ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 ASHBURY DRIVE
 City HINSDALE State IL Zip Code 60521-4990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PROTIVITI Occupation: CONSULTANT
 Receipt For: Primary General Other (specify)

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11.1180
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

B. MR. TOM D. CHAMBERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 COMMERCE STREET SUITE 3025
 City FORT WORTH State TX Zip Code 76102-4178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: CHAMBERS INTERESTS Occupation: CHAIRMAN
 Receipt For: Primary General Other (specify)

Date of Receipt: 12 / 22 / 2015
Transaction ID : SA11.1058
 Amount of Each Receipt this Period: 383890.00
 CONTRIBUTION

C. JOSEPH COLUMBUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 K STREET
 City ANCHORAGE State AK Zip Code 99501-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: DIMOND ESTATES, INC. Occupation: OWNER/PARTNER
 Receipt For: Primary General Other (specify)

Date of Receipt: 08 / 03 / 2015
Transaction ID : SA11.947
 Amount of Each Receipt this Period: 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	385140.00
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 7 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. DARWIN DEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8181 DOUGLAS UNIT 1000
 City DALLAS State TX Zip Code 75225-6548
 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 ▼ 200000.00

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11.948
 Amount of Each Receipt this Period 200000.00
 CONTRIBUTION

B. MRS. HELEN DEVOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 OTTAWA AVENUE NW STE. 500
 City GRAND RAPIDS State MI Zip Code 49503-2882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 07 / 2015
Transaction ID : SA11.951
 Amount of Each Receipt this Period 250000.00
 CONTRIBUTION

C. MR. RICHARD M. DEVOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 OTTAWA AVENUE NW STE. 500
 City GRAND RAPIDS State MI Zip Code 49503-2882
 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 ▼ 250000.00

Date of Receipt 10 / 07 / 2015
Transaction ID : SA11.950
 Amount of Each Receipt this Period 250000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700000.00
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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. PAUL L. FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 W MILLS AVENUE
 STE. 600
 City EL PASO State TX Zip Code 79901-1577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN REFINING Occupation EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11.953
 Amount of Each Receipt this Period
 1000000.00
 CONTRIBUTION

B. DAVID FREDSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 HARTFORD WAY
 City BEVERLY HILLS State CA Zip Code 90210-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOLE SOURCE CAPITAL Occupation INVESTOR
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2015
Transaction ID : SA11.946
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MR. RICHARD B. GILLIAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 4295 LOUISA ROAD
 City KESWICK State VA Zip Code 22947-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUMBERLAND DEVELOPMENT Occupation MANAGER
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : SA11.952
 Amount of Each Receipt this Period
 1000000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2001000.00
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 9 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MR. KENNETH C. GRIFFIN
 Mailing Address 131 S DEARBORN ST
 STE 3200
 City State Zip Code
 CHICAGO IL 60603-5585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CITADEL FOUNDER & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.965
 Amount of Each Receipt this Period
 2000000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. DIANE HENDRICKS
 Mailing Address PO BOX 65
 City State Zip Code
 AFTON WI 53501-0065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HENDRICKS HOLDING CO., INC. CHAIRPERSON
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : SA11.962
 Amount of Each Receipt this Period
 2000000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. STANLEY S. HUBBARD
 Mailing Address 3415 UNIVERSITY AVENUE WEST
 City State Zip Code
 ST. PAUL MN 55114-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HUBBARD BROADCASTING, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015
Transaction ID : SA11.960
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4050000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MR. STANLEY S. HUBBARD
 Mailing Address 3415 UNIVERSITY AVENUE WEST
 City State Zip Code
 ST. PAUL MN 55114-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HUBBARD BROADCASTING, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.968
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. THOMAS KLEIN
 Mailing Address 450 BOND ST
 City State Zip Code
 LINCOLNSHIRE IL 60069-4225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KLEIN TOOLS EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.964
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. WAYNE L. LAUFER
 Mailing Address 4989 JOEWOOD DRIVE
 City State Zip Code
 SANIBEL FL 33957-7511
 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 ▼
 500000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11.949
 Amount of Each Receipt this Period
 500000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 551000.00
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 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. ROBERT W. RUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 S DIXIE HIGHWAY
 STE. 315
 City CORAL GABLES State FL Zip Code 33146-3174
 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
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : SA11.1159
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. MRS. NORMA ELLIS ZIMDAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 N PLACITA DEL TIO
 City TUCSON State AZ Zip Code 85750-6312
 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 ▼ 20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11.959
 Amount of Each Receipt this Period
 20000.00
 CONTRIBUTION

C. CHARLES G. KOCH 1997 TRUST
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5004
 City WICHITA State KS Zip Code 67201-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KOCH INDUSTRIES, INC. Occupation CHAIRMAN OF THE BOARD & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11.1110
 Amount of Each Receipt this Period
 3000000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3021000.00
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 35
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89026.09

Date of Receipt
10 / 31 / 2015
Transaction ID : SA11.1252

Amount of Each Receipt this Period
18026.09

CONTRIBUTION

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)
B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89026.09

