

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

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>The 2016 Committee</b>                                                                                                                                           | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00569905       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                                                                                            |

|                                                                  |             |                                                                                                                                                                      |                                                                                                                                                                                                    |
|------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>DIRECT ANSWER</b>                       |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 24 / 2015</div> </div> |                                                                                                                                                                                                    |
| Mailing Address 414 SMOKEY HOLOW ROAD                            |             | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">3228.23</div>                                                                       |                                                                                                                                                                                                    |
| City<br>CAPON BRIDGE                                             | State<br>WV | Zip Code<br>26711-2401                                                                                                                                               | <b>Transaction ID : SE24.1241</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 24 / 2015</div> </div> |
| Purpose of Expenditure<br>FULFILLMENT ITEMS - CLOTHING & MAGNETS |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>                                                                   |                                                                                                                                                                                                    |
| Name of Federal Candidate<br>DR. BEN CARSON                      |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                       | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                        |
| Calendar Year-To-Date<br>Per Election for Office Sought          |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">2948001.00</div>                                                                              | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____                                            |

|                                                         |       |                                                                                                                                                        |                                                                                                                                                  |
|---------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div> |                                                                                                                                                  |
| Mailing Address                                         |       | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                |                                                                                                                                                  |
| City                                                    | State | Zip Code                                                                                                                                               | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>  |
| Purpose of Expenditure                                  |       | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;"></div>                                                        |                                                                                                                                                  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                    | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____          |

|                                                                    |                                                                                      |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;">3228.23</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>        |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>        |

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

MM / DD / YYYY

01 / 18 / 2016

Signature

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SE

Transaction ID : SE24.1241

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. \$63.30 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID: