

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Valor Fund

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Adam Gillis

Signature of Treasurer Adam Gillis [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Valor Fund**

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="26000.00"/>	<input type="text" value="26000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="102709.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="72180.00"/>	<input type="text" value="267380.00"/>
(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="174889.55"/>	<input type="text" value="293380.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="169028.41"/>	<input type="text" value="287518.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5861.14"/>	<input type="text" value="5861.14"/>
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="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Valor Fund**

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).....	72000.00	267100.00
(ii) Unitemized .....	180.00	280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	72180.00	267380.00
(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) .....	72180.00	267380.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	72180.00	267380.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	72180.00	267380.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	66193.05	139671.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66193.05	139671.68
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) .....	102835.36	147847.18
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	169028.41	287518.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	169028.41	287518.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	72180.00	267380.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72180.00	267380.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	66193.05	139671.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	66193.05	139671.68

**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 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Valor Fund**

Full Name (Last, First, Middle Initial)  
**A. Admirals Group, Inc.**

Mailing Address 5310 N Ocen Dr # 402

City Riviera Beach State FL Zip Code 33404

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FIP Realty Service**

Mailing Address 2627 NE 203rd St Ste 202

City Aventura State FL Zip Code 33180

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2016

**Transaction ID : SA11AI.4238**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ray Gillis**

Mailing Address PO Box 1329

City Suwanee State GA Zip Code 30024

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

Name of Employer Occupation  
Delta Associated Investigation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2016

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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 19
	<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)  
**Valor Fund**

**A. Margaret Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Lake Shore Dr

City Charleston	State WV	Zip Code 25313
--------------------	-------------	-------------------

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

Name of Employer Genealogy Research	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		25		2016

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Margaret Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Lake Shore Dr

City Charleston	State WV	Zip Code 25313
--------------------	-------------	-------------------

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

Name of Employer Genealogy Research	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		25		2016

**Transaction ID : SA11AI.4253**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Alfred Hoffman Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12530 Seminole Beach Rd

City North Palm Beach	State FL	Zip Code 33408
--------------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		16		2016

**Transaction ID : SA11AI.4232**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20000.00
<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 19
	<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)  
**Valor Fund**

Full Name (Last, First, Middle Initial)  
**A. Corey Lohman**

Mailing Address 1409 S Maple St

City Canby State OR Zip Code 97013

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

Name of Employer Emerick Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10500.00

Date of Receipt  
08 / 24 / 2016  
Transaction ID : SA11AI.4249

Amount of Each Receipt this Period  
10500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Meuchadim of Florida, Ltd**

Mailing Address 6100 Hollywood Blvd Ste 407

City Hollywood State FL Zip Code 33024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
08 / 04 / 2016  
Transaction ID : SA11AI.4198

Amount of Each Receipt this Period  
10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. NextGen Management LLC**

Mailing Address 1350 Avenue of the Americas  
2nd Floor

City New York State NY Zip Code 10019

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
08 / 22 / 2016  
Transaction ID : SA11AI.4259

Amount of Each Receipt this Period  
10000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30500.00

**TOTAL** 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 9 OF 19
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Valor Fund**

Full Name (Last, First, Middle Initial)  
**A. Mary Ourisman**

Mailing Address 2817 Woodland Drive

City Washington State DC Zip Code 20008

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 15 / 2016

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. James Patterson**

Mailing Address 215 5th St Ste 100

City West Palm Beach State FL Zip Code 33401

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

Name of Employer Self Employed Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 22 / 2016

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Debora Weinstein**

Mailing Address 2927 Rhone Dr

City Palm Beach Gardens State FL Zip Code 33410

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
08 / 15 / 2016

**Transaction ID : SA11AI.4220**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 19  
(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)  
**Valor Fund**

**A. William Wilcox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3000 Industrial Ave 3  
City Fort Pierce State FL Zip Code 34946  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Phoenix Metal Products Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2016  
**Transaction ID : SA11AI.4224**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. World Patent Marketing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1680 Meridian Ave Ste 600  
City Miami Beach State FL Zip Code 33139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9600.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : SA11AI.4264**  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	72000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Valor Fund**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address PO Box 84314

City State Zip Code  
Baton Rouge LA 70884

Purpose of Disbursement  
PAC Transaction Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2016

**Transaction ID : SB21B.4230**

Amount of Each Disbursement this Period

567.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address PO Box 84314

City State Zip Code  
Baton Rouge LA 70884

Purpose of Disbursement  
PAC Transaction Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2016

**Transaction ID : SB21B.4276**

Amount of Each Disbursement this Period

39.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Anedot**

Mailing Address PO Box 84314

City State Zip Code  
Baton Rouge LA 70884

Purpose of Disbursement  
PAC CC Transaction Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2016

**Transaction ID : SB21B.4251**

Amount of Each Disbursement this Period

409.80

Memo Item

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

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

1016.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Valor Fund**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address PO Box 84314

City State Zip Code  
Baton Rouge LA 70884

Purpose of Disbursement  
PAC CC Transaction Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4254**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Broad & Cassel**

Mailing Address 215 South Monroe St Ste 400

City State Zip Code  
Tallahassee FL 32301

Purpose of Disbursement  
PAC Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4203**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Conquest Communications Group**

Mailing Address 2812 Emerywood Pky Ste 103

City State Zip Code  
Richmond VA 23294

Purpose of Disbursement  
PAC Voter ID Calls

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4212**

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Valor Fund**

Full Name (Last, First, Middle Initial)

