



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The 2016 Committee

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"/>	<input type="text" value="754477.81"/>	<input type="text" value="754477.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="329679.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="22138.72"/>	<input type="text" value="4852723.71"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="351817.82"/>	<input type="text" value="5607201.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="94014.03"/>	<input type="text" value="5349397.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="257803.79"/>	<input type="text" value="257803.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="15966.67"/>	

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

Write or Type Committee Name

**The 2016 Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	4080.00	3033732.34
(ii) Unitemized .....	297.00	1475101.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4377.00	4508833.74
(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) .....	4377.00	4508833.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	77581.78
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	7454.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17761.72	258853.99
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)).....▶	22138.72	4852723.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22138.72	4852723.71

**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 .....	87577.50	3670569.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	87577.50	3670569.14
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) .....	6351.53	1661297.59
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 .....	85.00	17531.00
(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)).....	85.00	17531.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	94014.03	5349397.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94014.03	5349397.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4377.00	4508833.74
34. Total Contribution Refunds (from Line 28(d)) .....	85.00	17531.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4292.00	4491302.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	87577.50	3670569.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7454.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	87577.50	3663114.94

**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 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)  
**The 2016 Committee**

**A. BERLAND, VINCE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2333 LARK RD

City ABILENE	State KS	Zip Code 67410-7239
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) FARMER
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

**Transaction ID : SA11A.191989**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MARSHALL, KENNETH, , LCDR, USN RET**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 COOLIDGE AVE  
APT 310

City WATERTOWN	State MA	Zip Code 02472-2874
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

**Transaction ID : SA11A.191987**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. SWANSON, DUANE, B., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 SKYLINE DR

City BASSETT	State NE	Zip Code 68714-5053
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

**Transaction ID : SA11A.191988**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
<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

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DAVIS, JUANITA, M., MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10606 W ATLANTA CIR

City WICHITA	State KS	Zip Code 67215-3010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OCPS PUB SCHOOL	Occupation (for Individual) RET SCH TEACHER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.192008**

Amount of Each Receipt this Period  
55.00

Memo Item  
CONTRIBUTION

**B. GEORGE, RICHARD, N., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SINCLAIR DR  
APT 218

City PITTSFORD	State NY	Zip Code 14534-1737
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.191991**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**C. GILES, CLIFFORD, R., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PSC 47 BOX 641

City APO	State AE	Zip Code 09470-0007
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARMY AIRFORCE EXCH SERVIC	Occupation (for Individual) RETAIL COST SER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.191997**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3095.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
<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

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. GILES, CLIFFORD, R., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PSC 47 BOX 641

City APO	State AE	Zip Code 09470-0007
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARMY AIRFORCE EXCH SERVIC	Occupation (for Individual) RETAIL COST SER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.192004**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. ISBELL, ELEANOR, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3121 CARL MORGAN RD

City MOODY	State AL	Zip Code 35004-2646
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1715.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.192000**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MOYER, PETER, W., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 ABBEY PEAK LN

City INCLINE VILLAGE	State NV	Zip Code 89451-9386
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
13500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.191996**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. O' NEILL, MILDRED, E., MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 W 7TH AVE

City WEBSTER	State SD	Zip Code 57274-1331
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FAIRFAX SCH - VA	Occupation (for Individual) RET LIBRARIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.192009**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**B. WILFORD, JEANNE, M., MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 LAKESHORE DR

City MILLVILLE	State NJ	Zip Code 08332-5434
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) NOTARY/TAX PREP
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
446.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.191998**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**C. WILFORD, JEANNE, M., MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 LAKESHORE DR

City MILLVILLE	State NJ	Zip Code 08332-5434
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) NOTARY/TAX PREP
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
446.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

**Transaction ID : SA11A.192005**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 56  
(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
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WUTKE, MARY, , MS,**

Mailing Address **6666 ODANA RD  
STE 215**

City **MADISON** State **WI** Zip Code **53719-1012**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **SELF-EMPLOYED** Occupation (for Individual) **FINANCE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  
**12 / 31 / 2016**

**Transaction ID : SA11A.191995**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4080.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. OMEGA LIST COMPANY**

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

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

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 ▼  
69438.22

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 12 / 2016

**Transaction ID : SA17.94037**

Amount of Each Receipt this Period  
 17761.72

Memo Item  
LIST RENTAL INCOME

**B.**

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

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17761.72
<b>TOTAL</b> This Period (last page this line number only).....	17761.72

