

# 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. 12FE4M5

MAKE AMERICA AWESOME

ADDRESS (number and street) PO BOX 26141

Check if different than previously reported. (ACC) ALEXANDRIA VA 22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00594176

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:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2016 through [MM] / [DD] / [YYYY] 04 / 30 / 2016

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 Chris Marston

Signature of Treasurer Chris Marston [Electronically Filed] Date 05 / 20 / 2016

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MAKE AMERICA AWESOME**

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="1711.77"/>	<input type="text" value="1711.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24866.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5880.00"/>	<input type="text" value="36893.55"/>
(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="30746.32"/>	<input type="text" value="38605.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="178.06"/>	<input type="text" value="8037.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30568.26"/>	<input type="text" value="30568.26"/>
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="25022.84"/>	

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

**MAKE AMERICA AWESOME**

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).....	4400.00	19880.00
(ii) Unitemized .....	1480.00	16997.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5880.00	36877.00
(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) .....	5880.00	36877.00
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	16.55
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))..... ▶	5880.00	36893.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5880.00	36893.55

**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 .....	178.06	2765.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	178.06	2765.46
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) .....	0.00	4721.60
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	550.00
(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	550.00
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)) ..	178.06	8037.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178.06	8037.06

**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) .....	5880.00	36877.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5880.00	36327.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	178.06	2765.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	16.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	178.06	2748.91

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 AWESOME**

Full Name (Last, First, Middle Initial)  
**A. Penna Dexter**

Mailing Address 3705 Stonington Dr

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Self Commentator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11AI.4687**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Dan Gabriel**

Mailing Address 888 N Quincy St  
Ste 1901

City State Zip Code  
Arlington VA 22203

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

Name of Employer Occupation  
Webstringers LLC IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : SA11AI.4679**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Quin Hillyer**

Mailing Address 141 Batre Ln

City State Zip Code  
Mobile AL 36602

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

Name of Employer Occupation  
Self Columnist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : SA11AI.4685**

Amount of Each Receipt this Period  
300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA AWESOME**

**A. Jerry Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13108 Pershing Dr  
 City Manassas State VA Zip Code 20112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info Req per Best Efforts Info Req per Best Efforts  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016  
**Transaction ID : SA11AI.4683**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Richard Norman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40599 Paver Ln  
 City Paeonian Springs State VA Zip Code 20129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Richard Norman Company Direct Marketing  
 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  
 04 / 28 / 2016  
**Transaction ID : SA11AI.4681**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. William Pascoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3620 Drews Ct  
 City Alexandria State VA Zip Code 22309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Antietam Communications Partner  
 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  
 04 / 28 / 2016  
**Transaction ID : SA11AI.4677**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00  
**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 8 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA AWESOME**

**A. Mark West**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 Heavenly View Dr  
 City Ooltewah State TN Zip Code 37363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : SA11AI.4689**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.**  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4400.00



**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

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 AWESOME**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 N First St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
04 / 30 / 2016

**Transaction ID : SB21B.4676**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MAKE AMERICA AWESOME**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>		Nature of Debt (Purpose): Advance for Independent Expenditures (NH) (See Memo Entires on Sch. E)
Mailing Address 1200 Nash St Ste 247		
City State	Zip Code	
Arlington VA	22209	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4538</b>	
<input type="text" value="6258.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6258.55"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>		Nature of Debt (Purpose): Advances for Non-IE Expenditures
Mailing Address 1200 Nash St Ste 247		
City State	Zip Code	
Arlington VA	22209	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4537</b>	
<input type="text" value="26.31"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="26.31"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>		Nature of Debt (Purpose): Advance for Independent Expenditures (NV) (See Memo Entires on Sch. E)
Mailing Address 1200 Nash St Ste 247		
City State	Zip Code	
Arlington VA	22209	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4556</b>	
<input type="text" value="5256.53"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5256.53"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="11541.39"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MAKE AMERICA AWESOME**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>	Nature of Debt (Purpose): Advance for Independent Expenditures (VA) (See Memo Entries on Sch. E)
Mailing Address 1200 Nash St Ste 247	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 949.35	<b>Transaction ID : SD10.4557</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 949.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>	Nature of Debt (Purpose): Advance for Independent Expenditures (3/15 Primaries) (See Sch. E Memo Entries)
Mailing Address 1200 Nash St Ste 247	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 6263.19	<b>Transaction ID : SD10.4600</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6263.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>	Nature of Debt (Purpose): Advance for Independent Expenditures (3/22 Primaries) (See Sch. E Memo Entries)
Mailing Address 1200 Nash St Ste 247	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 750.61	<b>Transaction ID : SD10.4653</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.61

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7963.15
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MAKE AMERICA AWESOME**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>	Nature of Debt (Purpose): Advance for Independent Expenditures (See Memo Entries on Sch. E, 4/13)
Mailing Address 1200 Nash St Ste 247	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4697</b>	
Amount Incurred This Period 5251.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 5251.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liz Mair</b>	Nature of Debt (Purpose): Advance for Independent Expenditures (See Memo Entries on Sch. E, 4/23)
Mailing Address 1200 Nash St Ste 247	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4698</b>	
Amount Incurred This Period 266.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 266.80

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5518.30
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	25022.84
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	25022.84

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

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA AWESOME</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00594176       </div>
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		

Full Name of Payee <b>Cumulus Media</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 13 / 2016</b>	
Mailing Address 1033 Jefferson St NW		Amount <b>2065.50</b>	
City Atlanta	State GA	Zip Code 30318	<b>Transaction ID : SE.4617</b>
Purpose of Expenditure Advertising - Radio (Also supports Ted Cruz) (originally estimated as 2,430)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Entercom Communications Corporation</b> <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 13 / 2016</b>	
Mailing Address 401 City Ave Ste 809		Amount <b>1500.00</b>	
City Bala Cynwyd	State PA	Zip Code 19004	<b>Transaction ID : SE.4623</b>
Purpose of Expenditure Advertising - Radio (also support Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	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..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Chris Marston*      **[Electronically Filed]**      Date **05 / 20 / 2016**

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA AWESOME</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00594176
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>Forever Media</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04 / 22 / 2016</span>
Mailing Address 242 Finzel Rd	Amount <span style="border: 1px solid black; padding: 2px;">124.00</span>
City State Zip Code Frostburg MD 21532	<b>Transaction ID : SE.4699</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>
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz) <span style="border: 1px solid black; padding: 2px;">Category/Type</span>	Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>iHeartMedia Inc</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04 / 22 / 2016</span>
Mailing Address 200 E Basse Rd	Amount <span style="border: 1px solid black; padding: 2px;">142.80</span>
City State Zip Code San Antonio TX 78209	<b>Transaction ID : SE.4701</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>
Purpose of Expenditure Advertising - Radio (also supporting Ted Cruz) <span style="border: 1px solid black; padding: 2px;">Category/Type</span>	Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA 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;">0.00</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.

*Chris Marston* [Electronically Filed] Date 05 / 20 / 2016

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA AWESOME</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00594176
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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 <b>Media One Group, LLC</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04 / 13 / 2016</span>
Mailing Address 2 Orchard Rd	Amount <span style="border: 1px solid black; padding: 2px;">1144.00</span>
City State Zip Code Jamestown NY 14701	
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz) (originally estimated as 720)	Transaction ID : <b>SE.4621</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>
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>PMJ Communications, Inc</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04 / 13 / 2016</span>
Mailing Address 5490 County Route 64	Amount <span style="border: 1px solid black; padding: 2px;">170.00</span>
City State Zip Code Hornell NY 14843	
Purpose of Expenditure Advertising - Radio (Also Supports Ted Cruz)	Transaction ID : <b>SE.4619</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>
Name of Federal Candidate DONALD J TRUMP	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</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;">0.00</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.

*Chris Marston* [Electronically Filed] Date 05 / 20 / 2016

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA AWESOME</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00594176
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		

Full Name of Payee <b>Sound Communications, LLC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 13 / 2016</b>
Mailing Address 231 N Union St			Amount <b>180.00</b>
City Olean	State NY	Zip Code 14760	<b>Transaction ID : SE.4615</b>
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Vermont Broadcast Associates</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 13 / 2016</b>
Mailing Address 1303 Concord Ave			Amount <b>192.00</b>
City Saint Johnsbury	State VT	Zip Code 05819	<b>Transaction ID : SE.4695</b>
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	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..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>0.00</b>

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.

*Chris Marston*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **05 / 20 / 2016**