

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

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

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 1500.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.627
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 25 / 2016	
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 1000.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.628
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 25 / 2016	
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY
06 / 08 / 2016

Signature

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y </table>	

Full Name of Payee I360		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> 06 / 07 / 2016	
Mailing Address PO BOX 37046		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1318.62</table>	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.661
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> 06 / 08 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3724685.91</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee TOBE DIRECT LLC		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> 06 / 07 / 2016	
Mailing Address 605 TERRITORIAL DRIVE UNIT C		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">27230.06</table>	
City BOLINGBROOK	State IL	Zip Code 60440	Transaction ID : SE24.658
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table> 06 / 03 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">3724685.91</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">28548.68</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; width:150px; height:20px;"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px;"></table>

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

Thomas F. Maxwell III

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Date

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Signature

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

Full Name of Payee TOBE DIRECT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 07 / 2016	
Mailing Address 605 TERRITORIAL DRIVE UNIT C		Amount 9941.62	
City BOLINGBROOK	State IL	Zip Code 60440	Transaction ID : SE24.659
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2016	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH	
Calendar Year-To-Date Per Election for Office Sought 3724685.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9941.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	40990.30

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