

# 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**  
Future45

ADDRESS (number and street) PO Box 710993  
Herndon VA 20171

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00574533 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2016 through [MM] / [DD] / [YYYY] 11 / 28 / 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 Wojciechowski, Maria, , ,

Signature of Treasurer Wojciechowski, Maria, , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 12 / 08 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Future45**

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="708732.18"/>	<input type="text" value="708732.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9920259.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11314504.87"/>	<input type="text" value="23736569.86"/>
(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="21234763.93"/>	<input type="text" value="24445302.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21140118.46"/>	<input type="text" value="24350656.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="94645.47"/>	<input type="text" value="94645.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Future45**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2016 To: M M / D D / 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).....	11270732.20	23692472.19
(ii) Unitemized .....	2772.67	3097.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11273504.87	23695569.86
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	41000.00	41000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11314504.87	23736569.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11314504.87	23736569.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11314504.87	23736569.86

**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 .....	52595.20	327865.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52595.20	327865.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150000.00	150000.00
24. Independent Expenditures (use Schedule E) .....	20937523.26	23872791.28
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	0.00
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)) ..	21140118.46	24350656.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21140118.46	24350656.57

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11314504.87	23736569.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11314504.87	23736569.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	52595.20	327865.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52595.20	327865.29

**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 39
	<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)  
**Future45**

**A. LINDNER, EDYTH, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 358  
 City CINCINNATI State OH Zip Code 45201-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.20**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. MCMAHON, LINDA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 HURLINGHAM DRIVE  
 City GREENWICH State CT Zip Code 06831-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.19**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item CONTRIBUTION

**C. 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 INC. Occupation (for Individual) CO-CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA11A.21**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Future45**

**A. LINDNER, S., CRAIG, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7725 BUCKINGHAM ROAD  
 City CINCINNATI State OH Zip Code 45243-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN FINANCIAL GROUP INC. Occupation (for Individual) CO-CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.22**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

**B. WEISS, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 HAWTHORNE LANE  
 City HINSDALE State IL Zip Code 60524-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.23**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. ROSANO, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6594 APPLEWOOD ST.  
 City HIGHLAND State CA Zip Code 92346-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GROVE 76 Occupation (for Individual) SERVICE STATION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11A.25**  
 Amount of Each Receipt this Period 999.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55999.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Future45**

**A. POSCA, GLENN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 CHISWELL RD.  
 City SCHENECTADY State NY Zip Code 12304-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CDTC Occupation (for Individual) INFORMATION TECHNOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11A.26**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MCNULTY, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 13275  
 City PORTLAND State OR Zip Code 97213-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11A.27**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. ADELSON, MIRIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3355 LAS VEGAS BLVD. SOUTH  
 City LAS VEGAS State NV Zip Code 89109-8941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADELSON DRUG CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.29**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Future45**

**A. ADELSON, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3355 LAS VEGAS BLVD. SOUTH  
 City LAS VEGAS State NV Zip Code 89109-8941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAS VEGAS SANDS, INC. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.28**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item CONTRIBUTION

**B. JENCKS, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 HIDDEN VALLEY CT.  
 City FISHERSVILLE State VA Zip Code 22939-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016  
**Transaction ID : SA11A.31**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MCNECE, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2225 ANZA AVE.  
 City DAVIS State CA Zip Code 95616-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVISVILLE PROPERTIES, INC. Occupation (for Individual) VICE-PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11A.32**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5001250.00  
**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: (check only one)	PAGE 10 OF 39
	<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)  
**Future45**

**A. DUNCAN, DEBBIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 DAVIS ST.

City EVANSTON State IL Zip Code 60201-

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : SA11A.34**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**B. JONES, SCOTT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 FOXBOROUGH LANE

City SOUTHLAKE State TX Zip Code 76092-

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : SA11A.33**

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

**C. COLBURN, RICHARD, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 SKOKIE BLVD SUITE 555

City NORTHBROOK State IL Zip Code 60062-

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

Name of Employer (for Individual) PAYROLL AND INSURANCE GROUP INC. Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 05 / 2016  
**Transaction ID : SA11A.35**

Amount of Each Receipt this Period 100000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110500.00

**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: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Future45**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**45COMMITTEE INC.**

Mailing Address P.O. BOX 710993

City HERNDON	State VA	Zip Code 20171-0993
-----------------	-------------	------------------------

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 ▼  
18823.19

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : SA11A.36**

Amount of Each Receipt this Period  
2083.20

Memo Item  
CONTRIBUTION IN-KIND: FUNDRAISING CONSULTING

**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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2083.20
<b>TOTAL</b> This Period (last page this line number only).....▶	11270732.20

**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 12 OF 39
<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)  
**Future45**

**A. REBUILDING AMERICA NOW**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00618876

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
41000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2016

**Transaction ID : SA11A.37**

Amount of Each Receipt this Period  
41000.00

Memo Item  
IN-KIND: MEDIA PRODUCTION

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41000.00

**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)  
**Future45**

**A. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB.8

Amount of Each Disbursement this Period: 1.27

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Road Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Donor database

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB.3

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB.9

Amount of Each Disbursement this Period: 7.32

Memo Item

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

508.59

**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)  
**Future45**

Full Name (Last, First, Middle Initial)

**A. Trinity Financial Reporting & Compliance**

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Accounting and compliance

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

5025.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Merchant fee

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C

Transaction ID : SB.10

Amount of Each Disbursement this Period

4.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. G2 Analytics**

Mailing Address 151 North Quaker Lane

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Survey

005

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C

Transaction ID : SB.29

Amount of Each Disbursement this Period

10500.00

Memo Item

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

15529.20

**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)  
**Future45**

**A. Jones Day**

Full Name (Last, First, Middle Initial)

Mailing Address 51 Louisiana Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Legal services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB.6

Amount of Each Disbursement this Period: 11937.50

Memo Item

**B. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB.11

Amount of Each Disbursement this Period: 195.30

Memo Item

**C. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB.12

Amount of Each Disbursement this Period: 17.56

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ► 12150.36

**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)  
**Future45**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED]	
City Baton Rouge	State LA	Zip Code 70884	Transaction ID : <b>SB.13</b>
Purpose of Disbursement Merchant fee		Category/Type 002	Amount of Each Disbursement this Period 42.17
Candidate Name		<input type="checkbox"/> Memo Item	
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:			

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED]	
City Baton Rouge	State LA	Zip Code 70884	Transaction ID : <b>SB.14</b>
Purpose of Disbursement Merchant fee		Category/Type 002	Amount of Each Disbursement this Period 4.20
Candidate Name		<input type="checkbox"/> Memo Item	
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:			

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED]	
City Baton Rouge	State LA	Zip Code 70884	Transaction ID : <b>SB.15</b>
Purpose of Disbursement Merchant fee		Category/Type 002	Amount of Each Disbursement this Period 20.10
Candidate Name		<input type="checkbox"/> Memo Item	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	66.47
<b>TOTAL</b> This Period (last page this line number only).....▶	[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)  
**Future45**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.16</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period [REDACTED] 24.59
Purpose of Disbursement Merchant fee		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.17</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period [REDACTED] 3.52
Purpose of Disbursement Merchant fee		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.18</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period [REDACTED] 8.40
Purpose of Disbursement Merchant fee		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 36.51
<b>TOTAL</b> This Period (last page this line number only).....▶	[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)  
**Future45**

**A. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee  002 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 10 / 30 / 2016

FEC Identification Number **C**

**Transaction ID : SB.19**

Amount of Each Disbursement this Period 4.20

Memo Item

**B. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee  002 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 10 / 31 / 2016

FEC Identification Number **C**

**Transaction ID : SB.20**

Amount of Each Disbursement this Period 11.43

Memo Item

**C. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee  002 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 01 / 2016

FEC Identification Number **C**

**Transaction ID : SB.21**

Amount of Each Disbursement this Period 16.99

Memo Item

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

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

32.62

**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)  
**Future45**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.22</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period 51.90
Purpose of Disbursement Merchant fee		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.23</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Merchant fee		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.24</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period 424.61
Purpose of Disbursement Merchant fee		Category/ Type 002	Memo Item <input type="checkbox"/>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	481.01
<b>TOTAL</b> 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)  
**Future45**

**A. Arena Online**

Full Name (Last, First, Middle Initial)

Mailing Address 1780 West Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement Web hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB.28

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Road Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Donor database

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB.4

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB.25

Amount of Each Disbursement this Period: 1.27

Memo Item

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

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

2501.27

**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)  
**Future45**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.26</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period [REDACTED] 4.89
Purpose of Disbursement Merchant fee		Category/Type 002	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.27</b>	
City Baton Rouge	State LA	Zip Code 70884	Amount of Each Disbursement this Period [REDACTED] 1.08
Purpose of Disbursement Merchant fee		Category/Type 002	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>C. Trinity Financial Reporting &amp; Compliance</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016	
Mailing Address P.O. Box 710993		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.7</b>	
City Herndon	State VA	Zip Code 20171	Amount of Each Disbursement this Period [REDACTED] 19200.00
Purpose of Disbursement Accounting and compliance		Category/Type 001	<input type="checkbox"/> Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 19205.97
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

Use separate schedule(s) for each category of the Detailed Summary Page	<b>FOR LINE NUMBER:</b> (check only one)	PAGE 22 OF 39
	<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)  
**Future45**

Full Name (Last, First, Middle Initial) <b>A. 45Committee Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 28 / 2016		
Mailing Address P.O. Box 710993			FEC Identification Number C <b>Transaction ID : SB.30</b> Amount of Each Disbursement this Period 2083.20  <input type="checkbox"/> Memo Item		
City Herndon	State VA	Zip Code 20171			
Purpose of Disbursement In-kind: Fundraising consulting		Category/ Type 002			
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:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y		
Mailing Address			FEC Identification Number C Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
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:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y		
Mailing Address			FEC Identification Number C Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2083.20
<b>TOTAL</b> This Period (last page this line number only).....▶	52595.20

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)  
**Future45**

Full Name (Last, First, Middle Initial) <b>A. America Rising PAC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address P.O. Box 10088		FEC Identification Number C 000542902 <b>Transaction ID : SB.1</b> Amount of Each Disbursement this Period 50000.00
City Arlington	State VA	Zip Code 22210
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Character Counts PAC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 138 Conant St. Suite 201		FEC Identification Number C 000521757 <b>Transaction ID : SB.2</b> Amount of Each Disbursement this Period 100000.00
City Beverly	State MA	Zip Code 01915
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	150000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	150000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee Paragon Insights
Mailing Address P.O. Box 27068
City Washington State DC Zip Code 20038
Purpose of Expenditure Polling Category/Type 005
Date of Public Distribution/Dissemination 10/22/2016
Amount 25000.00
Transaction ID: SE001
Date of Disbursement or Obligation 10/20/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 2780543.96

Full Name of Payee Del Cielo Media
Mailing Address 1427 Leslie Avenue Suite 102
City Alexandria State VA Zip Code 22301
Purpose of Expenditure Media placement Category/Type 004
Date of Public Distribution/Dissemination 10/22/2016
Amount 4000000.00
Transaction ID: SE002
Date of Disbursement or Obligation 10/21/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 6780543.96

(a) SUBTOTAL of Itemized Independent Expenditures 4025000.00
(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.

Signature Wojciechowski, Maria, ,

[Electronically Filed]

Date 12/08/2016



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Future45
FEC IDENTIFICATION NUMBER C C00574533

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

Full Name of Payee McCarthy Hennings Whalen
Mailing Address 1850 M Street NW Suite 235
City Washington State DC Zip Code 20036
Purpose of Expenditure Media production Category/Type 004
Date of Public Distribution/Dissemination 10/22/2016
Amount 22135.58
Transaction ID: SE003
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 6802679.54

Full Name of Payee McCarthy Hennings Whalen
Mailing Address 1850 M Street NW Suite 235
City Washington State DC Zip Code 20036
Purpose of Expenditure Media production Category/Type 004
Date of Public Distribution/Dissemination 10/22/2016
Amount 26545.73
Transaction ID: SE004
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 6829225.27

(a) SUBTOTAL of Itemized Independent Expenditures 48681.31
(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.

Signature Wojciechowski, Maria, ,

[Electronically Filed]

Date 12/08/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee: DDC
Mailing Address: 805 15th Street, NW Suite 300
City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Media placement Category/Type: 004
Name of Federal Candidate: Clinton, Hillary, , , Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate State:
Calendar Year-To-Date Per Election for Office Sought: 7629225.27
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

Full Name of Payee: Mentzer Media Services
Mailing Address: 210 W. Pennsylvania Ave. Suite 250
City: Towson State: MD Zip Code: 21204
Purpose of Expenditure: Media placement Category/Type: 004
Name of Federal Candidate: Clinton, Hillary, , , Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate State:
Calendar Year-To-Date Per Election for Office Sought: 8814225.27
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 1985000.00
(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.

