

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)

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.....	2871503.70	
(c) Total Receipts (from Line 19)	1056271.09	6367312.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3927774.79	13862300.05
7. Total Disbursements (from Line 31).....	749993.61	10684518.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3177781.18	3177781.18
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

Write or Type Committee Name

Make America Number 1

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).....	1051750.00	3151750.00
(ii) Unitemized	4521.09	4920.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1056271.09	3156670.31
(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)	1056271.09	3156670.31
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.).....	0.00	3183959.76
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)).....▶	1056271.09	6367312.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1056271.09	6367312.36

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	734993.61	1056505.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	734993.61	1056505.91
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)	15000.00	7684619.93
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	1943393.03
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)) ..	749993.61	10684518.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	749993.61	10684518.87

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)	1056271.09	3156670.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1056271.09	3156670.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	734993.61	1056505.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	26682.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	734993.61	1029823.62

**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 14
<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)
Make America Number 1

A. MOSKOWITZ, CHERNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4744 N BAY RD
 City MIAMI State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAWAIIAN GARDENS CASINO Occupation (for Individual) SELF EMPLOYED BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 08 / 23 / 2016
Transaction ID : SA11AI.5853
 Amount of Each Receipt this Period 1000000.00
 Memo Item CONTRIBUTION

B. PRINCE, ERIK, DEAN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 808
 City MIDDLEBURG State VA Zip Code 20118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.5855
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

C. SCHILLING, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 PORPOISE POINT DRIVE
 City SAINT AUGUSTING State FL Zip Code 32084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2016
Transaction ID : SA11AI.5857
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1050250.00
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 7 OF 14
(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)
Make America Number 1

A. WISMER, ANN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 WATERFORD OAKS LN.

City KEMAH	State TX	Zip Code 77565-2923
---------------	-------------	------------------------

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

Name of Employer (for Individual) WISMER DISTRIBUTING CO.	Occupation (for Individual) BEER DISTRIBUTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2016

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 60 TRINIDAD DRIVE

City TIBURON	State CA	Zip Code 94920-1036
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2016

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1051750.00

**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. CAMBRIDGE ANALYTICA LLC		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5866 Amount of Each Disbursement this Period [REDACTED] 301763.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Disbursement CAMPAIGN MANAGEMENT CONSULTING SVCS		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. CAMBRIDGE ANALYTICA LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5867 Amount of Each Disbursement this Period [REDACTED] 110000.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Disbursement PRE-PAID MEDIA		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) C. CHASE BANK		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address PO BOX 65974		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5868 Amount of Each Disbursement this Period [REDACTED] 225.32
City SAN ANTONIO	State TX	Zip Code 78265
Purpose of Disbursement BANK CHARGES		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	

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

411988.32

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

A. CMDI

Full Name (Last, First, Middle Initial)

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
08 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5875

Amount of Each Disbursement this Period: 215.48

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

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
08 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5876

Amount of Each Disbursement this Period: 2945.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

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
08 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5869

Amount of Each Disbursement this Period: 22.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3183.17

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. 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
08 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5872
Amount of Each Disbursement this Period
13.27

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
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
08 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5874
Amount of Each Disbursement this Period
1.28

Memo Item

Full Name (Last, First, Middle Initial)

C. 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) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5877
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)..... ▶

2514.55

**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. DELUXE BUSINESS SYSTEMS

Mailing Address 3680 VICTORIA STREET NORTH

City SHOREVIEW

State MN

Zip Code 55128

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5878

Amount of Each Disbursement this Period

[REDACTED] 254.81

Memo Item

Full Name (Last, First, Middle Initial)

B. FIGHTFORSMALL.COM

Mailing Address 5420 N COLLEGE AVENUE STE. LL2

City INDIANAPOLIS

State IN

Zip Code 46220

Purpose of Disbursement WEB SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5880

Amount of Each Disbursement this Period

[REDACTED] 499.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INSOURCECODE LLC

Mailing Address 8606 ALLISONVILLE ROAD STE 260

City INDIANAPOLIS

State IN

Zip Code 46250

Purpose of Disbursement WEB SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5881

Amount of Each Disbursement this Period

[REDACTED] 9000.00

Memo Item

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

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

[REDACTED] 9753.81

[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)

Make America Number 1

Full Name (Last, First, Middle Initial)

A. THE AVENTINE GROUP

Mailing Address 34 NORTH HAYDEN PKWY

City
HUDSON

State
OH

Zip Code
44236

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5882

Amount of Each Disbursement this Period

[REDACTED] 55625.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANY

Mailing Address 400 NORTH CAPITOL STREET NW
STE 790

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5884

Amount of Each Disbursement this Period

[REDACTED] 246987.16

Memo Item

Full Name (Last, First, Middle Initial)

C. VOCUS

Mailing Address 12051 INDIAN CREEK COURT

City
BELTSVILLE

State
MD

Zip Code
20705

Purpose of Disbursement
PUBLIC RELATIONS STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5885

Amount of Each Disbursement this Period

[REDACTED] 4844.94

Memo Item

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

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

[REDACTED] 307457.10

[REDACTED] 734896.95

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	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 <input type="text" value="4000.00"/>		Transaction ID : SD10.5037	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="4000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="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;"> 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 08 / 05 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div> Transaction ID : SE.5821 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2016
City BEVERLY HILLS State CA Zip Code 90211	
Purpose of Expenditure VIDEO PRODUCTION Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 283657.00	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 GLITTERING STEEL LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div> Transaction ID : SE.5822 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2016
City BEVERLY HILLS State CA Zip Code 90211	
Purpose of Expenditure VIDEO PRODUCTION Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 291157.00	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;">15000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</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 / 14 / 2016
 Signature