

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		14814493.15
(b) Cash on Hand at Beginning of Reporting Period.....	14814493.15	
(c) Total Receipts (from Line 19)	203088.00	203088.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15017581.15	15017581.15
7. Total Disbursements (from Line 31).....	65207.27	65207.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14952373.88	14952373.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	22756.00	

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

Freedom Partners Action Fund, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 01 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	201500.00	201500.00
(ii) Unitemized	1588.00	1588.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	203088.00	203088.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	203088.00	203088.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	203088.00	203088.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	203088.00	203088.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	32421.04	32421.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32421.04	32421.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	32786.23	32786.23
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65207.27	65207.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65207.27	65207.27

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)	203088.00	203088.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	203088.00	203088.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32421.04	32421.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32421.04	32421.04

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. JOHN BRESLOW
Full Name (Last, First, Middle Initial)

Mailing Address 23233 N PIMA ROAD
#113-205

City SCOTTSDALE State AZ Zip Code 85255-8388

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 ▼
100000.00

Date of Receipt
01 / 05 / 2016
Transaction ID : SA11.1229

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

B. MR. NICHOLAS PEAY JR.
Full Name (Last, First, Middle Initial)

Mailing Address 2965 FAIRMOUNT BLVD

City CLEVELAND HEIGHTS State OH Zip Code 44118-4060

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
01 / 05 / 2016
Transaction ID : SA11.1220

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MR. HARRY N. PEFANIS
Full Name (Last, First, Middle Initial)

Mailing Address 4103 UNIVERSITY BLVD.

City HOUSTON State TX Zip Code 77005-2713

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

Name of Employer PLAINS ALL AMERICAN PIPELINE, L.P. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
01 / 14 / 2016
Transaction ID : SA11.1245

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. HERBERT J. SIEGEL
Full Name (Last, First, Middle Initial)
Mailing Address 190 E. 72ND ST
City NEW YORK State NY Zip Code 10021-4370
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 / D D / Y Y Y Y Y Y
01 / 04 / 2016
Transaction ID : SA11.1191
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	201500.00

**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)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ALEXANDER & MACGREGOR, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 4912 FORTY-THIRD PLACE, NW

Transaction ID : SB21B.I450

City WASHINGTON State DC Zip Code 20016

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		26		2016

Mailing Address PO BOX 580340

Transaction ID : SB21B.I443

City CHARLOTTE State NC Zip Code 28258

Amount of Each Disbursement this Period

409.00

Purpose of Disbursement
CREDIT CARD 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. PAGELY, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2016

Mailing Address 4729 E SUNRISE DRIVE
STE. 435

Transaction ID : SB21B.I445

City TUCSON State AZ Zip Code 85718

Amount of Each Disbursement this Period

399.00

Purpose of Disbursement
WEBSITE EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

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

3409.00

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

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I437

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CONTRIBUTION PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I447

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DIRECT MAIL MARKETING GROUP

Mailing Address 22780 INDIAN CREEK DRIVE
STE. 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I452

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 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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I453

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I454

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I455

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

Category/Type

Candidate Name

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)..... ▶

2750.00

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I456

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I457

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I458

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

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)..... ▶

2500.00

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**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I459

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I460

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.I461

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT MAIL EXPENSE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

2150.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. GREGORY ALLEN MUNFORD, INC.

Mailing Address 3119 N 17TH STREET

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : SB21B.I431

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : SB21B.I429

Amount of Each Disbursement this Period

1072.50

Full Name (Last, First, Middle Initial)

C. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB21B.I451

Amount of Each Disbursement this Period

1162.50

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

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

5235.00

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

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
01 / 04 / 2016

Transaction ID : SB21B.I430

Amount of Each Disbursement this Period

8750.00

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)..... ▶

8750.00

32270.63

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alexander & MacGregor, Inc.	Nature of Debt (Purpose): Direct Mail Expense
Mailing Address 4912 Forty-third Place, NW	
City State Zip Code Washington DC 20016	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : DYE.003	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Engage	Nature of Debt (Purpose): Website Expense
Mailing Address 814 King Street Ste. 400	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DM2.001	
Amount Incurred This Period 13256.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13256.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Freedom Partners Chamber of Commerce, Inc.	Nature of Debt (Purpose): Office Space,Utilities,Personnel,IT
Mailing Address 2200 Wilson Blvd. Ste. 102-533	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DM2.002	
Amount Incurred This Period 7500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	20756.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Freedom Partners Chamber of Commerce, Inc.	Nature of Debt (Purpose): Direct Mail Expense
Mailing Address 2200 Wilson Blvd. Ste. 102-533	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 6400.00	Transaction ID : DYE.002	
Amount Incurred This Period 0.00	Payment This Period 6400.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jones Day	Nature of Debt (Purpose): Legal Fees
Mailing Address 51 Louisiana Avenue, NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 2235.00	Transaction ID : DYE.001	
Amount Incurred This Period 2000.00	Payment This Period 2235.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	2000.00
2) TOTALS This Period (last page this line number only)..... ▶	22756.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	22756.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER C C00564765
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		MM / DD / YYYY

Full Name of Payee BIGEYE DIRECT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2016
Mailing Address 13860 REDSKIN DRIVE		Amount 13400.00
City HERNDON	State VA	Zip Code 20171
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Transaction ID : SE24.436 Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought	32786.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CMDI		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2016
Mailing Address 1593 SPRING HILL ROAD STE. 400		Amount 991.91
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Transaction ID : SE24.440 Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought	32786.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14391.91
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ Date **02 / 01 / 2016**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 COLOR TREE GROUP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2016	
Mailing Address 8000 VILLA PARK DRIVE		Amount 9383.38	
City HENRICO	State VA	Zip Code 23228	Transaction ID : SE24.448
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
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 32786.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 1000.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.449
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
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 32786.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10383.38
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765
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		MM / DD / YYYY

Full Name of Payee NOVA LABEL CO., INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2016
Mailing Address 4819 LYDELL ROAD		Amount 935.94
City CHEVERLY	State MD	Zip Code 20781
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Transaction ID : SE24.439 Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought	32786.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee PREFERRED COMMUNICATIONS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2016
Mailing Address 815 KING STREET STE. 209		Amount 7075.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Transaction ID : SE24.446 Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
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: _____
Calendar Year-To-Date Per Election for Office Sought	32786.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8010.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	32786.23

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.

THOMAS FRANCIS MAXWELL III

Signature _____ Date MM / DD / YYYY 01 / 31 / 2016

[Electronically Filed]