## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  FEC. IDENTIFICATION NUMBER ▼		
Stop Hillary PAC		C C00544767
		0 0000 0.
Check if X 24-hour report 48-hour report New report Amends report filed on Amends report 1		
Full Name of Payee CONNELL DONATELLI, INC	D	Date of Public Distribution/Dissemination
· ·		11 04 2016
Mailing Address PO BOX 1877	A	Amount
City State Zip	Code	25000.00
ALEXANDRIA VA 223		Transaction ID : SE24.93951 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE GOTV ADS	ategory/ Type	M M / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District:
CLINTON, HILLARY, , ,	X Oppose X Pro	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought 266	Disburse 2016	ement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	D	Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
City State Zip	o Code	
Purpose of Expenditure		Date of Disbursement or Obligation
Purpose of Experiatione Ca	ategory/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office S	Sought: House District:
	Oppose Pr	resident Senate State:
Calendar Year-To-Date	Disburse	ement For: Primary General
Per Election for Office Sought		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	······	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	25000.00
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.		
Backer, Dan, , , [Electronicall	ly Filed] Date 11	04 2016
Signature		