

**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

Make America Number 1

ADDRESS (number and street)

2 Roosevelt Avenue

Check if different
than previously
reported. (ACC)

Port Jefferson Sta

NY

11776

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00575373

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

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

James, Jacquelyn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

James, Jacquelyn, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Make America Number 1

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		21		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2016</td></tr></table>	Y	Y	Y	Y	2016					<table><tr><td colspan="4">7494987.69</td></tr></table>	7494987.69			
Y	Y	Y	Y											
2016														
7494987.69														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="4">1883034.10</td></tr></table>	1883034.10												
1883034.10														
(c) Total Receipts (from Line 19)	<table><tr><td colspan="4">1151404.12</td></tr></table>	1151404.12				<table><tr><td colspan="4">9700784.41</td></tr></table>	9700784.41							
1151404.12														
9700784.41														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="4">3034438.22</td></tr></table>	3034438.22				<table><tr><td colspan="4">17195772.10</td></tr></table>	17195772.10							
3034438.22														
17195772.10														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="4">1649393.14</td></tr></table>	1649393.14				<table><tr><td colspan="4">15810727.02</td></tr></table>	15810727.02							
1649393.14														
15810727.02														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="4">1385045.08</td></tr></table>	1385045.08				<table><tr><td colspan="4">1385045.08</td></tr></table>	1385045.08							
1385045.08														
1385045.08														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">4000.00</td></tr></table>	4000.00												
4000.00														



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. 05/2016)

Page 3

Write or Type Committee Name

Make America Number 1

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		21		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1050250.00

6383250.00

(ii) Unitemized

1018.00

6520.31

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1051268.00

6389770.31

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

100000.00

100000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1151268.00

6489770.31

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

26682.29

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

136.12

3184331.81

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))

1151404.12

9700784.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1151404.12

9700784.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	24103.14	2159414.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24103.14	2159414.56
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)	1625290.00	11707919.43
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 (Including Non-Federal Donations).....	0.00	1943393.03
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1649393.14	15810727.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1649393.14	15810727.02

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1151268.00	6489770.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1151268.00	6489770.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	24103.14	2159414.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	26682.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	24103.14	2132732.27

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

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

FOR LINE NUMBER: PAGE 6 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Make America Number 1

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURN, CHRISTOPHER, , ,

Mailing Address 151 HOBART AVENUE

City
SHORT HILLS

State
NJ

Zip Code
07078-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 02 / 2016

Transaction ID : SA11A.225

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LINDNER, CARL, H., , III

Mailing Address 301 E 4TH ST 40S

City
CINCINNATI

State
OH

Zip Code
45202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN FINANCIAL GROUP

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2016

Transaction ID : SA11587744

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THIEL, PETER, , ,

Mailing Address 1 LETTERMAN DRIVE

City
SAN FRANCISCO

State
CA

Zip Code
94129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLARIUM CAPITAL

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2016

Transaction ID : SA1154522

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050250.00

1050250.00

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

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

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARSON AMERICA INC.

Mailing Address 1800 DIAGONAL ROAD
STE 140

City
ALEXANDRIA

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C

C00573519

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

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

Transaction ID : SA6532000144

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

100000.00

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

100000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. GIDLEY, J., HOGAN, ,

Mailing Address 2507 RIGBY DRIVE

City
COLUMBIAState
SCZip Code
29204Purpose of Disbursement
COMMUNICATIONS STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				03				2016					

FEC Identification Number

C **Transaction ID : SB333020001**

Amount of Each Disbursement this Period

 11000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HERNANDEZ, KRISTINA, , ,

Mailing Address 332 CRESTHAVEN PLACE

City
SIMPSONVILLEState
SCZip Code
29681Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				03				2016					

FEC Identification Number

C **Transaction ID : SB840120147**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HERNANDEZ, KRISTINA, , ,

Mailing Address 332 CRESTHAVEN PLACE

City
SIMPSONVILLEState
SCZip Code
29681Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				17				2016					

FEC Identification Number

C **Transaction ID : SB99999441:**

Amount of Each Disbursement this Period

 2500.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 18500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2	2		2	0	1	6		

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB9423333**

Amount of Each Disbursement this Period

161.33

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	1	6		

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB95900005**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	1	6		

Mailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB95963100**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

5661.33

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2016

FEC Identification Number

C

Transaction ID : SB64613

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2016

FEC Identification Number

C

Transaction ID : SB64613_B

Amount of Each Disbursement this Period

7700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DENTONS US LLPMailing Address 1301 K STREET NW
STE 600 EAST TOWERCity
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2016

FEC Identification Number

C

Transaction ID : SB55557301

Amount of Each Disbursement this Period

1506.50

☐ Memo Item

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

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

11706.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. FIGHT FOR SMALL.COM

Mailing Address 5420 N. COLLEGE AVENUE

City
INDIANAPOLISState
INZip Code
46220Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2016

FEC Identification Number

C**Transaction ID : SB4141466**

Amount of Each Disbursement this Period

499.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INDIANRUNNER INC.