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11.1253

Amount of Each Receipt this Period
45697.80

CONTRIBUTION

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)
C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89026.09

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11.1254

Amount of Each Receipt this Period
14488.41

CONTRIBUTION

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

SUBTOTAL of Receipts This Page (optional).....	78212.30
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 35
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89026.09

Date of Receipt
07 / 31 / 2015
Transaction ID : SA11.956

Amount of Each Receipt this Period
373.46

CONTRIBUTION

OFFICE SPACE,PERSONNEL

Full Name (Last, First, Middle Initial)
B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89026.09

Date of Receipt
08 / 31 / 2015
Transaction ID : SA11.957

Amount of Each Receipt this Period
2704.38

CONTRIBUTION

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)
C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89026.09

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11.958

Amount of Each Receipt this Period
3712.77

CONTRIBUTION

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

SUBTOTAL of Receipts This Page (optional).....▶	6790.61
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 35
<input checked="" 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 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)
Freedom Partners Action Fund, Inc.

A. HUBBARD BROADCASTING, INC.
Full Name (Last, First, Middle Initial)
Mailing Address 3415 UNIVERSITY AVENUE WEST

City ST. PAUL	State MN	Zip Code 55114-1019
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

Transaction ID : SA11.966

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

B. HUBBARD BROADCASTING, INC.
Full Name (Last, First, Middle Initial)
Mailing Address 3415 UNIVERSITY AVENUE WEST

City ST. PAUL	State MN	Zip Code 55114-1019
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SA11.967

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

C. JOHN W CHILDS 2013 REVOCABLE
Full Name (Last, First, Middle Initial)
Mailing Address 165 SAGO PALM ROAD

City VERO BEACH	State FL	Zip Code 32963-3702
--------------------	-------------	------------------------

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

Name of Employer J. W. CHILDS ASSOCIATES	Occupation CHAIRMAN & PARTNER
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : SA11.961

Amount of Each Receipt this Period

125000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	325000.00
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 15 OF 35
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. THE BRADBURY CO., INC.

Full Name (Last, First, Middle Initial)
Mailing Address 1200 E COLE ST

City MOUNDRIDGE State KS Zip Code 67107-8803

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11.963

Amount of Each Receipt this Period
 25000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	11143142.91

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

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

FOR LINE NUMBER: PAGE 16 OF 35
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. BIGEYE DIRECT
Full Name (Last, First, Middle Initial)
Mailing Address 13860 REDSKIN DRIVE
City HERNDON State VA Zip Code 20171
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015
Transaction ID : SA15.434
Amount of Each Receipt this Period
408.97
VENDOR REFUND

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	408.97
TOTAL This Period (last page this line number only).....▶	408.97

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2015

Transaction ID : SB21B.I371

Amount of Each Disbursement this Period

54.90

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : SB21B.I380

Amount of Each Disbursement this Period

54.90

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2015

Transaction ID : SB21B.I386

Amount of Each Disbursement this Period

55.14

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

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

164.94

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I393

Amount of Each Disbursement this Period

54.90

Category/Type

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I407

Amount of Each Disbursement this Period

55.08

Category/Type

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.I417

Amount of Each Disbursement this Period

54.90

Category/Type

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

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

164.88

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : SB21B.I376

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I388

Amount of Each Disbursement this Period

3606.42

Full Name (Last, First, Middle Initial)

C. ST. REGIS MONARCH BEACH

Mailing Address ONE MONARCH BEACH DRIVE

City DANA POINT State CA Zip Code 92629

Purpose of Disbursement
CATERING FOOD/BEVERAGE, A/V & ROOM RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : SB21B.I389

Amount of Each Disbursement this Period

3596.42

[MEMO ITEM]

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

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

3616.42

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.I395

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I402

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I410

Amount of Each Disbursement this Period

351.70

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

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

371.70

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. STAPLES (ARLINGTON)

Mailing Address 3804 WILSON BLVD.

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : SB21B.I412

Amount of Each Disbursement this Period

334.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Transaction ID : SB21B.I424

Amount of Each Disbursement this Period

456.64

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I428

Amount of Each Disbursement this Period

388.37

[MEMO ITEM]

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

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

456.64

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SB21B.I374

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

B. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : SB21B.I387

Amount of Each Disbursement this Period

34.95

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB21B.I397

Amount of Each Disbursement this Period

42.68

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

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

117.58

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SB21B.I401

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

B. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SB21B.I415

Amount of Each Disbursement this Period

34.95

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : SB21B.I423

Amount of Each Disbursement this Period

34.95

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

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

109.85

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. BIGEYE DIRECT

Mailing Address 13860 REDSKIN DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : **SB21B.I408**

Amount of Each Disbursement this Period

13400.00

Full Name (Last, First, Middle Initial)

B. BIGEYE DIRECT

Mailing Address 13860 REDSKIN DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.I422**