**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"/> 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)  
**The 2016 Committee**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9395

Amount of Each Disbursement this Period: 4000.00

Memo Item

**B. FIRST VIRGINIA COMMUNITY BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I93945

Amount of Each Disbursement this Period: 3892.19

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9402

Amount of Each Disbursement this Period: 87.09

Memo Item

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

7979.28

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2016
Mailing Address 1593 SPRING HILL ROAD #400		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9402</b> Amount of Each Disbursement this Period 4315.63
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2016
Mailing Address 1593 SPRING HILL ROAD #400		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94024</b> Amount of Each Disbursement this Period 2956.90
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9396</b> Amount of Each Disbursement this Period 167.10
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - POSTAGE		Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7439.63
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I93971</b>
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Amount of Each Disbursement this Period [ ] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I93971</b>
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Amount of Each Disbursement this Period [ ] 82.66
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I93971</b>
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Amount of Each Disbursement this Period [ ] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 182.66
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City  
AKRON

State  
OH

Zip Code  
44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2016			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I9398!**

Amount of Each Disbursement this Period

[REDACTED] 1125.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City  
FOREST

State  
VA

Zip Code  
24551-2277

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2016			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I9400!**

Amount of Each Disbursement this Period

[REDACTED] 78.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City  
FOREST

State  
VA

Zip Code  
24551-2277

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2016			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I9400!**

Amount of Each Disbursement this Period

[REDACTED] 1621.47

Memo Item

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

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

[REDACTED] 2825.35

[REDACTED]

**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. RST MARKETING</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1272 CORPORATE PARK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94007</b> Amount of Each Disbursement this Period 17089.80
City FOREST	State VA	Zip Code 24551-2277
Purpose of Disbursement DIRECT MAIL - PRINTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RST MARKETING</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1272 CORPORATE PARK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94007</b> Amount of Each Disbursement this Period 1262.10
City FOREST	State VA	Zip Code 24551-2277
Purpose of Disbursement DIRECT MAIL - POSTAGE - ADJUSTMENT		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RST MARKETING</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1272 CORPORATE PARK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94007</b> Amount of Each Disbursement this Period 3422.39
City FOREST	State VA	Zip Code 24551-2277
Purpose of Disbursement DIRECT MAIL - PRINTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	21774.29
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. RST MARKETING</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1272 CORPORATE PARK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94013</b> Amount of Each Disbursement this Period [ ] 77.43
City FOREST	State VA	Zip Code 24551-2277
Purpose of Disbursement DIRECT MAIL - POSTAGE - ADJUSTMENT		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RST MARKETING</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 1272 CORPORATE PARK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94013</b> Amount of Each Disbursement this Period [ ] 2700.00
City FOREST	State VA	Zip Code 24551-2277
Purpose of Disbursement DIRECT MAIL - PRINTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SOUSA, JOHN, P., MR., IV</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 11 TALCOTT FOREST ROAD APT. C		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9402</b> Amount of Each Disbursement this Period [ ] 656.48
City FARMINGTON	State CT	Zip Code 06032-3545
Purpose of Disbursement TRAVEL - HOTEL, AIRFARE, & CAR RENTAL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3433.91
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. AVIS CAR RENTAL</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 6 SYLVAN WAY		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94031</b> Amount of Each Disbursement this Period [ ] 144.22
City PARSIPPANY	State NJ	Zip Code 07054
Purpose of Disbursement TRAVEL - CAR RENTAL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EXXON</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 4463 E HIGHWAY 97		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94031</b> Amount of Each Disbursement this Period [ ] 5.02
City PLEASANTON	State TX	Zip Code 78064
Purpose of Disbursement TRAVEL - FUEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HYATT HOTELS</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 7901 TYSONS ONE PLACE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I94031</b> Amount of Each Disbursement this Period [ ] 296.04
City TYSONS CORNER	State VA	Zip Code 22102
Purpose of Disbursement TRAVEL - LODGING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JET BLUE**

Mailing Address 118-29 QUEENS BLVD

City  
FOREST HILLS

State  
NY

Zip Code  
11375-7212

Purpose of Disbursement  
TRAVEL - BAGGAGE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2016			

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I9403:**  
Amount of Each Disbursement this Period  
[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JET BLUE**

Mailing Address 118-29 QUEENS BLVD

City  
FOREST HILLS

State  
NY

Zip Code  
11375-7212

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2016			

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I94034**  
Amount of Each Disbursement this Period  
[REDACTED] 186.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD, SUITE 490  
SUITE 490