Signature: Wojciechowski, Maria, , ,

[Electronically Filed]

Date: 12 / 08 / 2016

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

NAME OF COMMITTEE (In Full) <b>Future45</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00574533
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Univision Communications</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>P.O. Box 189</b>		Amount <input type="text"/> 6000.00
City <b>Teaneck</b>	State <b>NJ</b>	
Purpose of Expenditure <b>Media production</b>	Category/Type <input type="text"/> 004	Transaction ID : <b>SE007</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8820225.27		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 <b>Bohemian Sound</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>21 Catalonia Ave. Suite 100</b>		Amount <input type="text"/> 1000.00
City <b>Coral Gables</b>	State <b>FL</b>	
Purpose of Expenditure <b>Media production</b>	Category/Type <input type="text"/> 004	Transaction ID : <b>SE008</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8821225.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 7000.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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

*Wojciechowski, Maria, , ,*

**[Electronically Filed]**

Date

12 /  08 /  2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Future45</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; padding: 2px;">C</span> C00574533             </div>
--	---

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Interface Media Group</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 29 / 2016</span>			
Mailing Address 1233 20th Street NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3269.01</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20036</td> </tr> </table>		City Washington	State DC	Zip Code 20036
City Washington		State DC	Zip Code 20036	
Purpose of Expenditure Media production				
Name of Federal Candidate: Clinton, Hillary, , ,	<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: _____    State: _____			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">8824494.28</div>				

Full Name of Payee <input type="checkbox"/> Memo Item <b>DDC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11 / 01 / 2016</span>			
Mailing Address 805 15th Street, NW Suite 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">77984.40</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20005</td> </tr> </table>		City Washington	State DC	Zip Code 20005
City Washington		State DC	Zip Code 20005	
Purpose of Expenditure Phone calls				
Name of Federal Candidate: Clinton, Hillary, , ,	<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: _____    State: _____			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">8902478.68</div>				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">81253.41</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Wojciechowski, Maria, , ,

*[Electronically Filed]*

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee DDC
Mailing Address 805 15th Street, NW Suite 300
City Washington State DC Zip Code 20005
Purpose of Expenditure Media placement Category/Type 004
Name of Federal Candidate: Clinton, Hillary, , ,
Calendar Year-To-Date Per Election for Office Sought 9077478.68
Disbursement For: General 2016

Full Name of Payee McCarthy Hennings Whalen
Mailing Address 1850 M Street NW Suite 235
City Washington State DC Zip Code 20036
Purpose of Expenditure Media production Category/Type 004
Name of Federal Candidate: Clinton, Hillary, , ,
Calendar Year-To-Date Per Election for Office Sought 9102934.80
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 200456.12
(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.

Wojciechowski, Maria, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee: Del Cielo Media
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 3500000.00
Transaction ID: SE013
Date of Disbursement or Obligation: 10/24/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate
District: State:
Calendar Year-To-Date Per Election for Office Sought: 12602934.80
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

Full Name of Payee: DDC
Mailing Address: 805 15th Street, NW, Suite 300, Washington, DC 20005
Purpose of Expenditure: Phone calls
Category/Type: 004
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 181250.40
Transaction ID: SE014
Date of Disbursement or Obligation: 11/01/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate
District: State:
Calendar Year-To-Date Per Election for Office Sought: 12784185.20
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 3681250.40
(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.

Signature: Wojciechowski, Maria, ,

[Electronically Filed]

Date: 12/08/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee DDC
Mailing Address 805 15th Street, NW Suite 300
City Washington State DC Zip Code 20005
Purpose of Expenditure Media placement Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 1482780.00
Transaction ID: SE015
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee DDC
Mailing Address 805 15th Street, NW Suite 300
City Washington State DC Zip Code 20005
Purpose of Expenditure Phone calls Category/Type 004
Date of Public Distribution/Dissemination 11/02/2016
Amount 182334.92
Transaction ID: SE016
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1665114.92
(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.

Signature Wojciechowski, Maria, ,

[Electronically Filed]

Date 12/08/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee: Del Cielo Media
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 7000000.00
Transaction ID: SE017
Date of Disbursement or Obligation: 11/01/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

Full Name of Payee: Madison McQueen
Mailing Address: 135 Richmond Street, El Segundo, CA 90245
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 11/02/2016
Amount: 500000.00
Transaction ID: SE018
Date of Disbursement or Obligation: 11/02/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support: [ ] Oppose: [x]
Office Sought: [x] President [ ] House [ ] Senate
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 7500000.00
(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.

Signature: Wojciechowski, Maria, ,

[Electronically Filed]

Date: 12/08/2016



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee
McCarthy Hennings Whalen
Mailing Address
1850 M Street NW
Suite 235
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
Media production
Category/Type
004
Date of Public Distribution/Dissemination
11 / 02 / 2016
Amount
98504.74
Transaction ID : SE019
Date of Disbursement or Obligation
11 / 03 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Oppose
Office Sought:
President
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
22047804.86
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Liquidus Marketing
Mailing Address
372 W. Ontario
Suite 400
City
Chicago State
IL Zip Code
60654
Purpose of Expenditure
Media placement
Category/Type
004
Date of Public Distribution/Dissemination
11 / 03 / 2016
Amount
100000.00
Transaction ID : SE020
Date of Disbursement or Obligation
11 / 03 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Oppose
Office Sought:
President
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
22147804.86
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
198504.74
(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.

Wojciechowski, Maria, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Future45</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00574533
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>Madison McQueen</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 135 Richmond Street			Amount <input type="text"/>		
City El Segundo	State CA	Zip Code 90245	Transaction ID : <b>SE021</b>		
Purpose of Expenditure Media production		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Clinton, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			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 <b>Mentzer Media Services</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 210 W. Pennsylvania Ave. Suite 250			Amount <input type="text"/>		
City Towson	State MD	Zip Code 21204	Transaction ID : <b>SE022</b>		
Purpose of Expenditure Newspaper ad		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Clinton, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

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

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

Wojciechowski, Maria, , ,

*[Electronically Filed]*

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee DDC
Mailing Address 805 15th Street, NW Suite 300
City Washington State DC Zip Code 20005
Purpose of Expenditure Media production Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 10500.00
Transaction ID: SE023
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 22164904.86

Full Name of Payee Del Cielo Media
Mailing Address 1427 Leslie Avenue Suite 102
City Alexandria State VA Zip Code 22301
Purpose of Expenditure Media placement Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 1100000.00
Transaction ID: SE024
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 23264904.86

(a) SUBTOTAL of Itemized Independent Expenditures 1110500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Signature Wojciechowski, Maria, ,

[Electronically Filed]

Date 12/08/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

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

Full Name of Payee Cold Harbor Films
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media production
Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 15574.00
Transaction ID: SE025
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 23280478.86

Full Name of Payee Rebuilding America Now
Ultimate Vendor-Cold Harbor Films
Mailing Address P.O. Box 26141
City Alexandria State VA Zip Code 22313
Purpose of Expenditure In-kind media production
Category/Type 004
Date of Public Distribution/Dissemination 11/04/2016
Amount 41000.00
Transaction ID: SE026
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate: Clinton, Hillary, ,
Support Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought 23321478.86

(a) SUBTOTAL of Itemized Independent Expenditures 56574.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Signature Wojciechowski, Maria, ,

[Electronically Filed]

Date 12/08/2016

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

NAME OF COMMITTEE (In Full) <b>Future45</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; padding: 0 2px;">C</span> C00574533             </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 <b>Spot Xchange</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>		
Mailing Address 11030 CirclePoint Rd.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>		
City Westminster	State CO	Zip Code 80080	<b>Transaction ID : SE027</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Purpose of Expenditure Media placement			Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, , ,			<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: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">23421478.86</div>					

Full Name of Payee <input type="checkbox"/> Memo Item <b>McCarthy Hennings Whalen</b>			Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 06 / 2016</div>		
Mailing Address 1850 M Street NW Suite 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9259.61</div>		
City Washington	State DC	Zip Code 20036	<b>Transaction ID : SE028</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>		
Purpose of Expenditure Media production			Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, , ,			<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: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">23430738.47</div>					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">109259.61</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Wojciechowski, Maria, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Future45</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; padding: 0 2px;">C</span> C00574533             </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 <b>McCarthy Hennings Whalen</b>	Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>
Mailing Address 1850 M Street NW Suite 235	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15466.74</div>
City Washington State DC Zip Code 20036	
Purpose of Expenditure Media production Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	
Name of Federal Candidate: Clinton, Hillary, , , <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: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">23446205.21</span>	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 <b>Del Cielo Media</b>	Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 08 / 2016</div>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">200000.00</div>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure Media placement Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	
Name of Federal Candidate: Clinton, Hillary, , , <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: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">23646205.21</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">215466.74</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>

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*Wojciechowski, Maria, , ,*  
Signature

**[Electronically Filed]**

Date M M / D D / Y Y Y Y Y Y  

12 / 08 / 2016

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

NAME OF COMMITTEE (In Full) <b>Future45</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00574533
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>DDC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 805 15th Street, NW Suite 300	Amount <input type="text"/> 23431.01 <b>Transaction ID : SE031</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20005	
Purpose of Expenditure Phone calls Category/Type <input type="text"/> 004	
Name of Federal Candidate: Clinton, Hillary, , , <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: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 23669636.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DDC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 805 15th Street, NW Suite 300	Amount <input type="text"/> 23431.00 <b>Transaction ID : SE032</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Washington State DC Zip Code 20006	
Purpose of Expenditure Phone calls Category/Type <input type="text"/> 004	
Name of Federal Candidate: Trump, Donald, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 23693067.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 46862.01
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/> 20937523.26

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Wojciechowski, Maria, , ,

*[Electronically Filed]*

Date

/  /

Signature