

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.

Make America Number 1

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.

James, Jacquelyn, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer James, Jacquelyn, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Make America Number 1

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"/>		7494987.69
(b) Cash on Hand at Beginning of Reporting Period.....	1883034.10	
(c) Total Receipts (from Line 19)	1148948.35	9698328.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3031982.45	17193316.33
7. Total Disbursements (from Line 31).....	1646937.37	15828491.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1385045.08	1364825.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4000.00	

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. 05/2016)

Page 3

Write or Type Committee Name

Make America Number 1

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 21 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

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).....	1050250.00	6383250.00
(ii) Unitemized	-1437.77	4064.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1048812.23	6387314.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	100000.00	100000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1148812.23	6487314.54
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	26682.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	136.12	3184331.81
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)).....▶	1148948.35	9698328.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1148948.35	9698328.64

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	36647.37	2171958.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36647.37	2171958.79
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)	1610290.00	11692919.43
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	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 (Including Non-Federal Donations).....	0.00	1963613.03
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)) ..	1646937.37	15828491.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1646937.37	15828491.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1148812.23	6487314.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1148812.23	6487314.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36647.37	2171958.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	26682.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36647.37	2145276.50

**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 17
	<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	

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)
Make America Number 1

A. BURN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 HOBART AVENUE
 City SHORT HILLS State NJ Zip Code 07078-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11A.225
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. LINDNER, CARL, H., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E 4TH ST 40S
 City CINCINNATI State OH Zip Code 45202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN FINANCIAL GROUP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : SA11587744
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION

C. THIEL, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 LETTERMAN DRIVE
 City SAN FRANCISCO State CA Zip Code 94129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLARIUM CAPITAL Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2016
Transaction ID : SA1154522
 Amount of Each Receipt this Period
 1000000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1050250.00
TOTAL This Period (last page this line number only).....	1050250.00

**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 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Make America Number 1

A. CARSON AMERICA INC.

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

Mailing Address 1800 DIAGONAL ROAD
STE 140

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00573519

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

Transaction ID : SA6532000144

Amount of Each Receipt this Period
100000.00

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
M M / D D / Y Y 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

**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)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. GIDLEY, J., HOGAN, ,

Mailing Address 2507 RIGBY DRIVE

City
COLUMBIA

State
SC

Zip Code
29204

Purpose of Disbursement
COMMUNICATIONS STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C

Transaction ID : SB333020001

Amount of Each Disbursement this Period

11000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HERNANDEZ, KRISTINA, , ,

Mailing Address 332 CRESTHAVEN PLACE

City
SIMPSONVILLE

State
SC

Zip Code
29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C

Transaction ID : SB840120147

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HERNANDEZ, KRISTINA, , ,

Mailing Address 332 CRESTHAVEN PLACE

City
SIMPSONVILLE

State
SC

Zip Code
29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2016			

FEC Identification Number

C

Transaction ID : SB99999441

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)..... ▶

18500.00

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**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)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2016

FEC Identification Number

C
Transaction ID : SB9423333
Amount of Each Disbursement this Period
161.33

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB9590005
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB95963100
Amount of Each Disbursement this Period
4000.00

Memo Item

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

5661.33

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)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

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
10			26			2016			

FEC Identification Number

C

Transaction ID : SB64613

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

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
11			17			2016			

FEC Identification Number

C

Transaction ID : SB64613_B

Amount of Each Disbursement this Period

7700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DENTONS US LLP

Mailing Address 1301 K STREET NW
STE 600 EAST TOWER

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
LEGAL CONSULTING

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
11			17			2016			

FEC Identification Number

C

Transaction ID : SB55557301

Amount of Each Disbursement this Period

1506.50

Memo Item

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

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

11706.50

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**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)
Make America Number 1

A. FIGHT FOR SMALL.COM

Full Name (Last, First, Middle Initial)

Mailing Address 5420 N. COLLEGE AVENUE

City INDIANAPOLIS State IN Zip Code 46220

Purpose of Disbursement WEB SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB4141466

Amount of Each Disbursement this Period: 499.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	499.00
TOTAL This Period (last page this line number only).....▶	36366.83

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Make America Number 1

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE MONACO GROUP			Nature of Debt (Purpose): DIRECT MAIL EXPENSE - DISPUTED
Mailing Address 1011 S. LINWOOD AVENUE			
City SANTA ANA	State CA	Zip Code 92705	