City  
MCLEAN

State  
VA

Zip Code  
22102-3028

Purpose of Disbursement  
AGENCY FEE - DIRECT MAIL - CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2016			

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.I9396**  
Amount of Each Disbursement this Period  
[REDACTED] 1855.20

Memo Item

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

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

[REDACTED]	1855.20
[REDACTED]	

**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"/> 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)  
**The 2016 Committee**

**A. CAMPAIGN FUNDING DIRECT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD, SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement AGENCY FEE - DIRECT MAIL - CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.I93967  
Amount of Each Disbursement this Period: 225.83

Memo Item

**B. CAMPAIGN FUNDING DIRECT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD, SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement AGENCY FEE - DIRECT MAIL - CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.I93967  
Amount of Each Disbursement this Period: 57.75

Memo Item

**C. CAMPAIGN FUNDING DIRECT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD, SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement AGENCY FEE - ONLINE

Candidate Name

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

State: District:

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.I93967  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3283.58

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I9397</b> Amount of Each Disbursement this Period 63.62
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I9397</b> Amount of Each Disbursement this Period 50.00
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I9397</b> Amount of Each Disbursement this Period 50.00
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	163.62
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)  
**The 2016 Committee**

**A. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9397f

Amount of Each Disbursement this Period: 50.00

Memo Item

**B. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9398f

Amount of Each Disbursement this Period: 1955.27

Memo Item

**C. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9398f

Amount of Each Disbursement this Period: 31.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2036.51

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City  
AKRON

State  
OH

Zip Code  
44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2016			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I9398I**

Amount of Each Disbursement this Period

[REDACTED] 935.77

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City  
FOREST

State  
VA

Zip Code  
24551-2277

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2016			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I9401I**

Amount of Each Disbursement this Period

[REDACTED] 1490.36

Memo Item

Full Name (Last, First, Middle Initial)

**C. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City  
CHANTILLY

State  
VA

Zip Code  
20151-1501

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2016			

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.I9401I**

Amount of Each Disbursement this Period

[REDACTED] 65.64

Memo Item

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

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

[REDACTED] 2491.77

[REDACTED]



**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. WASHINGTON INTELLIGENCE BUREAU</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 4128 PEPSI PLACE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9401</b> Amount of Each Disbursement this Period [ ] 1357.29
City CHANTILLY	State VA	Zip Code 20151-1501
Purpose of Disbursement BOOKKEEPING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2016
Mailing Address 1360 BEVERLY ROAD SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9402</b> Amount of Each Disbursement this Period [ ] 5000.00
City MCLEAN	State VA	Zip Code 22101-3646
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2016
Mailing Address 1360 BEVERLY ROAD SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9402</b> Amount of Each Disbursement this Period [ ] 87.09
City MCLEAN	State VA	Zip Code 22101-3646
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6444.38
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

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  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399'  
Amount of Each Disbursement this Period  
232.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

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  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I93992  
Amount of Each Disbursement this Period  
29.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

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  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
232.55

Memo Item

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

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

494.79

**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
259.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
260.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
25.00

Memo Item

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

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

544.87

**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
33.79

Memo Item

Full Name (Last, First, Middle Initial)

**B. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
33.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9399  
Amount of Each Disbursement this Period  
101.69

Memo Item

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

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

169.46

**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I94001  
Amount of Each Disbursement this Period  
125.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I94001  
Amount of Each Disbursement this Period  
375.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PARAMOUNT COMMUNICATIONS**

Mailing Address ACCOUNTING OFFICE 525-K EAST MARK

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I94001  
Amount of Each Disbursement this Period  
467.32

Memo Item

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

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

967.32

**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9401!  
Amount of Each Disbursement this Period  
823.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. DESERT FOX STRATEGIC COMMUNICATIONS**

Mailing Address 5841 EAST CHARLESTON BLVD  
SUITE 230-226

City LAS VEGAS State NV Zip Code 89142-1021

Purpose of Disbursement  
CONSULTING - PUBLIC RELATIONS

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I94025  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WILLIAM J. OLSON, P.C.**

Mailing Address 370 MAPLE AVENUE W  
SUITE 4

City VIENNA State VA Zip Code 22180-5615

Purpose of Disbursement  
LEGAL FEES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I9402  
Amount of Each Disbursement this Period  
5977.40

