

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

X

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
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

State

(d) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY 07 / 01 / 2015

through

MM / DD / YYYY 12 / 31 / 2015

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

MM / DD / YYYY 01 / 31 / 2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/> | <input type="text" value="25872.09"/> | <input type="text" value="25872.09"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="203658.01"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="464000.83"/> | <input type="text" value="1262142.59"/> |
| (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="667658.84"/> | <input type="text" value="1288014.68"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="399711.04"/> | <input type="text" value="1010066.88"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="267947.80"/> | <input type="text" value="277947.80"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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. 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)..... | 1600.00 | 22155.00 |
| (ii) Unitemized | 8329.70 | 102648.54 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 9929.70 | 124803.54 |
| (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) | 9929.70 | 124803.54 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 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.)..... | 454071.13 | 1137339.05 |
| 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))..... ▶ | 464000.83 | 1262142.59 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 464000.83 | 1262142.59 |

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 | 7931.85 | 104195.30 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 7931.85 | 104195.30 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 25.00 | 25.00 |
| 24. Independent Expenditures (use Schedule E) | 206006.00 | 252656.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 6000.00 | 6000.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 745.00 | 7090.00 |
| (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))..... | 745.00 | 7090.00 |
| 29. Other Disbursements | 179003.19 | 640100.58 |
| 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)) .. | 399711.04 | 1010066.88 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 399711.04 | 1010066.88 |

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) | 9929.70 | 124803.54 |
| 34. Total Contribution Refunds (from Line 28(d)) | 745.00 | 7090.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9184.70 | 117713.54 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 7931.85 | 104195.30 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 7931.85 | 104195.30 |

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

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

FOR LINE NUMBER: PAGE 6 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. ROBERT GARTHWAIT

Mailing Address P.O. BOX 1367

City WATERBURY State CT Zip Code 06721

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

Name of Employer Occupation
CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11A.18868

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. ALVAN SHANE

Mailing Address 2270 N EUCLID AVE

City UPLAND State CA Zip Code 91784

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

Name of Employer Occupation
SELF / BUSINESS MANAGEMENT TAX ACCOUNTANT
ASSOCIATES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11A.18796

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. WILLIAM WILSON

Mailing Address P.O. BOX 2183

City GRAND JUNCTION State CO Zip Code 81502

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11A.18597

Amount of Each Receipt this Period
1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1600.00 |
| TOTAL This Period (last page this line number only).....▶ | 1600.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 69 |
| <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 ABBETT
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 65

City GRELTON State OH Zip Code 43523

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

Name of Employer READING SCHOOL DISTRICT Occupation RETIRED TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : SA17.34580

Amount of Each Receipt this Period
 250.00

CAREY CONTRIBUTION

B. BOB BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 117 E PONDEROSA LN

City PHOENIX State AZ Zip Code 85022

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 M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA17.29367

Amount of Each Receipt this Period
 250.00

CAREY CONTRIBUTION

C. LON BENTSEN
Full Name (Last, First, Middle Initial)

Mailing Address 43 WOLF RIDGE DRIVE

City HOLLAND State OH Zip Code 43528

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

Name of Employer SELF Occupation TEACHER & HEALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : SA17.34583

Amount of Each Receipt this Period
 1000.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 69 |
| <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. YVONNE BERRY
Full Name (Last, First, Middle Initial)

Mailing Address 1019 VAN SICLEN AVE APT 5J

| | | |
|------------------|-------------|-------------------|
| City BROOKLYN | State NY | Zip Code 11207 |
|------------------|-------------|-------------------|

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 M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2015 |

Transaction ID : SA17.18997

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

CAREY CONTRIBUTION

B. JACQUELINE BIGLOW
Full Name (Last, First, Middle Initial)

Mailing Address 7 FIFTH ST

| | | |
|------------------------|-------------|-------------------|
| City EAST BRUNSWICK | State NJ | Zip Code 08816 |
|------------------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------------|
| Name of Employer SELF | Occupation ARTIST,DESIGNER |
|--------------------------|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 16 | / | 2015 |

Transaction ID : SA17.20737

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

CAREY CONTRIBUTION

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

Mailing Address 3801 ST. ANDREWS CT.

| | | |
|-----------------|-------------|-------------------|
| City MIDLAND | State TX | Zip Code 79707 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------------|---------------------------------------|
| Name of Employer SELF EMPLOYD | Occupation COPYWRITER & CONSULTANT |
|----------------------------------|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 09 | / | 2015 |

Transaction ID : SA17.35982

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

CAREY CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 625.00 |
| 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 69 |
| <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. JEFF BLIESMER
Full Name (Last, First, Middle Initial)
Mailing Address 711 PLAYER CT
City CONROE State TX Zip Code 77302
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation ENGINEER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt: 10 / 06 / 2015
Transaction ID : SA17.28057
Amount of Each Receipt this Period: 250.00
CAREY CONTRIBUTION

B. EUGENE BURBACKI
Full Name (Last, First, Middle Initial)
Mailing Address 17514 ADOBE ST
City HESPERIA State CA Zip Code 92345
FEC ID number of contributing federal political committee. **C**
Name of Employer DR. EUGENE BURBACKI FAMILY Occupation DENTIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt: 08 / 25 / 2015
Transaction ID : SA17.30809
Amount of Each Receipt this Period: 250.00
CAREY CONTRIBUTION

C. ANDREW BURTON
Full Name (Last, First, Middle Initial)
Mailing Address 6460 PEPPERDINE CIR
City MOORPARK State CA Zip Code 93021
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt: 08 / 24 / 2015
Transaction ID : SA17.31132
Amount of Each Receipt this Period: 250.00
CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 69 |
| <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. LEE CAUDILL

Mailing Address 12477 SPRING CREEK RD

| | | |
|------------------|-------------|-------------------|
| City MOORPARK | State CA | Zip Code 93021 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------------------|---------------------------|
| Name of Employer COLDWELL BANKER | Occupation REAL ESTATE |
|-------------------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 24 | / | 2015 |

Transaction ID : SA17.31131

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PAUL CHAPLA

Mailing Address 9009 HICKSVILLE-EDGERTON ROAD

| | | |
|--------------------|-------------|-------------------|
| City HICKSVILLE | State OH | Zip Code 43526 |
|--------------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------------------|
| Name of Employer SELF | Occupation REAL ESTATE DEVELMENT |
|--------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 23 | / | 2015 |

Transaction ID : SA17.34582

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. PEGGY CHRISTENSEN

Mailing Address 600 W 14 TH ST

| | | |
|-----------------|-------------|-------------------|
| City ASHLAND | State WI | Zip Code 54806 |
|-----------------|-------------|-------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer ONE HUSBAND, ONE DARLING DACHSHUNC | Occupation ENJOYING RETIREMENT |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 23 | / | 2015 |

Transaction ID : SA17.25942

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 69 |
| <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. FRANCIS COLEMAN

Mailing Address 17514 ADOBE ST

| | | |
|------------------|-------------|-------------------|
| City HESPERIA | State CA | Zip Code 92345 |
|------------------|-------------|-------------------|

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

| | |
|------------------------------|-----------------------|
| Name of Employer WAS SELF | Occupation RETIRED |
|------------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 25 | / | 2015 |

Transaction ID : SA17.30810

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LANCE COLVIN

Mailing Address 1420 FRONT ST E

| | | |
|-----------------|-------------|-------------------|
| City ASHLAND | State WI | Zip Code 54806 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------|--------------------|
| Name of Employer RETIRED | Occupation NONE |
|-----------------------------|--------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 23 | / | 2015 |

Transaction ID : SA17.25943

Amount of Each Receipt this Period
1000.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. GARY COMPTON

Mailing Address P.O. BOX 1933

| | | |
|----------------------|-------------|-------------------|
| City OCEAN SHORES | State WA | Zip Code 98569 |
|----------------------|-------------|-------------------|

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

| | |
|-----------------------|-----------------------|
| Name of Employer # | Occupation RETIRED |
|-----------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 07 | / | 2015 |

Transaction ID : SA17.32512

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| 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 69 |
| <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. RONALD CRANE
Full Name (Last, First, Middle Initial)
Mailing Address 320 DONEGAL WAY

| | | |
|------------------|-------------|-------------------|
| City MARTINEZ | State CA | Zip Code 94553 |
|------------------|-------------|-------------------|

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

| | |
|-----------------------------------|--------------------------|
| Name of Employer SELF EMPLOYED | Occupation CONSULTANT |
|-----------------------------------|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 17 | / | 2015 |

Transaction ID : SA17.31481

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

B. FRED DELLO-STRITTO
Full Name (Last, First, Middle Initial)
Mailing Address 421 CONIL WAY

| | | |
|------------------------|-------------|-------------------|
| City PORTOLA VALLEY | State CA | Zip Code 94028 |
|------------------------|-------------|-------------------|

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

| | |
|-----------------------------|--------------------------------|
| Name of Employer RETIRED | Occupation ENGINEER/MANAGER |
|-----------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 18 | / | 2015 |

Transaction ID : SA17.31385

Amount of Each Receipt this Period
300.00

CAREY CONTRIBUTION

C. RICHARD DELONG
Full Name (Last, First, Middle Initial)
Mailing Address W184S8588 DENICE CT S

| | | |
|-----------------|-------------|-------------------|
| City MUSKEGO | State WI | Zip Code 53150 |
|-----------------|-------------|-------------------|

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 29 | / | 2015 |

Transaction ID : SA17.25843

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

| | |
|--|---------|
| 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 13 OF 69 |
| <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. DAVID DRIVER
Full Name (Last, First, Middle Initial)

Mailing Address 9009 HICKSVILLE EDGERTON ROAD

| | | |
|--------------------|-------------|-------------------|
| City HICKSVILLE | State OH | Zip Code 43526 |
|--------------------|-------------|-------------------|

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

| | |
|------------------------|-----------------------|
| Name of Employer NA | Occupation RETIRED |
|------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 23 | / | 2015 |

Transaction ID : SA17.34581

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

B. PATRECIA DUFF
Full Name (Last, First, Middle Initial)

Mailing Address 307 S. MONTGOMERY STREET

| | | |
|--------------|-------------|-------------------|
| City OAJI | State CA | Zip Code 93023 |
|--------------|-------------|-------------------|

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 24 | / | 2015 |

Transaction ID : SA17.31133

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

C. LOIS EDGERLY
Full Name (Last, First, Middle Initial)

Mailing Address 32 HIGHLAND ST

| | | |
|-------------------|-------------|-------------------|
| City CAMBRIDGE | State MA | Zip Code 02138 |
|-------------------|-------------|-------------------|

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 M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 14 | / | 2015 |

Transaction ID : SA17.18980

Amount of Each Receipt this Period
100.00

CAREY CONTRIBUTION

| | |
|--|--------|
| 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: PAGE 14 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. DENNIS FEDORKO

Mailing Address P.O. BOX 265

City State Zip Code
LEXINGTON GA 30648

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

Name of Employer Occupation
SELF-EMPLOYED CARPENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2015
Transaction ID : SA17.23105

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LAWRENCE FILOSA

Mailing Address 1201 E MADISON

City State Zip Code
EL CAJON CA 92021

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

Name of Employer Occupation
GM RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : SA17.36667

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ALAN FISKE

Mailing Address 950 VACATIONLAND DR.

City State Zip Code
CINCINNATI OH 45231

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 M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA17.34648

Amount of Each Receipt this Period
1000.00

CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 69 |
| <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. MARGARET GARCIA
Full Name (Last, First, Middle Initial)
Mailing Address 53 SHORELINE DR.
City FLORENCE State OR Zip Code 97439
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 13 / 2015
Transaction ID : SA17.32182
Amount of Each Receipt this Period 250.00
CAREY CONTRIBUTION

B. SCOTT GOBLE
Full Name (Last, First, Middle Initial)
Mailing Address 54 KEITH ST
City WEST ROXBURY State MA Zip Code 02132
FEC ID number of contributing federal political committee. **C**
Name of Employer ARAMARK Occupation ROUTE SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA17.20139
Amount of Each Receipt this Period 500.00
CAREY CONTRIBUTION

C. MARIETTA S. GUEVARA
Full Name (Last, First, Middle Initial)
Mailing Address 4810 RUSTIC TRAIL
City MIDLAND State TX Zip Code 79707
FEC ID number of contributing federal political committee. **C**
Name of Employer SMITH BROTHERS HOBBY Occupation SECRETARY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 09 / 2015
Transaction ID : SA17.35981
Amount of Each Receipt this Period 250.00
CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 16 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. GEORGE P HALL
 Mailing Address 103 N BUXTON
 City INDIANOLA State IA Zip Code 50125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NONE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA17.25701
 Amount of Each Receipt this Period
 250.00
 CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. SHARLYN HOWARD
 Mailing Address 1950 OAKWOOD AVE
 City SIERRA MADRE State CA Zip Code 91024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : SA17.30306
 Amount of Each Receipt this Period
 250.00
 CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MARCIA JARECKI
 Mailing Address 406 PINE CREEK DR.
 City FRIENDSWOOD State TX Zip Code 77546
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA17.28219
 Amount of Each Receipt this Period
 1000.00
 CAREY CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 17 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. CAROL JENKINS

Mailing Address 2910 WILDERNESS BLVD. E.

City State Zip Code
PARRISH FL 34219

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : SA17.24105

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PETER JENSEN

Mailing Address 1796 BRAGG ST.

City State Zip Code
BROOKHAVEN GA 30341

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

Name of Employer Occupation
NA RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA17.33859

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. V. RICHARD JENSEN

Mailing Address P O BOX 65

City State Zip Code
GRELTON OH 43523

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

Name of Employer Occupation
RETIRED REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA17.34579

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 18 OF 69 |
| <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. ROBERT JOHNSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 S MAIN ST
 City State Zip Code
 BIG SPRING TX 79720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 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
 07 / 09 / 2015
Transaction ID : SA17.35983
 Amount of Each Receipt this Period
 250.00
 CAREY CONTRIBUTION

B. TOM JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 OAKWOOD AVE
 City State Zip Code
 SIERRA MADRE CA 91024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STIFEL STOCKBROKER
 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
 08 / 27 / 2015
Transaction ID : SA17.30307
 Amount of Each Receipt this Period
 250.00
 CAREY CONTRIBUTION

C. RICHARD KISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 342 FLORES COURT
 City State Zip Code
 PACHECO CA 94553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RE-TIRED
 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
 08 / 17 / 2015
Transaction ID : SA17.31482
 Amount of Each Receipt this Period
 250.00
 CAREY CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 19 OF 69 |
| <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. PETER M. KNISKERN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4209 PENNLIN AVE.
 APT. 2
 City KETTERING State OH Zip Code 45429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.A. Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2015
Transaction ID : SA17.25107
 Amount of Each Receipt this Period 500.00
 CAREY CONTRIBUTION

B. LESTER KNOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 583 W 17TH ST.
 1
 City SAN PEDRO State CA Zip Code 90731
 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 ▼ 500.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA17.30262
 Amount of Each Receipt this Period 500.00
 CAREY CONTRIBUTION

C. C TOWNLEY LARZELERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 ORKNEY ROAD
 UNIT 2
 City BRIGHTON State MA Zip Code 02135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE WHITNEY GROUP Occupation REAL ESTATE CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA17.20140
 Amount of Each Receipt this Period 500.00
 CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 20 OF 69 |
| <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. MARK LIDDIARD
Full Name (Last, First, Middle Initial)

Mailing Address 221 S. BUSCH PL.

City TUCSON State AZ Zip Code 85710

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

Name of Employer ENGINEERING TECHNOLOGY CORP. Occupation ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA17.29664

Amount of Each Receipt this Period 2500.00

CAREY CONTRIBUTION

B. LOUISE LIONCOLN
Full Name (Last, First, Middle Initial)

Mailing Address 388 PINECREST RD NE

City ATLANTA State GA Zip Code 30342

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

Name of Employer MITOU A LEMAIRE,DDS Occupation LPN & OFFICE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA17.33860

Amount of Each Receipt this Period 250.00

CAREY CONTRIBUTION

C. KATHERINE LOERCH
Full Name (Last, First, Middle Initial)

Mailing Address 136 MARYLAND AVE.

City SOMERSET State MA Zip Code 02726

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA17.20207

Amount of Each Receipt this Period 500.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3250.00 |
| 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 21 OF 69 |
| <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. CYNTHIA LOEWEN
Full Name (Last, First, Middle Initial)

Mailing Address 75-146 LUNAPULE RD
APT A

City KAILUA KONA State HI Zip Code 96740

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

Name of Employer Occupation
)))))) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : SA17.37152

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

B. DORIS AND NORBERT LUSTINE
Full Name (Last, First, Middle Initial)

Mailing Address 5456 GRANTLAND DR.

City DAYTON State OH Zip Code 45429

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA17.25108

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

C. GERALD MAGGIACOMO
Full Name (Last, First, Middle Initial)

Mailing Address 4739 ARIES DRIVE

City EL PASO State TX Zip Code 79924

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

Name of Employer Occupation
SELF AUTO MECHANIC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA17.28645

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 22 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. JON MANDELL

Mailing Address 1987 CO RD 1400 N

City State Zip Code
ST. JOSEPH IL 61873

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

Name of Employer Occupation
SELF RETIRED CHIROPRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA17.26571

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. CHARLES MANN

Mailing Address 4854 ELK CITY RD.

City State Zip Code
TOLEDO OR 97391

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA17.32168

Amount of Each Receipt this Period
100.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CHARLES MANN

Mailing Address 4854 ELK CITY RD.

City State Zip Code
TOLEDO OR 97391

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA17.32169

Amount of Each Receipt this Period
100.00

CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 23 OF 69 |
| <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. CHARLES MANN
Full Name (Last, First, Middle Initial)
Mailing Address 4854 ELK CITY RD.
City TOLEDO State OR Zip Code 97391
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 08 / 13 / 2015
Transaction ID : SA17.32170
Amount of Each Receipt this Period 100.00
CAREY CONTRIBUTION

B. CHARLES MANN
Full Name (Last, First, Middle Initial)
Mailing Address 4854 ELK CITY RD.
City TOLEDO State OR Zip Code 97391
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 08 / 13 / 2015
Transaction ID : SA17.32171
Amount of Each Receipt this Period 100.00
CAREY CONTRIBUTION

C. APRIL MANZANO
Full Name (Last, First, Middle Initial)
Mailing Address 711 PLAYER CT
City CONROE State TX Zip Code 77302
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 06 / 2015
Transaction ID : SA17.28056
Amount of Each Receipt this Period 250.00
CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 24 OF 69 |
| <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. JAMES MARCOU
Full Name (Last, First, Middle Initial)

Mailing Address 1 MILL ST.
1409

City TIVERTON State RI Zip Code 02878

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 01 / 2015
Transaction ID : SA17.32712

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

B. JOAN MCCLELLAN
Full Name (Last, First, Middle Initial)

Mailing Address 207 S. FLORIDA ST.

City MONAHANS State TX Zip Code 79756

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

Name of Employer SILF EMPLOYED Occupation TRUCK DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 09 / 2015
Transaction ID : SA17.35984

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

C. THERESA MCINNES
Full Name (Last, First, Middle Initial)

Mailing Address 9 SHADY ACRES RD

City DARIEN State CT Zip Code 06820

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

Name of Employer CA DOJ Occupation RETIRED A DOJ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2016.00

Date of Receipt
12 / 23 / 2015
Transaction ID : SA17.20497

Amount of Each Receipt this Period
2016.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2516.00 |
| 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 25 OF 69 |
| <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. RITA MCSHEA | | Date of Receipt MM / DD / YYYY 08 / 14 / 2015 |
| Mailing Address P O BOX 1924 | | Transaction ID : SA17.31831 |
| City LOOMIS | State CA | Zip Code 95650 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer RETIRED | Occupation CHAPLAIN | CAREY CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JOHN MEDINA | | Date of Receipt MM / DD / YYYY 08 / 11 / 2015 |
| Mailing Address 2466 WESTLAKE AVE N UNIT 8 8 | | Transaction ID : SA17.32339 |
| City SEATTLE | State WA | Zip Code 98109 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer SELF | Occupation CONTRACTOR | CAREY CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. GINGER MILLER | | Date of Receipt MM / DD / YYYY 07 / 20 / 2015 |
| Mailing Address 2458 DOEVIEW CT. | | Transaction ID : SA17.34647 |
| City CINCINNATI | State OH | Zip Code 45230 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer HSS | Occupation SECURITY OFFICER | CAREY CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 26 OF 69 |
| <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. TOM MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1756 W. ROOT LANE

City TUCSON State AZ Zip Code 85705

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 M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA17.29663

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

B. ALAN MIZERAS
Full Name (Last, First, Middle Initial)

Mailing Address 403 BLUE HERON DR.

City PORT ARANSAS State TX Zip Code 78373

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA17.28436

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

C. TOM & ADA MYRICK
Full Name (Last, First, Middle Initial)

Mailing Address 103 BERRY DR.

City GRAY SUMMIT State MO Zip Code 63039

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

Name of Employer AUSTIN POWDER CO. Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : SA17.35205

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 27 OF 69 |
| <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. RONALD L. PARADEIS
Full Name (Last, First, Middle Initial)
Mailing Address 1439 HORSEMILL RD.
City EL CAJON State CA Zip Code 92021
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2015
Transaction ID : SA17.36666
Amount of Each Receipt this Period 250.00
CAREY CONTRIBUTION

B. ANTHONY PASQUARELLI
Full Name (Last, First, Middle Initial)
Mailing Address 4319 SPANISH MAIN
City GALVESTON State TX Zip Code 77554
FEC ID number of contributing federal political committee. **C**
Name of Employer HPE, INC Occupation IT PROFESSIONAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA17.28233
Amount of Each Receipt this Period 250.00
CAREY CONTRIBUTION

C. JAMES PERRY
Full Name (Last, First, Middle Initial)
Mailing Address 11216 WING POINT DRIVE
City BAINBRIDGE ISLAND State WA Zip Code 98110
FEC ID number of contributing federal political committee. **C**
Name of Employer EMA Occupation INSURANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA17.32340
Amount of Each Receipt this Period 500.00
CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. JAN QUERBES
 Mailing Address 16236 PORT OF NANTUCKET DR.
 City State Zip Code
 GROVER MO 63040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRESENCE ST MARYS HOSPITAL HOUSEKEEPER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : SA17.35206
 Amount of Each Receipt this Period
 250.00
 CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JOSEPH RIDOLFO
 Mailing Address 1100 POQUONOCK AVE
 City State Zip Code
 WINDSOR CT 06095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : SA17.19476
 Amount of Each Receipt this Period
 20.00
 CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOSEPH RIDOLFO
 Mailing Address 1100 POQUONOCK AVE
 City State Zip Code
 WINDSOR CT 06095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : SA17.19477
 Amount of Each Receipt this Period
 20.00
 CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00
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 29 OF 69 |
| <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. JOSEPH RIDOLFO
Full Name (Last, First, Middle Initial)

Mailing Address 1100 POQUONOCK AVE

City WINDSOR State CT Zip Code 06095

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 22 / 2015
Transaction ID : SA17.19478

Amount of Each Receipt this Period
20.00

CAREY CONTRIBUTION

B. JOSEPH RIDOLFO
Full Name (Last, First, Middle Initial)

Mailing Address 1100 POQUONOCK AVE

City WINDSOR State CT Zip Code 06095

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 22 / 2015
Transaction ID : SA17.19485

Amount of Each Receipt this Period
20.00

CAREY CONTRIBUTION

C. JOSEPH RIDOLFO
Full Name (Last, First, Middle Initial)

Mailing Address 1100 POQUONOCK AVE

City WINDSOR State CT Zip Code 06095

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 22 / 2015
Transaction ID : SA17.19486

Amount of Each Receipt this Period
20.00

CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 30 OF 69 |
| <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. NANCY ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 53 COS COB AVE
APT 2

City COS COB State CT Zip Code 06807

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 23 / 2015
Transaction ID : SA17.20489

Amount of Each Receipt this Period
100.00

CAREY CONTRIBUTION

B. NANCY ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 53 COS COB AVE
APT 2

City COS COB State CT Zip Code 06807

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 23 / 2015
Transaction ID : SA17.20490

Amount of Each Receipt this Period
100.00

CAREY CONTRIBUTION

C. NANCY ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 53 COS COB AVE
APT 2

City COS COB State CT Zip Code 06807

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 23 / 2015
Transaction ID : SA17.20491

Amount of Each Receipt this Period
100.00

CAREY CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 31 OF 69 |
| <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. TERRY RONDBERG
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 342

| | | |
|----------------|-------------|-------------------|
| City PALMER | State AK | Zip Code 99645 |
|----------------|-------------|-------------------|

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

| | |
|--------------------------|----------------------|
| Name of Employer SELF | Occupation DOCTOR |
|--------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 05 | / | 2015 |

Transaction ID : SA17.32661

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

B. MARY ROY
Full Name (Last, First, Middle Initial)
Mailing Address 18 WEST GIBSON ST

| | | |
|------------------|-------------|-------------------|
| City HARTWELL | State GA | Zip Code 30643 |
|------------------|-------------|-------------------|

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

| | |
|--------------------------|--------------------|
| Name of Employer NONE | Occupation NONE |
|--------------------------|--------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 21 | / | 2015 |

Transaction ID : SA17.23104

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

C. JOHN SANSOM
Full Name (Last, First, Middle Initial)
Mailing Address 315 ROCK ST.
1203

| | | |
|---------------------|-------------|-------------------|
| City LITTLE ROCK | State AR | Zip Code 72202 |
|---------------------|-------------|-------------------|

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

| | |
|--|--------------------------|
| Name of Employer JOHN M. SANSOM, P.A. | Occupation ACCOUNTANT |
|--|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 10 | / | 2015 |

Transaction ID : SA17.27221

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 32 OF 69 |
| <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. JERRY D. SCHAHNER

Mailing Address 43 WOLF RIDGE DRIVE

City HOLLAND State OH Zip Code 43528

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

Name of Employer BP Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : SA17.34584

Amount of Each Receipt this Period
1000.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ROSEANN SEKELLA

Mailing Address 307 S. MONTGOMERY ST.

City OJAI State CA Zip Code 93023

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

Name of Employer N/ Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA17.31134

Amount of Each Receipt this Period
500.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOYCE SMITH

Mailing Address 333 MAIN ST

City BELLVILLE State OH Zip Code 44813

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA17.19157

Amount of Each Receipt this Period
75.00

CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1575.00 |
| 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 33 OF 69 |
| | <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. JOYCE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 333 MAIN ST

City BELLVILLE State OH Zip Code 44813

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA17.19241

Amount of Each Receipt this Period
 75.00

CAREY CONTRIBUTION

B. JOYCE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 333 MAIN ST

City BELLVILLE State OH Zip Code 44813

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA17.19312

Amount of Each Receipt this Period
 75.00

CAREY CONTRIBUTION

C. BARBARA SNELLER
Full Name (Last, First, Middle Initial)

Mailing Address 44220 WATFORD AVE.

City LANCASTER State CA Zip Code 93535

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

Name of Employer Occupation
 SELF MEDICAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2015
Transaction ID : SA17.31245

Amount of Each Receipt this Period
 500.00

CAREY CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 650.00 |
| 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 35 OF 69 |
| <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. TERRY SPRAGENS

Mailing Address 8499 S TAMIAMI TRAIL 225

| | | |
|------------------|-------------|-------------------|
| City SARASOTA | State FL | Zip Code 34238 |
|------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2015 |

Transaction ID : SA17.19705

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TERRY SPRAGENS

Mailing Address 8499 S TAMIAMI TRAIL 225

| | | |
|------------------|-------------|-------------------|
| City SARASOTA | State FL | Zip Code 34238 |
|------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 18 | | 2015 |

Transaction ID : SA17.19782

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

CAREY CONTRIBUTION

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

Mailing Address 8499 S TAMIAMI TRAIL 225

| | | |
|------------------|-------------|-------------------|
| City SARASOTA | State FL | Zip Code 34238 |
|------------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 07 | | 2015 |

Transaction ID : SA17.19901

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

CAREY CONTRIBUTION

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 36 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. TERRY SPRAGENS

Mailing Address 8499 S TAMIAMI TRAIL 225

City SARASOTA State FL Zip Code 34238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA17.20027

Amount of Each Receipt this Period
 30.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TERRY SPRAGENS

Mailing Address 8499 S TAMIAMI TRAIL 225

City SARASOTA State FL Zip Code 34238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA17.20028

Amount of Each Receipt this Period
 30.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ROSE-MARIE SPRUILL

Mailing Address 2036 POWERS FERRY TRACE

City MARIETTA State GA Zip Code 30067

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA17.22877

Amount of Each Receipt this Period
 250.00

CAREY CONTRIBUTION

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 37 OF 69 |
| <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. CHARLES F JR. SWIFT
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 87

| | | |
|---|------------------------------------|-------------------|
| City MATHIS | State TX | Zip Code 78368 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NA | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

Date of Receipt
09 / 17 / 2015
Transaction ID : SA17.28435

Amount of Each Receipt this Period
250.00
CAREY CONTRIBUTION

B. FRED TEDESCO
Full Name (Last, First, Middle Initial)
Mailing Address 16728 MIL POTRERO HWY

| | | |
|---|------------------------------------|-------------------|
| City PINE MOUNTAIN CLUB | State CA | Zip Code 93222 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NONE | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