Outstanding Balance Beginning This Period		Transaction ID : SD96522	
4000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4000.00	

B. 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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	4000.00
2) TOTALS This Period (last page this line number only)..... ▶	4000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4000.00

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

NAME OF COMMITTEE (In Full) Make America Number 1	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00575373 </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 GLITTERING STEEL LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2016</div>
Mailing Address 2776 S. ARLINGTON MILL DRIVE STE 261	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>
City ARLINGTON State VA Zip Code 22206	
Purpose of Expenditure MEDIA Category/Type 	
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,	<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: <u>00</u> State: _____
Calendar Year-To-Date Per Election for Office Sought 2714166.50	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 CAMBRIDGE ANALYTICA	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>
Mailing Address 1 WALES ALLEY STE 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">500000.00</div>
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure MEDIA Category/Type 	
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,	<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: <u>00</u> State: _____
Calendar Year-To-Date Per Election for Office Sought 4142456.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">525000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </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.

JAMES, JACQUELYN, , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
12 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Make America Number 1
FEC IDENTIFICATION NUMBER
C C00575373

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

Full Name of Payee CAMBRIDGE ANALYTICA
Mailing Address 1 WALES ALLEY STE 300
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA
Date of Public Distribution/Dissemination 11/01/2016
Amount 300000.00
Transaction ID : SE650323200
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: CLINTON, HILLARY, RODHAM,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 4142456.50

Full Name of Payee CAMBRIDGE ANALYTICA
Mailing Address 1 WALES ALLEY STE 300
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA
Date of Public Distribution/Dissemination 11/01/2016
Amount 500000.00
Transaction ID : SE63202477
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: CLINTON, HILLARY, RODHAM,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 4142456.50

(a) SUBTOTAL of Itemized Independent Expenditures 800000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

JAMES, JACQUELYN, , ,

[Electronically Filed]

Date

12/07/2016

Signature

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

NAME OF COMMITTEE (In Full) Make America Number 1	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00575373 </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 GLITTERING STEEL LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Mailing Address 2776 S. ARLINGTON MILL DRIVE STE 261			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 37500.00 </div>		
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SE652501988 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Purpose of Expenditure MEDIA		Category/Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, RODHAM, ,		
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,		<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: 00 State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 4142456.50 </div>	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 RIGEL STRATEGIES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Mailing Address 3948 LEGACY DRIVE STE 106-282			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 75790.00 </div>		
City PLANO	State TX	Zip Code 75023	Transaction ID : SE0102020 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Purpose of Expenditure MEDIA		Category/Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, RODHAM, ,		
Name of Federal Candidate: CLINTON, HILLARY, RODHAM, ,		<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: 00 State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 2789956.50 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 113290.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </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.

Signature JAMES, JACQUELYN, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 12 / 07 / 2016

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

NAME OF COMMITTEE (In Full) Make America Number 1	FEC IDENTIFICATION NUMBER ▼ C C00575373
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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 GLITTERING STEEL LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2776 S. ARLINGTON MILL DRIVE STE 261	Amount <input type="text"/>
City ARLINGTON State VA Zip Code 22206	Transaction ID : SE652501988_B Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure MEDIA Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, RODHAM, , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4142456.50	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 CAMBRIDGE ANALYTICA	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1 WALES ALLEY STE 300	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE63303030 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure MEDIA Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY, RODHAM, , Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4142456.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 137500.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL 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.

JAMES, JACQUELYN, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Make America Number 1
FEC IDENTIFICATION NUMBER
C C00575373

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

Full Name of Payee
GLITTERING STEEL LLC
Mailing Address
2776 S. ARLINGTON MILL DRIVE
STE 261
City
ARLINGTON State
VA Zip Code
22206
Purpose of Expenditure
MEDIA Category/Type
Date of Public Distribution/Dissemination
11 / 04 / 2016
Amount
34500.00
Transaction ID : SE6562320544
Date of Disbursement or Obligation
11 / 04 / 2016

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

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Name of Federal Candidate:
Support Oppose
Office Sought:
House Senate State:
President
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 34500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 1610290.00

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

JAMES, JACQUELYN, , ,

[Electronically Filed]

Date

12 / 07 / 2016

Signature