Memo Item

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

7800.51

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

**A. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9397

Amount of Each Disbursement this Period: 50.00

Memo Item

**B. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9397

Amount of Each Disbursement this Period: 50.00

Memo Item

**C. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9397

Amount of Each Disbursement this Period: 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 150.00

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

**A. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I93981

Amount of Each Disbursement this Period: 50.00

Memo Item

**B. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I93981

Amount of Each Disbursement this Period: 50.00

Memo Item

**C. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD SUITE 490  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I93981

Amount of Each Disbursement this Period: 50.00

Memo Item

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

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

150.00



**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9398:</b> Amount of Each Disbursement this Period [ ] 50.00
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9398</b> Amount of Each Disbursement this Period [ ] 50.00
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ECG DATA CENTER</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9398</b> Amount of Each Disbursement this Period [ ] 201.52
City MCLEAN	State VA	Zip Code 22102-3028
Purpose of Disbursement DIRECT MAIL - LIST MAINTENANCE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 301.52
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL DATA MANAGEMENT, INC.**

Mailing Address 490 WHITE POND DRIVE

City  
AKRON

State  
OH

Zip Code  
44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I9399I**

Amount of Each Disbursement this Period

197.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 5874 MERLE HAY RD

City  
JOHNSTON

State  
IA

Zip Code  
50131-8101

Purpose of Disbursement  
POSTAGE FEE - P.O. BOX RENEWAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I9400I**

Amount of Each Disbursement this Period

610.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City  
MCLEAN

State  
VA

Zip Code  
22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I9402I**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

4807.87

**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"/> 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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 1360 BEVERLY ROAD SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9402!</b>
City MCLEAN	State VA	Zip Code 22101-3646
Purpose of Disbursement PAYROLL SERVICE FEES		Amount of Each Disbursement this Period [ ] 87.09
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2016
Mailing Address 11325 RANDOM HILLS ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I9401!</b>
City FAIRFAX	State VA	Zip Code 22030-6051
Purpose of Disbursement BANK CHARGE		Amount of Each Disbursement this Period [ ] 1900.90
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1987.99
<b>TOTAL</b> This Period (last page this line number only).....▶	87577.50

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct, Inc</b>			Nature of Debt (Purpose): Website
Mailing Address 1420 Spring Hill Road Suite490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.91</b>	
Amount Incurred This Period 65.68	Payment This Period 0.00	Outstanding Balance at Close of This Period 65.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct, Inc</b>			Nature of Debt (Purpose): Website - Domain
Mailing Address 1420 Spring Hill Road Suite490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.92</b>	
Amount Incurred This Period 46.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Directv</b>			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 60036			
City Los Angeles	State CA	Zip Code 90060-0036	

Outstanding Balance Beginning This Period 119.76	<b>Transaction ID : SD10.62</b>	
Amount Incurred This Period 0.00	Payment This Period 119.76	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	112.61
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.93</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.94</b>	
Amount Incurred This Period 80.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.95</b>	
Amount Incurred This Period 130.24	Payment This Period 0.00	Outstanding Balance at Close of This Period 130.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	260.77
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.96</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="90.52"/>	<input type="text" value="0.00"/>	<input type="text" value="90.52"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.97</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="50.00"/>	<input type="text" value="0.00"/>	<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.98</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="159.29"/>	<input type="text" value="0.00"/>	<input type="text" value="159.29"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="299.81"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.99</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.100</b>	
Amount Incurred This Period 251.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 251.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.101</b>	
Amount Incurred This Period 1949.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 1949.79

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2251.54
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="167.10"/>	<b>Transaction ID : SD10.64</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="167.10"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	<b>Transaction ID : SD10.65</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="50.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="82.66"/>	<b>Transaction ID : SD10.66</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="82.66"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 50.00	<b>Transaction ID : SD10.67</b>	
Amount Incurred This Period 0.00	Payment This Period 50.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Frank &amp; Company, p.c.</b>			Nature of Debt (Purpose): Accounting Services
Mailing Address 1360 Beverly Road Suite 300			
City McLean	State VA	Zip Code 22101	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.108</b>	
Amount Incurred This Period 12003.07	Payment This Period 0.00	Outstanding Balance at Close of This Period 12003.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 490 White Pond Drive			
City Akron	State OH	Zip Code 44320	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.102</b>	
Amount Incurred This Period 341.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 341.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	12344.57
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="78.23"/>	<b>Transaction ID : SD10.68</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="78.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="1621.47"/>	<b>Transaction ID : SD10.69</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1621.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="17089.80"/>	<b>Transaction ID : SD10.70</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="17089.80"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Postage Adjustment
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.71</b>	
<input type="text" value="1262.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1262.10"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.72</b>	
<input type="text" value="33.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="33.45"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.73</b>	
<input type="text" value="173.94"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="173.94"/>	<input type="text" value="0.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 177.00	<b>Transaction ID : SD10.74</b>	
Amount Incurred This Period 0.00	Payment This Period 177.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 725.00	<b>Transaction ID : SD10.75</b>	
Amount Incurred This Period 0.00	Payment This Period 725.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 700.00	<b>Transaction ID : SD10.76</b>	
Amount Incurred This Period 0.00	Payment This Period 700.00	Outstanding Balance at Close of This Period 0.00

