



**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="2016"/>		14814493.15
(b) Cash on Hand at Beginning of Reporting Period.....	15192191.32	
(c) Total Receipts (from Line 19) .....	2546.65	512084.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15194737.97	15326577.49
7. Total Disbursements (from Line 31).....	2091684.69	2223524.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	13103053.28	13103053.28
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1312.50	

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)

Page 3

Write or Type Committee Name

**Freedom Partners Action Fund, Inc.**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 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).....	250.00	501750.00
(ii) Unitemized .....	2181.65	9675.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2431.65	511425.03
(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) .....	2431.65	511425.03
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).....	115.00	659.31
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))..... ▶	2546.65	512084.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2546.65	512084.34

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	132758.35	228265.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	132758.35	228265.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	100000.00
24. Independent Expenditures (use Schedule E) .....	1858926.34	1895258.52
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)) ..	2091684.69	2223524.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2091684.69	2223524.21

**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) .....	2431.65	511425.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2431.65	511425.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	132758.35	228265.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	115.00	659.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	132643.35	227606.38

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

Form/Schedule: F3XN  
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 21  
(check only one)

<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. REV FRANK G. ERDELJAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6035 BELLE TERRE CT  
City BRIDGEVILLE State PA Zip Code 15017-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.1578**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
**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  
Amount of Each Receipt this Period  
 Memo Item

**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  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

**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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : SB21B.I505**

Amount of Each Disbursement this Period

503.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAGELY, INC.**

Mailing Address 4729 E SUNRISE DRIVE  
STE. 435

City TUCSON State AZ Zip Code 85718

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

**Transaction ID : SB21B.I508**

Amount of Each Disbursement this Period

399.00

Memo Item

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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

**Transaction ID : SB21B.I488**

Amount of Each Disbursement this Period

1035.67

Memo Item

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

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

1539.04



**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  
CONTRIBUTION PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

**Transaction ID : SB21B.I523**

Amount of Each Disbursement this Period

2937.88

Memo Item

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : SB21B.I496**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FP1 STRATEGIES LLC**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
TV/MEDIA PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

**Transaction ID : SB21B.I513**

Amount of Each Disbursement this Period

36694.76

Memo Item

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

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

41632.64

**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. FP1 STRATEGIES LLC**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
TV/MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I514**

Amount of Each Disbursement this Period

46880.99

Memo Item

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

Purpose of Disbursement  
REIMBURSEMENT - AUDIO VISUAL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I494**

Amount of Each Disbursement this Period

1224.00

Memo Item

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

Purpose of Disbursement  
OFFICE SPACE,UTILITIES,PERSONNEL,IT & DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **SB21B.I495**

Amount of Each Disbursement this Period

12500.00

Memo Item

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

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

60604.99

**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.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2016

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

**Transaction ID : SB21B.I503**

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

3500.00
---------

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

**Transaction ID : SB21B.I522**

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

6000.00
---------

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. JONES DAY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2016

Mailing Address 51 LOUISIANA AVENUE, NW

**Transaction ID : SB21B.I497**

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

218.75
--------

Purpose of Disbursement  
LEGAL FEES

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

9718.75
---------

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

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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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **SB21B.I486**

Amount of Each Disbursement this Period

18125.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAGELY, INC.**

Mailing Address 4729 E SUNRISE DRIVE  
STE. 435

City TUCSON State AZ Zip Code 85718

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

Transaction ID : **SB21B.I525**

Amount of Each Disbursement this Period

399.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2016

Transaction ID : **SB21B.I516**

Amount of Each Disbursement this Period

45.64

Memo Item

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

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

18569.64

**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. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
ONLINE ADVERTISING

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  
03 / 24 / 2016

Transaction ID : SB21B.I517

Amount of Each Disbursement this Period

84.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
ONLINE ADVERTISING

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  
03 / 25 / 2016

Transaction ID : SB21B.I519

Amount of Each Disbursement this Period

78.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
ONLINE ADVERTISING

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  
03 / 27 / 2016

Transaction ID : SB21B.I520

Amount of Each Disbursement this Period

257.19

Memo Item

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

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

419.49

**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. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SB21B.I521

Amount of Each Disbursement this Period

134.87

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

134.87

132619.42

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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.**