Mailing Address 432 BEIRUT AVENUE

City
PACIFIC PALISADESState
CAZip Code
90272Purpose of Disbursement
AUDIO/VIDEO PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

FEC Identification Number

C**Transaction ID : SB875422**

Amount of Each Disbursement this Period

-15000.00

SEE SCHEDULE E, LINE 24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

-14501.00

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

21366.83

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 17

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Make America Number 1

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE MONACO GROUP

Nature of Debt (Purpose):

DIRECT MAIL EXPENSE - DISPUTED

Mailing Address 1011 S. LINWOOD AVENUE

City

SANTA ANA

State

CA

Zip Code

92705

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD96522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

4000.00

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

4000.00

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) ►

4000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Make America Number 1	FEC IDENTIFICATION NUMBER ▼ C C00575373
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
 New report Amends report filed on

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

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

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

Full Name of Payee ☐ Memo Item GLITTERING STEEL LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address 2776 S. ARLINGTON MILL DRIVE STE 261			Amount 25000.00	
City ARLINGTON	State VA	Zip Code 22206		
Purpose of Expenditure MEDIA		Category/ Type	Transaction ID : SE6532001 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶	
2714166.50			2714166.50	

Full Name of Payee ☐ Memo Item CAMBRIDGE ANALYTICA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address 1 WALES ALLEY STE 300			Amount 500000.00	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure MEDIA		Category/ Type	Transaction ID : SE650212 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶	
4142456.50			4142456.50	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	525000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

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

JAMES, JACQUELYN, , ,

[Electronically Filed]

Date

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

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Make America Number 1				FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee ☐ Memo Item CAMBRIDGE ANALYTICA				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address 1 WALES ALLEY STE 300				Amount 300000.00	
City ALEXANDRIA		State VA		Zip Code 22314	
Purpose of Expenditure MEDIA				Category/Type	
Name of Federal Candidate: ☐ Support CLINTON, HILLARY, RODHAM, , ☒ Oppose				Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4142456.50				Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶ _____	
Full Name of Payee ☐ Memo Item CAMBRIDGE ANALYTICA				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address 1 WALES ALLEY STE 300				Amount 500000.00	
City ALEXANDRIA		State VA		Zip Code 22314	
Purpose of Expenditure MEDIA				Category/Type	
Name of Federal Candidate: ☐ Support CLINTON, HILLARY, RODHAM, , ☒ Oppose				Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4142456.50				Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures 800000.00					
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
JAMES, JACQUELYN, , , [Electronically Filed] Signature _____				Date M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Make America Number 1				FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if ☐ 24-hour report ☐ 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee GLITTERING STEEL LLC			☐ Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Mailing Address 2776 S. ARLINGTON MILL DRIVE STE 261			Amount 37500.00		
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SE652501988_B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Purpose of Expenditure MEDIA		Category/ Type 			
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☒ President ☐ Senate State:		
Calendar Year-To-Date Per Election for Office Sought 4142456.50			Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		
Full Name of Payee CAMBRIDGE ANALYTICA			☐ Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 1 WALES ALLEY STE 300			Amount 100000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE63303030 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Purpose of Expenditure MEDIA		Category/ Type 			
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☒ President ☐ Senate State:		
Calendar Year-To-Date Per Election for Office Sought 4142456.50			Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			137500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
JAMES, JACQUELYN, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 07 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Make America Number 1				FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if ☐ 24-hour report ☐ 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee GLITTERING STEEL LLC			☐ Memo Item		
Mailing Address 2776 S. ARLINGTON MILL DRIVE STE 261			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
City ARLINGTON		State VA	Zip Code 22206		Amount 34500.00
Purpose of Expenditure MEDIA		Category/Type 		Transaction ID : SE6562320544 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016	
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State:		
Calendar Year-To-Date Per Election for Office Sought			4276956.50 Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		
Full Name of Payee INDIANRUNNER INC. SEE L21B - PRE-GENERAL REPORT			☐ Memo Item		
Mailing Address 432 BEIRUT AVENUE			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016		
City PACIFIC PALISADES		State CA	Zip Code 90272		Amount 15000.00
Purpose of Expenditure AUDIO/VIDEO PRODUCTION		Category/Type 		Transaction ID : SE6562001 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State:		
Calendar Year-To-Date Per Election for Office Sought			4314456.50 Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				49500.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures				1625290.00	
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.					
JAMES, JACQUELYN, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 07 / 2016		