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="258.00"/>	<b>Transaction ID : SD10.77</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="258.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="375.00"/>	<b>Transaction ID : SD10.78</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="375.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="980.00"/>	<b>Transaction ID : SD10.79</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="980.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 5453.26	<b>Transaction ID : SD10.80</b>	
Amount Incurred This Period 0.00	Payment This Period 5453.26	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 483.00	<b>Transaction ID : SD10.81</b>	
Amount Incurred This Period 0.00	Payment This Period 483.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 1218.00	<b>Transaction ID : SD10.82</b>	
Amount Incurred This Period 0.00	Payment This Period 1218.00	Outstanding Balance at Close of This Period 0.00

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 630.00	<b>Transaction ID : SD10.83</b>	
Amount Incurred This Period 0.00	Payment This Period 630.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 2508.73	<b>Transaction ID : SD10.84</b>	
Amount Incurred This Period 0.00	Payment This Period 2508.73	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Direct Mail - Postage Adjustment
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 77.43	<b>Transaction ID : SD10.85</b>	
Amount Incurred This Period 0.00	Payment This Period 77.43	Outstanding Balance at Close of This Period 0.00

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="771.00"/>	<b>Transaction ID : SD10.86</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="771.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="69.00"/>	<b>Transaction ID : SD10.87</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="69.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period <input type="text" value="1350.00"/>	<b>Transaction ID : SD10.88</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1350.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 420.00	<b>Transaction ID : SD10.89</b>	
Amount Incurred This Period 0.00	Payment This Period 420.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>			Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road			
City Forest	State VA	Zip Code 24551	

Outstanding Balance Beginning This Period 90.00	<b>Transaction ID : SD10.90</b>	
Amount Incurred This Period 0.00	Payment This Period 90.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1900 Industrial Park Drive			
City Federalsburg	State MD	Zip Code 21632	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.103</b>	
Amount Incurred This Period 7.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.20

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7.20
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1900 Industrial Park Drive			
City Federalsburg	State MD	Zip Code 21632	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.104</b>	
Amount Incurred This Period 73.39	Payment This Period 0.00	Outstanding Balance at Close of This Period 73.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1900 Industrial Park Drive			
City Federalsburg	State MD	Zip Code 21632	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.105</b>	
Amount Incurred This Period 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1900 Industrial Park Drive			
City Federalsburg	State MD	Zip Code 21632	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.106</b>	
Amount Incurred This Period 481.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 481.78

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	655.17
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 56
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>			Nature of Debt (Purpose): Direct Mail - Storage
Mailing Address 1900 Industrial Park Drive			
City Federalsburg	State MD	Zip Code 21632	

Outstanding Balance Beginning This Period		Transaction ID : SD10.107	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="35.00"/>	<input type="text" value="0.00"/>	<input type="text" value="35.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>William J. Olson, p.c.</b>			Nature of Debt (Purpose): Legal Fees
Mailing Address 370 Maple Avenue W Suite 4			
City Vienna	State VA	Zip Code 22180	

Outstanding Balance Beginning This Period		Transaction ID : SD10.63	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	

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			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="35.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="15966.67"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="15966.67"/>

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

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00569905                 </div>
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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

Full Name of Payee <input type="checkbox"/> Memo Item <b>ECG DATA CENTER</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2016						
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">434.90</div> <b>Transaction ID : SE24.93674</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 29 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>MCLEAN</td> <td>VA</td> <td>22102-3028</td> </tr> </table>		City	State	Zip Code	MCLEAN	VA	22102-3028
City		State	Zip Code				
MCLEAN	VA	22102-3028					
Purpose of Expenditure LIST RENTAL EXPENSES							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>ECG DATA CENTER</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2016						
Mailing Address 1420 SPRING HILL ROAD SUITE 490 SUITE 490	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">434.90</div> <b>Transaction ID : SE24.93675</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 29 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>MCLEAN</td> <td>VA</td> <td>22102-3028</td> </tr> </table>		City	State	Zip Code	MCLEAN	VA	22102-3028
City		State	Zip Code				
MCLEAN	VA	22102-3028					
Purpose of Expenditure LIST RENTAL EXPENSES							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">869.80</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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.