**A. Frontline Strategies**

Mailing Address PO Box 1491

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement  
PAC GOTV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

**Transaction ID : SB21B.4273**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Professional Data Services**

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2016

**Transaction ID : SB21B.4265**

Amount of Each Disbursement this Period

3037.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. QE Intelligence, Inc.**

Mailing Address 6072 N 26th St

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
PAC Research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

**Transaction ID : SB21B.4194**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10537.72

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Valor Fund**

Full Name (Last, First, Middle Initial)

**A. Southeast Strategic Communications, LLC**

Mailing Address 931 Monroe Dr Ste 102 #318

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
PAC Mailing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2016

Transaction ID : **SB21B.4246**

Amount of Each Disbursement this Period

10612.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. Southeast Strategic Communications, LLC**

Mailing Address 931 Monroe Dr Ste 102 #318

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
PAC GOTV Mailing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

Transaction ID : **SB21B.4244**

Amount of Each Disbursement this Period

9330.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. Suntrust Bank**

Mailing Address PO Box 4418

City Atlanta State GA Zip Code 30605

Purpose of Disbursement  
PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2016

Transaction ID : **SB21B.4255**

Amount of Each Disbursement this Period

160.00

Memo Item

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

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

20103.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Valor Fund**

Full Name (Last, First, Middle Initial)

**A. TNT Dailey, Inc.**

Mailing Address 924 Cherry Road

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2016

Transaction ID : **SB21B.4189**

Amount of Each Disbursement this Period

4250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TNT Dailey, Inc.**

Mailing Address 924 Cherry Road

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : **SB21B.4271**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ZDB, Inc.**

Mailing Address 131 Madeira Ave 2nd Floor

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : **SB21B.4272**

Amount of Each Disbursement this Period

17250.00

Memo Item

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

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

25500.00

66193.05

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

NAME OF COMMITTEE (In Full) <b>Valor Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00584755
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Frontline Strategies</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 16 / 2016
Mailing Address PO Box 1491	Amount <span style="border: 1px solid black; padding: 2px;">2000.00</span>
City State Zip Code Tallahassee FL 32302	
Purpose of Expenditure Robocalls	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate BRIAN MAST	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 16 / 2016
Name of Federal Candidate BRIAN MAST	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">119221.86</span>	

Full Name of Payee <b>Shark Tank Media, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address 211 SW 14	Amount <span style="border: 1px solid black; padding: 2px;">3500.00</span>
City State Zip Code Pompano Beach FL 33060	
Purpose of Expenditure Online Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate BRIAN MAST	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Name of Federal Candidate BRIAN MAST	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">91821.86</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">23500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Adam Gillis*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016



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

NAME OF COMMITTEE (In Full) <b>Valor Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00584755
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Southeast Strategic Communications, LLC</b>		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 22 / 2016	
Mailing Address 931 Monroe Dr Ste 102 #318		Amount <input type="text" value="10612.66"/>	
City Atlanta	State GA	Zip Code 30308	<b>Transaction ID : SE.4228</b>
Purpose of Expenditure GOTV Mailer	Category/Type 004	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 16 / 2016	
Name of Federal Candidate REBECCA NEGRON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<input type="text" value="129834.52"/>			

Full Name of Payee <input type="checkbox"/> Memo Item <b>Southeast Strategic Communications, LLC</b>		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 25 / 2016	
Mailing Address 931 Monroe Dr Ste 102 #318		Amount <input type="text" value="10612.66"/>	
City Atlanta	State GA	Zip Code 30308	<b>Transaction ID : SE.4256</b>
Purpose of Expenditure PAC Mailing	Category/Type 004	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 25 / 2016	
Name of Federal Candidate REBECCA NEGRON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<input type="text" value="140447.18"/>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text" value="21225.32"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <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.

*Adam Gillis* [Electronically Filed] Date  /  /   
09 / 19 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Valor Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00584755
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>South Strategic Communications</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 12 / 2016</span>
Mailing Address 931 Monroe Dr Ste 102 #318	Amount <span style="border: 1px solid black; padding: 2px;">21927.10</span>
City State Zip Code Atlanta GA 30308	<b>Transaction ID : SE.4206</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 11 / 2016</span>
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate BRIAN MAST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">88321.86</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Synovation Solutions</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 14 / 2016</span>
Mailing Address 201 King St Ste 202	Amount <span style="border: 1px solid black; padding: 2px;">7400.00</span>
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SE.4215</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 15 / 2016</span>
Purpose of Expenditure Social Media Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate BRIAN MAST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99221.86</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">29327.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Adam Gillis* [Electronically Filed] Date 09 / 19 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Valor Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00584755
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Synovation Solutions</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016
Mailing Address 201 King St Ste 202	Amount <span style="border: 1px solid black; padding: 2px;">7400.00</span>
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SE.4266</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016
Purpose of Expenditure Robocalls	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate BRIAN MAST	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">147847.18</span>	

Full Name of Payee <b>The Stoneridge Group, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 08 / 2016
Mailing Address 4400 North Point Pkwy Ste 190	Amount <span style="border: 1px solid black; padding: 2px;">21382.94</span>
City State Zip Code Alpharetta GA 30022	<b>Transaction ID : SE.4200</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Purpose of Expenditure Printing	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate BRIAN MAST	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">66394.76</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">28782.94</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">102835.36</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.

*Adam Gillis*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016