Date of Receipt
08 / 22 / 2015
Transaction ID : SA17.31166

Amount of Each Receipt this Period
500.00
CAREY CONTRIBUTION

C. P J TRACY
Full Name (Last, First, Middle Initial)
Mailing Address 713 WAKEFIELD CT

| | | |
|---|------------------------------------|-------------------|
| City EL PASO | State TX | Zip Code 79922 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NONE | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

Date of Receipt
09 / 15 / 2015
Transaction ID : SA17.28644

Amount of Each Receipt this Period
250.00
CAREY CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 38 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)
A. SAM VANDERHEIDE

Mailing Address 207 BYBEE DRIVE

City State Zip Code
CONROE TX 77301

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA17.28055

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. WOODROW VANKIRK

Mailing Address 17444 FM 2493 UNIT 2

City State Zip Code
FLINT TX 75762

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

Name of Employer Occupation
NONE NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA17.27677

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KENNETH WHALER

Mailing Address 5581 NANCY CIRCLE

City State Zip Code
CHANDLER TX 75758

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

Name of Employer Occupation
DOD RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA17.27676

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 39 OF 69 |
| <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. MIGUEL XAVIER
Full Name (Last, First, Middle Initial)

Mailing Address 3142 S ADAMS WAY

City DENVER State CO Zip Code 80210

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
07 / 10 / 2015
Transaction ID : SA17.20043

Amount of Each Receipt this Period
250.00

CAREY CONTRIBUTION

B. POLITICAL LIST BROKER
Full Name (Last, First, Middle Initial)

Mailing Address 107 S WEST ST
PMB 826

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54600.00

Date of Receipt
07 / 02 / 2015
Transaction ID : SA17.18920

Amount of Each Receipt this Period
24750.00

LIST RENTAL INCOME

C. POLITICAL LIST BROKER
Full Name (Last, First, Middle Initial)

Mailing Address 107 S WEST ST
PMB 826

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54600.00

Date of Receipt
08 / 27 / 2015
Transaction ID : SA17.18923

Amount of Each Receipt this Period
14850.00

LIST RENTAL INCOME

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 39850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 69
(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| <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. POLITICAL LIST BROKER

Full Name (Last, First, Middle Initial)
Mailing Address 107 S WEST ST
PMB 826

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54600.00

Date of Receipt
07 / 20 / 2015
Transaction ID : SA17.18924

Amount of Each Receipt this Period
15000.00

LIST RENTAL INCOME

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 15000.00 |
| TOTAL This Period (last page this line number only).....▶ | 86876.00 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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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 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.I11746

Amount of Each Disbursement this Period

7931.85

Full Name (Last, First, Middle Initial)

B. RODNEY STANHOPE

Mailing Address 840 HARRIS ROAD

City PLACERVILLE State CA Zip Code 95667

Purpose of Disbursement
DRAFT CONDI SHIRTS, FIELD WORK

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.I11750

Amount of Each Disbursement this Period

3240.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GRAVIS MARKETING

Mailing Address 910 BELLE AVE
#1180

City WINTER SPRINGS State FL Zip Code 32708

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.I11748

Amount of Each Disbursement this Period

2700.00

[MEMO ITEM]

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

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

7931.85

7931.85

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. TED CRUZ FOR PRESIDENT

Mailing Address P.O. BOX 2016

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM GRACE MURTHA

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
08 / 10 / 2015

Transaction ID : SB23.I11799

Amount of Each Disbursement this Period

25.00

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 Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

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

25.00

25.00

**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 checked="" 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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. WALLACE, JORDAN, RATLIFF & BRANDT, LLC.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2015 |

Mailing Address 800 SHADES CREEK PARKWAY
SUITE 400

Transaction ID : SB26.I11751

City BIRMINGHAM State AL Zip Code 35209

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement
DEBT PAYMENT

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WALLACE, JORDAN, RATLIFF & BRANDT, LLC.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 03 | | 2015 |

Mailing Address 800 SHADES CREEK PARKWAY
SUITE 400

Transaction ID : SB26.I11752

City BIRMINGHAM State AL Zip Code 35209

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement
DEBT PAYMENT

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

| |
|---------|
| 6000.00 |
|---------|

| |
|---------|
| 6000.00 |
|---------|

**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 checked="" 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)
Stop Hillary PAC

Full Name (Last, First, Middle Initial)

A. DIANE O'KEY

Mailing Address RR18 BOX 662

City SAN JUAN State PR Zip Code 00926

Purpose of Disbursement
REFUND OF CONTRIBUTION

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
07 / 02 / 2015

Transaction ID : SB28A.I11816

Amount of Each Disbursement this Period

250.00

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 Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

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

250.00

250.00

**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)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 ACCOUNT - POLITICAL & CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11784**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - POLITICAL & CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11785**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - POLITICAL & CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11786**

Amount of Each Disbursement this Period

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

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)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 ACCOUNT - POLITICAL & CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11787**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DONNY FERGUSON

Mailing Address 101 SKYHILL ROAD
#203

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - POLITICAL & CONTENT SERVICES CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11788**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NICK GIVAS

Mailing Address 1800 ROBERT FULTON DR. SUITE 310

City RESTON State VA Zip Code 20191

Purpose of Disbursement
CAREY ACCOUNT - COMMUNICATIONS SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11764**

Amount of Each Disbursement this Period

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

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)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. TED HARVEY

Mailing Address 3010 WYECLIFF LANE

City State Zip Code
HIGHLANDS RANCH CO 80126

Purpose of Disbursement
CAREY ACCOUNT - PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 17 / 2015

Transaction ID : **SB29.I11789**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TED HARVEY

Mailing Address 3010 WYECLIFF LANE

City State Zip Code
HIGHLANDS RANCH CO 80126

Purpose of Disbursement
CAREY ACCOUNT - PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 02 / 2015

Transaction ID : **SB29.I11796**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TED HARVEY

Mailing Address 3010 WYECLIFF LANE

City State Zip Code
HIGHLANDS RANCH CO 80126

Purpose of Disbursement
CAREY ACCOUNT - PAC MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2015

Transaction ID : **SB29.I11797**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)

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| <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. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS
SERVICES
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : SB29.I11753

Amount of Each Disbursement this Period

8578.86

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS
SERVICES
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SB29.I11754

Amount of Each Disbursement this Period

10743.87

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS
SERVICES
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SB29.I11755

Amount of Each Disbursement this Period

12287.04

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

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

31609.77

**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)

| | | | | | |
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| <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. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I11756

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I11757

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I11758

Amount of Each Disbursement this Period

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

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 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. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB29.I11759

Amount of Each Disbursement this Period

11102.29

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB29.I11760

Amount of Each Disbursement this Period

12075.03

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB29.I11761

Amount of Each Disbursement this Period

8420.71

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

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

31598.03

**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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <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. CD INC.

Mailing Address P.O. BOX 1877

City State Zip Code
ALEXANDRIA VA 22313

Purpose of Disbursement
CAREY ACCOUNT - ADVOCACY AND ONLINE COMMUNICATIONS SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB29.I11762**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : **SB29.I11765**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE LITIGATION SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : **SB29.I11766**

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**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)

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| <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 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SB29.I11767

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB29.I11768

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB29.I11769

Amount of Each Disbursement this Period

5000.00

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

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

8075.00

**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. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB29.I11770

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - POSTAGE AND SUPPLY COSTS FOR MAILERS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB29.I11771

Amount of Each Disbursement this Period

1134.04

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB29.I11772

Amount of Each Disbursement this Period

3000.00

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

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

4284.04

**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 |

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

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE SERVICES LITIGATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11773**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11774**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11775**

Amount of Each Disbursement this Period

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

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)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB29.I11776**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB29.I11777**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB29.I11778**

Amount of Each Disbursement this Period

720.00

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

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

8720.00

**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)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11779**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - ACTIVE LITIGATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11780**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11781**

Amount of Each Disbursement this Period

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

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)

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| <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 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11782**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCOUNT - BALLOT CHALLENGE LEGAL RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11783**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SAME DAY PROCESSING

Mailing Address 7300 HUDSON BLVD N
STE 240

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11790**

Amount of Each Disbursement this Period

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

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)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. SAME DAY PROCESSING

Mailing Address 7300 HUDSON BLVD N
STE 240

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11791**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SAME DAY PROCESSING

Mailing Address 7300 HUDSON BLVD N
STE 240

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11792**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SAME DAY PROCESSING

Mailing Address 7300 HUDSON BLVD N
STE 240

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11793**

Amount of Each Disbursement this Period

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

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 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. SAME DAY PROCESSING

Mailing Address 7300 HUDSON BLVD N
STE 240

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11794**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SAME DAY PROCESSING

Mailing Address 7300 HUDSON BLVD N
STE 240

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11795**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STATE OF ILLINOIS

Mailing Address 207 STATE HOUSE

City SPRINGFIELD State IL Zip Code 62706

Purpose of Disbursement
CAREY ACCOUNT - IL BALLOT CHALLENGE LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I11798**

Amount of Each Disbursement this Period

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

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

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

Full Name of Payee AMERICAN ACTION NEWS, LLC
Mailing Address 203 S. UNION ST, STE 300
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY ONLINE ADVERTISING FEES
Category/Type 004
Name of Federal Candidate HILLARY CLINTON
Office Sought: Oppose President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 334199.01
Date of Public Distribution/Dissemination 11/03/2015
Amount 5000.00
Transaction ID: SE24.11720
Date of Disbursement or Obligation 11/01/2015

Full Name of Payee AMERICAN ACTION NEWS, LLC
Mailing Address 203 S. UNION ST, STE 300
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATE OF DECEMBER MONTHLY ONLINE ADVERTISING FEES
Category/Type
Name of Federal Candidate HILLARY CLINTON
Office Sought: Oppose President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 334199.01
Date of Public Distribution/Dissemination 12/01/2015
Amount 2500.00
Transaction ID: SE24.11736
Date of Disbursement or Obligation 12/01/2015

(a) SUBTOTAL of Itemized Independent Expenditures 7500.00
(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.
Signature DAN BACKER [Electronically Filed] Date 11/05/2015

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

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY LIST RENTAL FEES
Category/Type 004
Name of Federal Candidate HILLARY CLINTON
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 334199.01

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N. SAINT ASAPH ST
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY EXTERNAL DEPLOYMENT COSTS
Category/Type
Name of Federal Candidate HILLARY CLINTON
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 334199.01

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(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.
Signature DAN BACKER Date 11/05/2015

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 CAMPAIGN SOLUTIONS | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2015 | |
| Mailing Address 117 N. SAINT ASAPH ST | | Amount 10000.00 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24.11717 |
| Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY FACEBOOK ADVERTISING | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| 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 334199.01 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee CAMPAIGN SOLUTIONS | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 117 N. SAINT ASAPH ST | | Amount 10000.00 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24.11732 |
| Purpose of Expenditure ESTIMATE OF DECEMBER MONTHLY LIST RENTAL FEES | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| 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 334199.01 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20000.00 |
| (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.