Amount of Each Disbursement this Period

2976.96

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I372**

Amount of Each Disbursement this Period

1000.11

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

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

17377.07

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

Mailing Address 1593 SPRING HILL ROAD
STE. 400

Transaction ID : SB21B.I381

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

1000.11

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Mailing Address 1593 SPRING HILL ROAD
STE. 400

Transaction ID : SB21B.I392

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

1000.11

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Mailing Address 1593 SPRING HILL ROAD
STE. 400

Transaction ID : SB21B.I394

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

1000.11

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

3000.33

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I405

Amount of Each Disbursement this Period

1000.11

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUION PROCESSING SVCS., DIRECT MAIL
EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I419

Amount of Each Disbursement this Period

2682.17

Full Name (Last, First, Middle Initial)

C. CONRAD DIRECT

Mailing Address 300 KNICKERBOCKER ROAD

City CRESSKILL State NJ Zip Code 07626

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.I433

Amount of Each Disbursement this Period

6855.14

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

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

10537.42

**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)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CT CORPORATION

Mailing Address PO BOX 4349

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
FILING FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2015

Transaction ID : SB21B.I375

Amount of Each Disbursement this Period

283.93

Category/
Type

Full Name (Last, First, Middle Initial)

B. ENGAGE

Mailing Address 814 KING STREET
STE. 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SB21B.I420

Amount of Each Disbursement this Period

4418.75

Category/
Type

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SB21B.1252

Amount of Each Disbursement this Period

18026.09

Category/
Type

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

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

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

22728.77

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.1253

Amount of Each Disbursement this Period

45697.80

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.1254

Amount of Each Disbursement this Period

14488.41

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.956

Amount of Each Disbursement this Period

373.46

OFFICE SPACE,PERSONNEL

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

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

60559.67

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.957**

Amount of Each Disbursement this Period

2704.38

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB21B.958**

Amount of Each Disbursement this Period

3712.77

COMPUTER SUPPLIES,IT
SUPPORT/SERVICES,OFFICE SPACE,OFFICE
SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)

C. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB21B.I383**

Amount of Each Disbursement this Period

930.00

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

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

7347.15

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SB21B.I409

Amount of Each Disbursement this Period

5447.50

Full Name (Last, First, Middle Initial)

B. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : SB21B.I373

Amount of Each Disbursement this Period

8750.00

Full Name (Last, First, Middle Initial)

C. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING & COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SB21B.I385

Amount of Each Disbursement this Period

5625.00

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

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

19822.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.I391**

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

B. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING & COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I398**

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

C. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING & COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B.I406**

Amount of Each Disbursement this Period

5625.00

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

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

16875.00

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.I432

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

B. MPM

Mailing Address 3480 CATTERTON PLACE
STE. 102

City WALDORF State MD Zip Code 20602

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I421

Amount of Each Disbursement this Period

4895.08

Full Name (Last, First, Middle Initial)

C. SIR SPEEDY

Mailing Address 6565 ARLINGTON BLVD., STE. #C-5

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SB21B.I416

Amount of Each Disbursement this Period

439.18

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

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

10959.26

**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)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. TRAY

Mailing Address PO BOX 1360

City GLEN BURNIE State MD Zip Code 21061

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I404

Amount of Each Disbursement this Period

394.97

Full Name (Last, First, Middle Initial)

B. TRI-STATE ENVELOPE CORPORATION

Mailing Address PO BOX 433

City BELTSVILLE State MD Zip Code 20704-0433

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I414

Amount of Each Disbursement this Period

2047.71

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address MERRIFIELD POST OFFICE
8409 LEE HIGHWAY

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I418

Amount of Each Disbursement this Period

5000.00

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

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

7442.68

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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ZMD, LLC

Mailing Address **626 E STREET, NW
STE. 200**

City **WASHINGTON** State **DC** Zip Code **20004**

Purpose of Disbursement
VIDEO PRODUCTION SERVICES, NON-CANDIDATE

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
0	9		0	4		2	0	1	5

Transaction ID : SB21B.I384

Amount of Each Disbursement this Period

1	9	4	2	7	.	0	0
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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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

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

Amount of Each Disbursement this Period

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

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

1	9	4	2	7	.	0	0
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2	0	1	0	7	8	.	8	6
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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alexander & MacGregor, Inc.	Nature of Debt (Purpose): Direct Mail Expense
Mailing Address 4912 Forty-third Place, NW	
City State Zip Code Washington DC 20016	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DYE.003	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Freedom Partners Chamber of Commerce, Inc.	Nature of Debt (Purpose): Direct Mail Expense
Mailing Address 2200 Wilson Blvd. Ste. 102-533	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DYE.002	
Amount Incurred This Period 6400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jones Day	Nature of Debt (Purpose): Legal Fees
Mailing Address 51 Louisiana Avenue, NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DYE.001	
Amount Incurred This Period 2235.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2235.00

1) SUBTOTALS This Period This Page (optional)..... ▶	11635.00
2) TOTALS This Period (last page this line number only)..... ▶	11635.00
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) ▶	11635.00