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

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Americans for Responsible Solutions-PAC		FEC IDENTIFICATION NUMBER ▼
Americans for Responsible Solutions-PAC		C C00540443
		M = M / D = D / Y = Y = Y
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Ambrosino Muir Hansen Crounse	Da	ate of Public Distribution/Dissemination
		10 28 2016
Mailing Address 6309 Wiscasset Rd	Ar	mount
City State Z	Zip Code	22096.00
Bethesda MD 2		ransaction ID : D612215
Purpose of Expenditure	Category/	ate of Disbursement or Obligation
Mailings	Type	10 28 2016
Name of Federal Candidate	Support Office Sc	ought: X House District: 01
ZELDIN, LEE M, , ,	X Oppose Pre	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	66288.00 Disburser 2016	ment For: Primary General
Full Name of Payee		Other (specify) ▶ate of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		
	A	mount
City State 2	Zip Code	
	D	ate of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office So	ought: House District:
	Oppose Pre	esident Senate State:
Calendar Year-To-Date	Disburse	ment For: Primary General
Per Election for Office Sought		Other (specify) ▶
() 000-0-1		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	22096.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
()	_	
(c) TOTAL Independent Expenditures	>	22096.00
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.		
Coleman, Kimberly, , ,	M - M	/ D = D / Y = Y = Y
[Electronically Filed] Date 10 28 2016 Signature		