

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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

Full Name of Payee POSTMASTER
Mailing Address 475 L'ENFANT PLAZA SW
City WASHINGTON State DC Zip Code 20260
Purpose of Expenditure DIRECT MAIL - POSTAGE Category/Type 004
Name of Federal Candidate DR. BEN CARSON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2568489.84

Date of Public Distribution/Dissemination 09/09/2015
Amount 2000.00
Transaction ID : SE24.1151
Date of Disbursement or Obligation 09/09/2015
Office Sought: House District: President Senate State:
Disbursement For: Primary General Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate Support Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: House District: President Senate State:
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

Robert Frank [Electronically Filed] Date 01/18/2016
Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.1151

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$39.22 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID: