

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
Stop Hillary PAC

ADDRESS (number and street) 203 South Union Street
Ste 300
 Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00544767 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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 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 Dan Backer

Signature of Treasurer Dan Backer [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 19 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Stop Hillary PAC

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"/>		116420.64
(b) Cash on Hand at Beginning of Reporting Period.....	62330.71	
(c) Total Receipts (from Line 19)	25978.52	158982.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88309.23	275403.07
7. Total Disbursements (from Line 31).....	40390.71	227484.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47918.52	47918.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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. 06/2004)

Write or Type Committee Name

Stop Hillary PAC

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).....	0.00	500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	500.00
(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)	0.00	500.00
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	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.).....	25978.52	158482.43
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))..... ▶	25978.52	158982.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25978.52	158982.43

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	0.00	28340.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	28340.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	12129.38	60645.94
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	34507.06
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	929.05	1701.05
(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)).....	929.05	1701.05
29. Other Disbursements	27332.28	100289.58
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)) ..	40390.71	227484.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40390.71	227484.55

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)	0.00	500.00
34. Total Contribution Refunds (from Line 28(d))	929.05	1701.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-929.05	-1201.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	28340.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	28340.92

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This Committee responds to the August 15, 2016 RFAI concerning the Committee's May monthly report, with response due September 19, 2016, as follows: 1. Due to normal fluctuations in Committee program activity, expenditures included in monthly estimates are occasionally different from the estimated amount, or are never actually made. In cases where an expenditure is never made, that is, where the actual amount spent is \$0.00, the Committee does not include it on Schedule E of the corresponding periodic report. The expenditures at issue here were never actually made, and so have not been included on Schedule E of this report. 2. This report has been amended to properly disclose Carey account expenditures on line 29, instead of line 21(b).

Form/Schedule:
Transaction ID:

**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 24
<input 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 checked="" 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)
Stop Hillary PAC

A. EDWIN ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6337 GLEN HOLLOW DR.
City LIBERTY TWP State OH Zip Code 45011-0442
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 04 / 13 / 2016
Transaction ID : SA17.269221
Amount of Each Receipt this Period 10.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. EDWIN ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6337 GLEN HOLLOW DR.
City LIBERTY TWP State OH Zip Code 45011-0442
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 04 / 12 / 2016
Transaction ID : SA17.269270
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. GAIL ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 416 UNION AVENUE
City SARATOGA SPRINGS State NY Zip Code 12866-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 04 / 11 / 2016
Transaction ID : SA17.269196
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
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 8 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. GAIL ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS State NY Zip Code 12866-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA17.269278

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. GAIL ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS State NY Zip Code 12866-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA17.279765

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. ALBERT R. BRESNIK
Full Name (Last, First, Middle Initial)

Mailing Address 2224 24TH STREET

City SANTA MONICA State CA Zip Code 90405-1811

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2016

Transaction ID : SA17.269130

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 9 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. TOD CARSON

Mailing Address 1260 N WETHERLY DRIVE

City State Zip Code
LOS ANGELES CA 90069-1816

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

Name of Employer Occupation
SELF MERCHANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SA17.279764

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. CURT COOPER

Mailing Address 2460 WHITE OAK PLACE

City State Zip Code
DANVILLE CA 94506-2040

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 05 / 2016

Transaction ID : SA17.269177

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. JACK DONEY

Mailing Address 310 SOUTHWEST SECOND ST
SUITE 201

City State Zip Code
MIAMI OK 74354-

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

Name of Employer Occupation
SELF MEDICAL DOCTOR

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 / 05 / 2016

Transaction ID : SA17.269197

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. CHRISTY GREEN
Full Name (Last, First, Middle Initial)
Mailing Address 506 CHRISTINE DRIVE
City VACAVILLE State CA Zip Code 95687-4339
FEC ID number of contributing federal political committee. **C**
Name of Employer SOLANO COMMUNITY COLLEGE Occupation CHEMISTRY LAB TECHNICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 05 / 2016
Transaction ID : SA17.269140
Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. BRUCE JAMIESON
Full Name (Last, First, Middle Initial)
Mailing Address 8600 SKYLINE DR. APT 1225
City DALLAS State TX Zip Code 75243-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2016
Transaction ID : SA17.269186
Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. YVONNE KOEHNEN
Full Name (Last, First, Middle Initial)
Mailing Address 3191 HIGHWAY 45
City GLENN State CA Zip Code 95943-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 05 / 2016
Transaction ID : SA17.268589
Amount of Each Receipt this Period 10.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. KRISTINE KRUEGER

Mailing Address 8170 JOHN PECTOL ROAD

City State Zip Code
GEORGETOWN IN 47122-9705

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

Name of Employer Occupation
UNIVERSITY OF LOUISVILLE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 05 / 2016

Transaction ID : SA17.269175

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. ANNE. C. MILLER

Mailing Address 35 EAST 75 ST
7A

City State Zip Code
NEW YORK NY 10021-2762

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

Name of Employer Occupation
RETIRED RETIRED

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 / 19 / 2016

Transaction ID : SA17.279766

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. TERRY MOORE

Mailing Address 305 MONARC COVE

City State Zip Code
CEDAR PARK TX 78613-2106

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

Name of Employer Occupation
MOORE AND ASSOC. SELF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA17.280785

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
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 12 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. MICHAEL ROOZEN
Full Name (Last, First, Middle Initial)

Mailing Address 453 SILVER SHADOW DRIVE

City SAN MARCOS	State CA	Zip Code 92078-4457
--------------------	-------------	------------------------

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

Name of Employer OWNER/RUBBERSTAMPCHAMP.COM	Occupation BUSINESS OWNER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA17.269194

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LEO SANDS
Full Name (Last, First, Middle Initial)

Mailing Address 3223 PERRY ST

City DENVER	State CO	Zip Code 80212-
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA17.269065

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LAUREN SIMEK
Full Name (Last, First, Middle Initial)

Mailing Address 3100 N. BROOK HILLS DRIVE

City GREEN BAY	State WI	Zip Code 54313-8280
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2016

Transaction ID : SA17.269195

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	540.00
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 13 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. RICHARD SMYTHE
Full Name (Last, First, Middle Initial)

Mailing Address 1131 RAMILLO AVE

City LONG BEACH State CA Zip Code 90815-4353

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

Name of Employer SELF Occupation RETAILER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 05 / 2016
Transaction ID : SA17.269178

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. DENNIS TEUFEL
Full Name (Last, First, Middle Initial)

Mailing Address P.O.BOX 5596

City SCOTTSDALE State AZ Zip Code 85261-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 05 / 2016
Transaction ID : SA17.269133

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JOHN F. THOMAS
Full Name (Last, First, Middle Initial)

Mailing Address 707 MAIDEN CHOICE LANE APT 8-107

City CATONSVILLE State MD Zip Code 21228-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 05 / 2016
Transaction ID : SA17.269172

Amount of Each Receipt this Period 75.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 14 OF 24
	<input 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 checked="" 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)
Stop Hillary PAC

A. JOHN F. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 MAIDEN CHOICE LANE
 APT 8-107
 City CATONSVILLE State MD Zip Code 21228-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2016
Transaction ID : SA17.269253
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. JOHN F. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 MAIDEN CHOICE LANE
 APT 8-107
 City CATONSVILLE State MD Zip Code 21228-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2016
Transaction ID : SA17.269254
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LES TROUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 E PINNACLE PEAK RD
 LOT 91
 City PHOENIX State AZ Zip Code 85050-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2016
Transaction ID : SA17.268921
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 15 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. LEE TUTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
04 / 05 / 2016
Transaction ID : SA17.268858

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. LEE TUTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
04 / 12 / 2016
Transaction ID : SA17.269250

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. LEE TUTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 4718 HALLMARK DR.
102

City HOUSTON State TX Zip Code 77056-3909

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

Name of Employer SELF Occupation 54909924

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
04 / 20 / 2016
Transaction ID : SA17.279732

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 16 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. EDWARD V. WEBER
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-1165

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

Name of Employer SELF Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2016

Transaction ID : SA17.269236

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. EDWARD V. WEBER
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 1165

City PORT EWEN State NY Zip Code 12466-1165

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

Name of Employer SELF Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA17.280779

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. KARRIE WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 14 E 75TH ST
7E

City NEW YORK State NY Zip Code 10021-2625

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

Name of Employer SELF Occupation SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2016

Transaction ID : SA17.268842

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	4465.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I83979

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: ONLINE VOTER CONTACT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2016

Transaction ID : SB29.I84021

Amount of Each Disbursement this Period

14370.69

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: LEGAL AND COMPLIANCE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SB29.I83981

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

21370.69

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : **SB29.I83982**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSH DELANO

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : **SB29.I84019**

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : **SB29.I84020**

Amount of Each Disbursement this Period

750.00

Memo Item

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

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

1500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SB29.I83819

Amount of Each Disbursement this Period

329.62

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I83820

Amount of Each Disbursement this Period

89.40

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I83821

Amount of Each Disbursement this Period

2638.67

Memo Item

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

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

3057.69

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SB29.I83924

Amount of Each Disbursement this Period

585.35

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: CHARGEBACK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SB29.I83925

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SB29.I83932

Amount of Each Disbursement this Period

218.55

Memo Item

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

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

903.90

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. VICTORY SIGNS AND GRAPHICS

Mailing Address 4306 ABRIGADOR TRAIL NE

City State Zip Code
COMSTOCK PARK MI 49321

Purpose of Disbursement
CAREY ACCT: ONLINE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
04 / 12 / 2016

Transaction ID : SB29.I83977

Amount of Each Disbursement this Period

500.00

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

M M / D D / Y Y Y Y

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

500.00

27332.28

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee AMERICAN ACTION NEWS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016
Mailing Address 203 S UNION ST SUITE 300	Amount 530.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.82462 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 04 / 2016
Purpose of Expenditure APRIL ONLINE ADVERTISING FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON <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 60645.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 516.60
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.83822 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016
Purpose of Expenditure APRIL LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON <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 60645.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1046.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

DAN BACKER [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 1071.53
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure APRIL EXTERNAL DEPLOYMENT COSTS	Category/Type
Name of Federal Candidate HILLARY CLINTON <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 60645.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 18 / 2016
Mailing Address 117 N. SAINT ASAPH ST	Amount 11.25
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure APRIL LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON <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 60645.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1082.78
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

DAN BACKER [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Stop Hillary PAC	FEC IDENTIFICATION NUMBER ▼ C C00544767
--	--

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 POLITICAL LIST BROKERS LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016
Mailing Address 107 S WEST ST PMB 826	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314-2824	
Purpose of Expenditure APRIL LIST RENTAL FEES	Category/Type
Name of Federal Candidate HILLARY CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 04 / 2016
Name of Federal Candidate HILLARY CLINTON	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
60645.94	2016

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Name of Federal Candidate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	12129.38

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.

DAN BACKER [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Signature