Signature

DAN BACKER

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

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

| | |
|---|---|
| Full Name of Payee CAMPAIGN SOLUTIONS | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 117 N. SAINT ASAPH ST | Amount 10000.00 |
| City ALEXANDRIA State VA Zip Code 22314 | Transaction ID : SE24.11733 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ESTIMATE OF DECEMBER MONTHLY 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 334199.01 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee CAMPAIGN SOLUTIONS | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 117 N. SAINT ASAPH ST | Amount 10000.00 |
| City ALEXANDRIA State VA Zip Code 22314 | Transaction ID : SE24.11734 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ESTIMATE OF DECEMBER MONTHLY FACEBOOK ADVERTISING | 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 334199.01 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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DAN BACKER

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

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

Full Name of Payee CD, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure CAREY ACCOUNT - DIGITAL AD BUY; SEE MEMO TEXT
Category/Type 004
Date of Public Distribution/Dissemination 10/20/2015
Amount 10000.00
Transaction ID: SE24.11700
Date of Disbursement or Obligation 10/20/2015
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: [X] President [] House [] Senate
Disbursement For: [X] Other (specify) Dem. Nat. Convention

Full Name of Payee CD, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY LIST RENTAL FEES AND ONLINE ADVERTISING
Category/Type 004
Date of Public Distribution/Dissemination 11/03/2015
Amount 10000.00
Transaction ID: SE24.11718
Date of Disbursement or Obligation 11/01/2015
Name of Federal Candidate HILLARY CLINTON
Office Sought: [X] President [] House [] Senate
Disbursement For: [X] General [] Primary [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(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.
Signature DAN BACKER [Electronically Filed] Date 10/26/2015

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

| | |
|---|---|
| Full Name of Payee CD, INC. | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address P.O. BOX 1877 | Amount 10000.00 |
| City State Zip Code ALEXANDRIA VA 22313 | |
| Purpose of Expenditure ESTIMATE OF DECEMBER MONTHLY LIST RENTAL FEES AND ONLINE ADVERTISING | 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 334199.01 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.11735

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015

| | |
|---|---|
| Full Name of Payee POLITICAL LIST BROKERS, LLC | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015 |
| Mailing Address 107 S. WEST ST PMB 826 | Amount 15000.00 |
| City State Zip Code ALEXANDRIA VA 22314 | |
| Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY LIST RENTAL FEES | Category/Type 004 |
| 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 334199.01 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.11721

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2015

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 25000.00 |
| (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
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|--|
| 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 M / D D D / Y Y Y Y Y Y | |

| | |
|--|---|
| Full Name of Payee POLITICAL LIST BROKERS, LLC | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 107 S. WEST ST PMB 826 | Amount 10000.00 |
| City State Zip Code ALEXANDRIA VA 22314 | |
| Purpose of Expenditure ESTIMATE OF DECEMBER MONTHLY 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 334199.01 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| Full Name of Payee STRATEGIC MEDIA PLACEMENT | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 |
| Mailing Address 7669 STAGERS LOOP | Amount 10224.00 |
| City State Zip Code DELAWARE OH 43015 | |
| Purpose of Expenditure CAREY ACCOUNT - MEDIA BUY; PART OF LARGER \$100,626 NATIONAL AD CAMPAIGN | Category/Type 004 |
| Name of Federal Candidate HILLARY RODHAM 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: IA |
| Calendar Year-To-Date Per Election for Office Sought 10224.00 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015 |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20224.00 |
| (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

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

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

Full Name of Payee STRATEGIC MEDIA PLACEMENT
Mailing Address 7669 STAGERS LOOP
City DELAWARE State OH Zip Code 43015
Purpose of Expenditure CAREY ACCOUNT - MEDIA BUY AND PRODUCTION; PART OF LARGER \$100,626 NATIONAL AD CAMPAIGN
Category/Type 004

Date of Public Distribution/Dissemination 10 / 13 / 2015
Amount 10082.00
Transaction ID : SE24.11696
Date of Disbursement or Obligation 10 / 08 / 2015

Name of Federal Candidate HILLARY RODHAM CLINTON
Support Oppose
Office Sought: President
Disbursement For: Primary

House District:
Senate State: SC
Disbursement For: Primary General
Other (specify)

Full Name of Payee STRATEGIC MEDIA PLACEMENT
Mailing Address 7669 STAGERS LOOP
City DELAWARE State OH Zip Code 43015
Purpose of Expenditure CAREY ACCOUNT - MEDIA BUY; PART OF LARGER \$100,626 NATIONAL AD CAMPAIGN
Category/Type 004

Date of Public Distribution/Dissemination 10 / 13 / 2015
Amount 13200.00
Transaction ID : SE24.11697
Date of Disbursement or Obligation 10 / 08 / 2015

Name of Federal Candidate HILLARY RODHAM CLINTON
Support Oppose
Office Sought: President
Disbursement For: Other (specify)

House District:
Senate State:
Disbursement For: Primary General
Other (specify) Dem. Nat. Convention

(a) SUBTOTAL of Itemized Independent Expenditures 23282.00
(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
Signature

[Electronically Filed]

Date 10 / 09 / 2015

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 STRATEGIC MEDIA PLACEMENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2015 |
| Mailing Address 7669 STAGERS LOOP | Amount 18000.00 |
| City State Zip Code DELAWARE OH 43015 | Transaction ID : SE24.11698 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 |
| Purpose of Expenditure CAREY ACCOUNT - MEDIA BUY; PART OF LARGER \$100,626 NATIONAL AD CAMPAIGN | Category/Type 004 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | <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: DC |
| Calendar Year-To-Date Per Election for Office Sought 18000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|--|---|
| Full Name of Payee STRATEGIC MEDIA PLACEMENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2015 |
| Mailing Address 7669 STAGERS LOOP | Amount 27000.00 |
| City State Zip Code DELAWARE OH 43015 | Transaction ID : SE24.11699 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 |
| Purpose of Expenditure CAREY ACCOUNT - MEDIA BUY; PART OF LARGER \$100,626 NATIONAL AD CAMPAIGN | Category/Type 004 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | <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: NY |
| Calendar Year-To-Date Per Election for Office Sought 27000.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 45000.00 |
| (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

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

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

| | |
|--|--|
| Full Name of Payee THE STRATEGY GROUP FOR MEDIA | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2015 |
| Mailing Address 7669 STAGGERS LOOPS | Amount 5000.00 |
| City State Zip Code DELAWARE OH 43015 | |
| Purpose of Expenditure CAREY ACCOUNT - MEDIA PRODUCTION | Category/Type 004 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 |
| Name of Federal Candidate HILLARY RODHAM 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 28200.00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Dem. Nat. Convention |

| | |
|--|--|
| Full Name of Payee | 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 | Category/Type |
| Name of Federal Candidate | 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: _____ |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 5000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 206006.00 |

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

DAN BACKER

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 26 / 2015