FRANK, ROBERT, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>KORTEN MEDIA, LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>927 CUP LEAF HOLLY COURT</b>	Amount <input type="text"/> 50.00 <b>Transaction ID : SE24.93672</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>GREAT FALLS</b> State <b>VA</b> Zip Code <b>22066-1223</b>	
Purpose of Expenditure <b>TRANSCRIPTION SERVICE</b> Category/Type <input type="text"/> <b>004</b>	
Name of Federal Candidate: <b>TRUMP, DONALD, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>KORTEN MEDIA, LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>927 CUP LEAF HOLLY COURT</b>	Amount <input type="text"/> 50.00 <b>Transaction ID : SE24.93673</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>GREAT FALLS</b> State <b>VA</b> Zip Code <b>22066-1223</b>	
Purpose of Expenditure <b>TRANSCRIPTION SERVICES</b> Category/Type <input type="text"/> <b>004</b>	
Name of Federal Candidate: <b>CLINTON, HILLARY, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 100.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

*FRANK, ROBERT, , ,*

*[Electronically Filed]*

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00569905
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 525-K EAST MARKET ST SUITE 114		Amount <input type="text"/>
City LEESBURG	State VA	Zip Code 20176
Purpose of Expenditure EMAIL ADVERTISEMENTS		Transaction ID : <b>SE24.93668</b>
Category/Type <input type="text"/> 004		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 0.00		2016

Full Name of Payee <input type="checkbox"/> Memo Item <b>PARAMOUNT COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 525-K EAST MARKET ST SUITE 114		Amount <input type="text"/>
City LEESBURG	State VA	Zip Code 20176
Purpose of Expenditure EMAIL ADVERTISEMENTS		Transaction ID : <b>SE24.93669</b>
Category/Type <input type="text"/> 004		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 0.00		2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 2100.10
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

FRANK, ROBERT, , ,

[Electronically Filed]

Date

/  /

Signature

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

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00569905                 </div>
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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

Full Name of Payee <input type="checkbox"/> Memo Item <b>SISK FULFILLMENT SERVICES</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">10 / 27 / 2016</span>	
Mailing Address 1900 INDUSTRIAL PARK DR.		Amount <span style="font-size: 24px; font-weight: bold;">273.32</span>	
City FEDERALSBURG	State MD	Zip Code 21632-2667	Transaction ID : <b>SE24.93676</b>
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type <span style="font-size: 24px; font-weight: bold;">004</span>	Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">11 / 29 / 2016</span>
Name of Federal Candidate: TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>SISK FULFILLMENT SERVICES</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">10 / 27 / 2016</span>	
Mailing Address 1900 INDUSTRIAL PARK DR.		Amount <span style="font-size: 24px; font-weight: bold;">273.31</span>	
City FEDERALSBURG	State MD	Zip Code 21632-2667	Transaction ID : <b>SE24.93677</b>
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type <span style="font-size: 24px; font-weight: bold;">004</span>	Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">11 / 29 / 2016</span>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">546.63</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">0.00</span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">546.63</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.

FRANK, ROBERT, , ,

[Electronically Filed]

Date

11 / 29 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 THE PINKSTON GROUP
Mailing Address PO BOX 373
City FAIRFAX STATION State VA Zip Code 22039-0373
Purpose of Expenditure PUBLIC RELATIONS Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 1367.50
Transaction ID: SE24.93670
Date of Disbursement or Obligation 11/29/2016

Name of Federal Candidate: TRUMP, DONALD, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee THE PINKSTON GROUP
Mailing Address PO BOX 373
City FAIRFAX STATION State VA Zip Code 22039-0373
Purpose of Expenditure PUBLIC RELATIONS Category/Type 004
Date of Public Distribution/Dissemination 11/01/2016
Amount 1367.50
Transaction ID: SE24.93671
Date of Disbursement or Obligation 11/29/2016

Name of Federal Candidate: CLINTON, HILLARY, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2735.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 6351.53

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.

FRANK, ROBERT, ,

[Electronically Filed]

Date

11/29/2016

Signature