

**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

Freedom Partners Action Fund, Inc.

ADDRESS (number and street) ▼

1515 N COURTHOUSE ROAD STE 620

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00564765

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the  
State of

5. Covering Period

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

through

M M M / D D D / Y Y Y Y Y Y  
06 30 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 Thomas F. Maxwell III

Signature of Treasurer

Thomas F. Maxwell III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

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)

Page 2

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 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

|                                                                                                                                                                               | COLUMN A<br>This Period                                                | COLUMN B<br>Calendar Year-to-Date                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2015</span> |                                                                        | <span style="border: 1px solid black; padding: 2px;">335538.53</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | <span style="border: 1px solid black; padding: 2px;">335538.53</span>  |                                                                        |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | <span style="border: 1px solid black; padding: 2px;">570006.18</span>  | <span style="border: 1px solid black; padding: 2px;">570006.18</span>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | <span style="border: 1px solid black; padding: 2px;">3925544.71</span> | <span style="border: 1px solid black; padding: 2px;">3925544.71</span> |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | <span style="border: 1px solid black; padding: 2px;">59102.17</span>   | <span style="border: 1px solid black; padding: 2px;">59102.17</span>   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | <span style="border: 1px solid black; padding: 2px;">3866442.54</span> | <span style="border: 1px solid black; padding: 2px;">3866442.54</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | <span style="border: 1px solid black; padding: 2px;">0.00</span>       |                                                                        |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | <span style="border: 1px solid black; padding: 2px;">0.00</span>       |                                                                        |



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)

Page 3

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

Report Covering the Period:

From:

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

To:

 M M / D D / Y Y Y Y  
 06 30 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).....

154023.18

154023.18

(ii) Unitemized .....

305.69

305.69

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

154328.87

154328.87

(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) .....

154328.87

154328.87

## 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).....

415677.31

415677.31

## 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))..... ▶

570006.18

570006.18

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

570006.18

570006.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 59102.17                      | 59102.17                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 59102.17                      | 59102.17                          |
| 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) .....                                            | 0.00                          | 0.00                              |
| 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)) ..      | 59102.17                      | 59102.17                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 59102.17                      | 59102.17                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 154328.87                     | 154328.87                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 154328.87                     | 154328.87                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 59102.17                      | 59102.17                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 415677.31                     | 415677.31                         |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | -356575.14                    | -356575.14                        |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 28

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. MR. STANLEY S. HUBBARD**

Mailing Address 3415 UNIVERSITY AVENUE WEST

City  
ST. PAULState  
MNZip Code  
55114-1019FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUBBARD BROADCASTING, INC.Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 05    | / | 2015        |

Transaction ID : SA11.927

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**Mailing Address 2200 WILSON BLVD.  
STE. 102-533City  
ARLINGTONState  
VAZip Code  
22201-3397FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4023.18

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 31    | / | 2015        |

Transaction ID : SA11.939

Amount of Each Receipt this Period

2796.24

IN-KIND CONTRIBUTION

COMPUTER SUPPLIES,IT  
SUPPORT/SVCS,MEETING EXPENSES,OFFICE  
SPACE,OFFICE SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**Mailing Address 2200 WILSON BLVD.  
STE. 102-533City  
ARLINGTONState  
VAZip Code  
22201-3397FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4023.18

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 28    | / | 2015        |

Transaction ID : SA11.940

Amount of Each Receipt this Period

525.79

IN-KIND CONTRIBUTION

COMPUTER SUPPLIES,IT  
SUPPORT/SVCS,MEETING EXPENSES,OFFICE  
SPACE,OFFICE SUPPLIES,PERSONNEL,TRAVEL

SUBTOTAL of Receipts This Page (optional)..... ►

53322.03

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 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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.**

Mailing Address 2200 WILSON BLVD.  
 STE. 102-533

City State Zip Code  
 ARLINGTON VA 22201-3397

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4023.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : SA11.941

Amount of Each Receipt this Period

321.94

IN-KIND CONTRIBUTION

COMPUTER SUPPLIES,IT  
 SUPPORT/SVCS,MEETING EXPENSES,OFFICE  
 SPACE,OFFICE SUPPLIES,PERSONNEL,TRAVEL

Full Name (Last, First, Middle Initial)

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
 STE. 102-533

City State Zip Code  
 ARLINGTON VA 22201-3397

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4023.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 30 2015

Transaction ID : SA11.942

Amount of Each Receipt this Period

193.83

IN-KIND CONTRIBUTION

OFFICE SPACE,PERSONNEL

Full Name (Last, First, Middle Initial)

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
 STE. 102-533

City State Zip Code  
 ARLINGTON VA 22201-3397

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4023.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : SA11.943

Amount of Each Receipt this Period

93.20

IN-KIND CONTRIBUTION

OFFICE SPACE

SUBTOTAL of Receipts This Page (optional)..... ►

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

608.97

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 28

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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"/> 17             |                              |                              |                             |

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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.**Mailing Address 2200 WILSON BLVD.  
STE. 102-533City State Zip Code  
ARLINGTON VA 22201-3397FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4023.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11.944

Amount of Each Receipt this Period

92.18

IN-KIND CONTRIBUTION

OFFICE SPACE

Full Name (Last, First, Middle Initial)

**B. VARIETY STORES, INC.**Mailing Address 218 S GARNETT STREET  
PO BOX 947City State Zip Code  
HENDERSON NC 27536-4644FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11.938

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

100092.18

154023.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 28  
(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 checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
|                              |                              |                                        | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 16    |   | 2015        |

Transaction ID : SA15.336

Amount of Each Receipt this Period

92295.25

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**B. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 16    |   | 2015        |

Transaction ID : SA15.337

Amount of Each Receipt this Period

5377.50

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**C. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 16    |   | 2015        |

Transaction ID : SA15.338

Amount of Each Receipt this Period

14374.75

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional)..... ►

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

112047.50

# **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 28

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. I360**

Mailing Address PO BOX 37046

City  
BALTIMORE

State Zip Code  
MD 21297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : SA15.339

Amount of Each Receipt this Period

41834.65

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**B. I360**

Mailing Address PO BOX 37046

City  
BALTIMORE

State Zip Code  
MD 21297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : SA15.340

Amount of Each Receipt this Period

28965.70

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**C. I360**

Mailing Address PO BOX 37046

City  
BALTIMORE

State Zip Code  
MD 21297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : SA15.341

Amount of Each Receipt this Period

9320.25

VENDOR REFUND

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

80120.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 28  
(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 checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
|                              |                              |                                        | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 16    |   | 2015        |

Transaction ID : SA15.342

Amount of Each Receipt this Period

47118.50

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**B. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 16    |   | 2015        |

Transaction ID : SA15.343

Amount of Each Receipt this Period

23931.00

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**C. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 16    |   | 2015        |

Transaction ID : SA15.344

Amount of Each Receipt this Period

75463.62

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional)..... ►

146513.12

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 28

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. I360**

Mailing Address PO BOX 37046

City  
BALTIMORE

State Zip Code  
MD 21297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : SA15.345

Amount of Each Receipt this Period

501.60

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**B. I360**

Mailing Address PO BOX 37046

City  
BALTIMORE

State Zip Code  
MD 21297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : SA15.346

Amount of Each Receipt this Period

30055.10

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**C. I360**

Mailing Address PO BOX 37046

City  
BALTIMORE

State Zip Code  
MD 21297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : SA15.347

Amount of Each Receipt this Period

45758.74

VENDOR REFUND

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

76315.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 28  
(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 checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
|                              |                              |                                        | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 28    |   | 2015        |

Transaction ID : SA15.348

Amount of Each Receipt this Period

194.72

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**B. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 28    |   | 2015        |

Transaction ID : SA15.349

Amount of Each Receipt this Period

471.25

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**C. I360**

Mailing Address PO BOX 37046

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| BALTIMORE | MD    | 21297    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415676.31

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 28    |   | 2015        |

Transaction ID : SA15.350

Amount of Each Receipt this Period

13.68

VENDOR REFUND

**SUBTOTAL** of Receipts This Page (optional)..... ►

679.65

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

415676.31

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

Freedom Partners Action Fund, Inc.

### A. ARCADIO, LLC

Mailing Address 3411 BROADWAY DRIVE

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| MOBILE | AL    | 36608    |

Purpose of Disbursement  
FUNDRAISING CONSULTING SERVICES

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.I303

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

## B. AUTHORIZE.NET

Mailing Address PO BOX 947

| City          | State | Zip Code |
|---------------|-------|----------|
| AMERICAN FORK | UT    | 84003    |

| Purpose of Disbursement |
|-------------------------|
| CREDIT CARD FEES        |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I299

Amount of Each Disbursement this Period

54.90

Full Name (Last, First, Middle Initial)

### C. AUTHORIZE.NET

Mailing Address PO BOX 947

| City          | State | Zip Code |
|---------------|-------|----------|
| AMERICAN FORK | UT    | 84003    |

| Purpose of Disbursement |
|-------------------------|
| CREDIT CARD FEES        |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| 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) ▼ |                          |         |

Date of Disbursement



Transaction ID : SB21B.I309

Amount of Each Disbursement this Period

55.02

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

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

559.92

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address PO BOX 947

City AMERICAN FORK      State UT      Zip Code 84003

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

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  
03      03      2015

Transaction ID : SB21B.I317

Amount of Each Disbursement this Period

55.14

Full Name (Last, First, Middle Initial)

**B. AUTHORIZE.NET**

Mailing Address PO BOX 947

City AMERICAN FORK      State UT      Zip Code 84003

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

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  
04      02      2015

Transaction ID : SB21B.I334

Amount of Each Disbursement this Period

54.90

Full Name (Last, First, Middle Initial)

**C. AUTHORIZE.NET**

Mailing Address PO BOX 947

City AMERICAN FORK      State UT      Zip Code 84003

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

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  
06      02      2015

Transaction ID : SB21B.I363

Amount of Each Disbursement this Period

55.02

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

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

165.06

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

Freedom Partners Action Fund, Inc.

### A. AUTHORIZE.NET

Date of Disbursement

Transaction ID : SB21B.I364

Amount of Each Disbursement this Period

54.90

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B. BB&T

Date of Disbursement

MM / DD / YYYY

Mailing Address PO BOX 580340

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| CHARLOTTE | NC    | 28258    |

Transaction ID : SB21B.I306

|                         |                     |
|-------------------------|---------------------|
| Purpose of Disbursement | CREDIT CARD PAYMENT |
|-------------------------|---------------------|

Amount of Each Disbursement this Period

107.48

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. BB&T

Date of Disbursement



Mailing Address PO BOX 580340

| City      | State | Zip Code |
|-----------|-------|----------|
| CHARLOTTE | NC    | 28258    |

Transaction ID : SB21B.I320

|                         |                     |
|-------------------------|---------------------|
| Purpose of Disbursement | CREDIT CARD PAYMENT |
|-------------------------|---------------------|

Amount of Each Disbursement this Period

12.86

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

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

175.24

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address PO BOX 580340

City CHARLOTTE      State NC      Zip Code 28258

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      25      2015

Transaction ID : SB21B.I325

Amount of Each Disbursement this Period

36.40

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address PO BOX 580340

City CHARLOTTE      State NC      Zip Code 28258

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      29      2015

Transaction ID : SB21B.I351

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address PO BOX 580340

City CHARLOTTE      State NC      Zip Code 28258

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05      26      2015

Transaction ID : SB21B.I358

Amount of Each Disbursement this Period

165.69

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

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

212.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address PO BOX 580340

City CHARLOTTE      State NC      Zip Code 28258

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      29      2015

Transaction ID : SB21B.I368

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON      State NC      Zip Code 27894

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01      15      2015

Transaction ID : SB21B.I302

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

**C. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City WILSON      State NC      Zip Code 27894

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      17      2015

Transaction ID : SB21B.I318

Amount of Each Disbursement this Period

36.50

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

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

86.45



|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

Freedom Partners Action Fund, Inc.

## A. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| WILSON | NC    | 27894    |

| Purpose of Disbursement |
|-------------------------|
| CREDIT CARD FEES        |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I367

Amount of Each Disbursement this Period

36.19

Full Name (Last, First, Middle Initial)

## B. CMDI

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

| City          | State | Zip Code |
|---------------|-------|----------|
| TYSONS CORNER | VA    | 22182    |

|                         |                                               |
|-------------------------|-----------------------------------------------|
| Purpose of Disbursement | DATABASE MGMT., CONTRIBUTION PROCESSING SVCS. |
|-------------------------|-----------------------------------------------|

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

Transaction ID : SB21B.I301

Amount of Each Disbursement this Period

1581.01

Full Name (Last, First, Middle Initial)

### C. CMDI

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| TYSONS CORNER | VA    | 22182    |

|                         |                                               |
|-------------------------|-----------------------------------------------|
| Purpose of Disbursement | DATABASE MGMT., CONTRIBUTION PROCESSING SVCS. |
|-------------------------|-----------------------------------------------|

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| 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) ▼ |                          |         |

Date of Disbursement

Transaction ID : SB21B.I315

Amount of Each Disbursement this Period

1050.11

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

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

2667.31





|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

Freedom Partners Action Fund, Inc.

#### A. DIRECT MAIL MARKETING GROUP

Category/  
Type

100.00

State:  District:

**B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Three 16x16 LED matrices are shown, each displaying a portion of the date '01/31/2015'. The first matrix shows '01', the second shows '31', and the third shows '2015'. Each matrix has a 4x4 grid of larger segments, each containing a 4x4 sub-grid of individual LEDs.

Category/  
Type

State:  District:

2796.24

**C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

MM / DD / YYYY

Category/  
Type

State:  District:

525.79

COMPUTER SUPPLIES,IT  
SUPPORT/SVCS,MEETING EXPENSES,OFFICE  
SPACE.OFFICE SUPPLIES.PERSONNEL.TRAVEL

3422.03



|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

Freedom Partners Action Fund, Inc.

**A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| ARLINGTON | VA    | 22201-3397 |

### Purpose of Disbursement

#### IN-KIND CONTRIBUTION

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.944

Amount of Each Disbursement this Period

92.18

OFFICE SPACE

Full Name (Last, First, Middle Initial)

### B. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

| City       | State | Zip Code |
|------------|-------|----------|
| WASHINGTON | DC    | 20001    |

| Purpose of Disbursement |  |
|-------------------------|--|
| LEGAL FEES              |  |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| 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) ▼ |                          |         |

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I310

Amount of Each Disbursement this Period

| score  | count |
|--------|-------|
| 750.00 | 1     |

Full Name (Last, First, Middle Initial)

### C. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

| City       | State | Zip Code |
|------------|-------|----------|
| WASHINGTON | DC    | 20001    |

### Purpose of Disbursement

LEGAL FEES

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| 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) ▼ |                          |         |

Date of Disbursement

M M / D D / Y Y Y Y  
02 27 2015

Transaction ID : SB21B.I314

Amount of Each Disbursement this Period

775.00

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

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

1617.18

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

Freedom Partners Action Fund, Inc.

### A. JONES DAY

Category/  
Type

465.00

State:  District:

### B. JONES DAY

MM / DD / YYYY

Category/  
Type

620.00

State:  District:

### C. MAXIMUM COMPLIANCE, LLC

Category/  
Type

| Age | Number of people |
|-----|------------------|
| 0   | 1000             |
| 5   | 1500             |
| 10  | 2000             |
| 15  | 3000             |
| 20  | 4000             |
| 25  | 5000             |
| 30  | 6000             |
| 35  | 7000             |
| 40  | 8000             |
| 45  | 9000             |
| 50  | 10000            |
| 55  | 11000            |
| 60  | 12000            |
| 65  | 13000            |
| 70  | 14000            |
| 75  | 15000            |
| 80  | 14000            |
| 85  | 13000            |
| 90  | 12000            |
| 95  | 11000            |
| 100 | 1000             |

State:  District:

16085.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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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

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      04      2015

Transaction ID : SB21B.I312

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      01      2015

Transaction ID : SB21B.I313

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      02      2015

Transaction ID : SB21B.I331

Amount of Each Disbursement this Period

5625.00

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

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

16875.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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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

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05      04      2015

Transaction ID : SB21B.I353

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      04      2015

Transaction ID : SB21B.I356

Amount of Each Disbursement this Period

5625.00

Full Name (Last, First, Middle Initial)

**C. US POSTAL SERVICE**Mailing Address MERRIFIELD  
8409 LEE HIGHWAY

City MERRIFIELD      State VA      Zip Code 22116

Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      29      2015

Transaction ID : SB21B.I370

Amount of Each Disbursement this Period

925.00

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

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

12175.00

59077.63