

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 Working Again PAC

ADDRESS (number and street) 207 W Main St Check if different than previously reported. (ACC) Plainfield IN 46168

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00580324 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2015 through 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 Nadine Maenza

Signature of Treasurer Nadine Maenza [Electronically Filed] Date 05 / 25 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Working Again 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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="298907.17"/>	<input type="text" value="298907.17"/>
(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="298907.17"/>	<input type="text" value="298907.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="264123.17"/>	<input type="text" value="264123.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34784.00"/>	<input type="text" value="34784.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="11865.54"/>	

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

Write or Type Committee Name

Working Again PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	298907.17	298907.17
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	298907.17	298907.17
(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) .....	298907.17	298907.17
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))..... ▶	298907.17	298907.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	298907.17	298907.17

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	118815.17	118815.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	118815.17	118815.17
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) .....	145308.00	145308.00
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)) ..	264123.17	264123.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	264123.17	264123.17

**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) .....	298907.17	298907.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	298907.17	298907.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	118815.17	118815.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	118815.17	118815.17

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

The Schedule E of this report is being amended because the original did not identify the state of the primary election for the independent expenditure. The reason it was not included initially is because the independent expenditures were in the form of online video ads that were not targeted at any particular state. But, because regulations require a state, we are providing one.

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 22
	<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	<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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)  
**A. Lee Beaman**

Mailing Address 1525 Broadway

City Nashville State TN Zip Code 37203

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

Name of Employer Beaman Motor Company Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Leslie Edelman**

Mailing Address 40 Beech Road

City Englewood State NJ Zip Code 07631

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

Name of Employer Kimber Manufacturing Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
25000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Leslie Edelman**

Mailing Address 40 Beech Road

City Englewood State NJ Zip Code 07631

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

Name of Employer Kimber Manufacturing Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
20000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55000.00

**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 22
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

**A. Foster Friess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9790  
 City Jackson State WY Zip Code 83002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Self  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 08 / 29 / 2015  
**Transaction ID : SA11AI.4173**  
 Amount of Each Receipt this Period  
 6907.17  
 Memo Item  
 In-kind - Event hosting

**B. Lamar Hunt Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 Elm Street Suite 4000  
 City Dallas State TX Zip Code 75201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loretto Properties LLC Occupation Founder  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 07 / 22 / 2015  
**Transaction ID : SA11AI.4101**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

**C. Thomas McGrath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2150 Jefferson Lane  
 City Huntingdon Valley State PA Zip Code 19006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Self  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 23 / 2015  
**Transaction ID : SA11AI.4125**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **111907.17**  
**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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

**A. Mehrdad Moayed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Valley View Lane  
 Suite 300  
 City Farmers Branch State TX Zip Code 75234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Centurion American Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : SA11AI.4127**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. John Saeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 299 Milwaukee Street  
 Suite 300  
 City Denver State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medallion Enterprises LLC Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015  
**Transaction ID : SA11AI.4099**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. Tito Tiberti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Wild Dunes Court  
 City Las Vegas State NV Zip Code 89113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tiberti Construction Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : SA11AI.4123**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	32000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)  
**A. Kenny Troutt**

Mailing Address 10595 Strait Lane

City State Zip Code  
Dallas TX 75229

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 ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
50000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Lisa Troutt**

Mailing Address 10595 Strait Lane

City State Zip Code  
Dallas TX 75229

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 ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
50000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	298907.17

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4135</b>
City Pittsburgh	State PA	
Purpose of Disbursement Consulting	Candidate Name	Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4141</b>
City Pittsburgh	State PA	
Purpose of Disbursement Communications consulting	Candidate Name	Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4149</b>
City Pittsburgh	State PA	
Purpose of Disbursement Communications consulting	Candidate Name	Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4169</b>
City Pittsburgh	State PA	
Purpose of Disbursement Consulting	Candidate Name	Amount of Each Disbursement this Period 20390.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Foley &amp; Lardner LLP</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 3000 K Street NW Suite 600		<b>Transaction ID : SB21B.4105</b>
City Washington	State DC	
Purpose of Disbursement Legal consulting	Candidate Name	Amount of Each Disbursement this Period 2508.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Foley &amp; Lardner LLP</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 3000 K Street NW Suite 600		<b>Transaction ID : SB21B.4140</b>
City Washington	State DC	
Purpose of Disbursement Legal consulting	Candidate Name	Amount of Each Disbursement this Period 792.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23690.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Foley & Lardner LLP**

Mailing Address 3000 K Street NW  
Suite 600

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Legal consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Foley & Lardner LLP**

Mailing Address 3000 K Street NW  
Suite 600

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Legal consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4165**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Foster Friess**

Mailing Address PO Box 9790

City Jackson State WY Zip Code 83002

Purpose of Disbursement  
In-kind - Event hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4109**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4137**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4151**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Omni Compliance Services**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Accounting and compliance services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4112**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Omni Compliance Services**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Accounting 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 : SB21B.4139**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Omni Compliance Services**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Accounting 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 : SB21B.4153**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Opinion Access Corp.**

Mailing Address 47-10 32nd Place

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Online interviewing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4146**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4107**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4136**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4142**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4167**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4110**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4138**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4144**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4152**

Amount of Each Disbursement this Period

Memo Item

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)  
**A. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City Havertown State PA Zip Code 19096

Purpose of Disbursement Communications consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 24 / 2015

Transaction ID : **SB21B.4168**

Amount of Each Disbursement this Period: 2000.00

Memo Item

Category/Type: 001

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) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

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) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	118728.17

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Working Again PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Nadine Maenza</b>	Nature of Debt (Purpose): Travel Reimbursement
Mailing Address 207 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4172	
Amount Incurred This Period 11865.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 11865.54

B. 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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	11865.54
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	11865.54
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	11865.54

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

NAME OF COMMITTEE (In Full) <b>Working Again PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00580324
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Brabender Cox LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 27 / 2015
Mailing Address 1218 Grandview Ave	Amount <span style="border: 1px solid black; padding: 2px;">55623.00</span>
City State Zip Code Pittsburgh PA 15211	<b>Transaction ID : SE.4114</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 24 / 2015
Purpose of Expenditure Production and online dissemination of video	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose RICHARD J. SANTORUM	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">55623.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Brabender Cox LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2015
Mailing Address 1218 Grandview Ave	Amount <span style="border: 1px solid black; padding: 2px;">89685.00</span>
City State Zip Code Pittsburgh PA 15211	<b>Transaction ID : SE.4154</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2015
Purpose of Expenditure Production and dissemination of advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose RICHARD J. SANTORUM	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 <span style="border: 1px solid black; padding: 2px;">145308.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">145308.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">145308.00</span>

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

*Nadine Maenza*
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 05 / 25 / 2016

Signature