Full Name (Last, First, Middle Initial)

**A. ACCELERATE WEST VIRGINIA**

Mailing Address PO BOX 58052

City SOUTH CHARLESTON State WV Zip Code 25358

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2016

Transaction ID : SB23.I493

Amount of Each Disbursement this Period

100000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

100000.00

100000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 21
	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 <b>FP1 Strategies LLC</b>	Nature of Debt (Purpose): TV/Media Production
Mailing Address PO Box 16504	
City State Zip Code Alexandria VA 22302	

Outstanding Balance Beginning This Period 83575.75	<b>Transaction ID : DM3.001</b>	
Amount Incurred This Period 83575.75	Payment This Period 83575.75	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jones Day</b>	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	<b>Transaction ID : DM4.001</b>	
Amount Incurred This Period 1312.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1312.50

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1312.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1312.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1312.50



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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>BB&amp;T</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address PO BOX 580340	Amount <span style="border: 1px solid black; padding: 2px;">53.05</span>
City State Zip Code CHARLOTTE NC 28258	
Purpose of Expenditure CREDIT CARD PAYMENT	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 23 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : SE24.511**

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>
City State Zip Code ARLINGTON VA 22201	
Purpose of Expenditure EMAIL MARKETING EXPENSE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 18 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : SE24.502**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">553.05</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
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Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> <b>03 / 16 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <input type="text" value="Amount"/> <b>1553600.00</b>
City <b>BALTIMORE</b>	State <b>MD</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - BROADCAST/CABLE</b>	Category/Type <input type="text" value=""/>	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> <b>03 / 10 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Year-To-Date"/> <b>1858926.34</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> <b>03 / 16 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <input type="text" value="Amount"/> <b>280443.00</b>
City <b>BALTIMORE</b>	State <b>MD</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL</b>	Category/Type <input type="text" value=""/>	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> <b>03 / 15 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Year-To-Date"/> <b>1858926.34</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text" value="Subtotal"/> <b>1834043.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text" value="Subtotal"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text" value="Total"/>

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.

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ Date   
**03 / 31 / 2016**

[Electronically Filed]

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00564765
--	--

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

Full Name of Payee <b>I360</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 16 / 2016</b>
Mailing Address <b>PO BOX 37046</b>		Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>
City <b>BALTIMORE</b>	State <b>MD</b>	
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 17 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SANDLER-INNOCENZI, INC.</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 16 / 2016</b>
Mailing Address <b>705 PRINCE STREET</b>		Amount <span style="border: 1px solid black; padding: 2px;">22070.00</span>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Purpose of Expenditure <b>TV/DIGITAL MEDIA PRODUCTION</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 15 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">22320.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>TOWNHALL MEDIA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 17 / 2016
Mailing Address 402 BNA DRIVE STE. 400	Amount <span style="border: 1px solid black; padding: 2px;">2000.00</span>
City State Zip Code NASHVILLE TN 37217	
Purpose of Expenditure EMAIL MARKETING EXPENSE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE24.504**

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2016

Full Name of Payee <b>TWITTER INC.</b> <input checked="" type="checkbox"/> Memo Item ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1055985	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount <span style="border: 1px solid black; padding: 2px;">53.05</span>
City State Zip Code SAN FRANCISCO CA 94103	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TED STRICKLAND <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE24.512**

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

THOMAS FRANCIS MAXWELL III  
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
--	--

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 <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1055985	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 16 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount <span style="border: 1px solid black; padding: 2px;">10.29</span>	
City State Zip Code SAN FRANCISCO CA 94103	<b>Transaction ID : SE24.515</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 20 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate TED STRICKLAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1858926.34</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10.29</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1858926.34</span>

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

*THOMAS FRANCIS MAXWELL III*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016