

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 Future45

ADDRESS (number and street) PO Box 710993 Herndon VA 20171

2. FEC IDENTIFICATION NUMBER C C00574533 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 / 2016 through 09 / 30 / 2016

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 Wojciechowski, Maria, , ,

Signature of Treasurer Wojciechowski, Maria, , , [Electronically Filed] Date 10 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Future45

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="708732.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="222506.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12308710.20"/>	<input type="text" value="12422064.99"/>
(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="12531216.21"/>	<input type="text" value="13130797.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2610957.15"/>	<input type="text" value="3210538.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9920259.06"/>	<input type="text" value="9920259.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Future45

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2016 To: MM / DD / YYYY 09 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	12308385.20	12421739.99
(ii) Unitemized	325.00	325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12308710.20	12422064.99
(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)	12308710.20	12422064.99
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)).....▶	12308710.20	12422064.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12308710.20	12422064.99

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15973.71	275270.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15973.71	275270.09
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)	2594983.44	2935268.02
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2610957.15	3210538.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2610957.15	3210538.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	12308710.20	12422064.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12308710.20	12422064.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15973.71	275270.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15973.71	275270.09

**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 6 OF 19
<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

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)
Future45

A. ADELSON, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 LAS VEGAS BLVD. SOUTH
 City LAS VEGAS State NV Zip Code 89109-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADELSON DRUG CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11A.4
 Amount of Each Receipt this Period 2500000.00
 Memo Item CONTRIBUTION

B. ADELSON, SHELDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 LAS VEGAS BLVD. SOUTH
 City LAS VEGAS State NV Zip Code 89109-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAS VEGAS SANDS, INC. Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11A.5
 Amount of Each Receipt this Period 2500000.00
 Memo Item CONTRIBUTION

C. RICKETTS, J., JOE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 UPPER HOBACK ROAD
 City LITTLE JACKSON HOLE State WY Zip Code 82922-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA11A.7
 Amount of Each Receipt this Period 1000000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000000.00
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 7 OF 19
<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)
Future45

A. ADELSON, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 LAS VEGAS BLVD. SOUTH
 City LAS VEGAS State NV Zip Code 89109-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADELSON DRUG CLINIC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11A.8
 Amount of Each Receipt this Period 2500000.00
 Memo Item CONTRIBUTION

B. ADELSON, SHELDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 LAS VEGAS BLVD. SOUTH
 City LAS VEGAS State NV Zip Code 89109-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAS VEGAS SANDS, INC. Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11A.9
 Amount of Each Receipt this Period 2500000.00
 Memo Item CONTRIBUTION

C. BERGMAN, JAY, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 E OGDEN AVE
 City HINSDALE State IL Zip Code 60521-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PETCO PETROLEUM CORPORATION Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA11A.14
 Amount of Each Receipt this Period 500000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Future45

A. HENDRICKS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 BEEKMAN CREEK RD
 City PIPE CREEK State TX Zip Code 78063-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TENASKA Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA11A.13
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. CRAFT, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 S BOULDER AVE SUITE 400
 City TULSA State OK Zip Code 74119-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIANCE COAL LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750000.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA11A.17
 Amount of Each Receipt this Period 750000.00
 Memo Item CONTRIBUTION

C. ASPLUNDH TREE EXPERT CO.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 BLAIR MILL RD.
 City WILLOW GROVE State PA Zip Code 19090-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA11A.16
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 805000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)

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

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NAME OF COMMITTEE (In Full)
Future45

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
45COMMITTEE INC.

Mailing Address P.O. BOX 710993

City HERNDON	State VA	Zip Code 20171-
------------------------	--------------------	---------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3385.20

Date of Receipt
09 / 30 / 2016

Transaction ID : SA11A.18

Amount of Each Receipt this Period
3385.20

Memo Item
IN-KIND FUNDRAISING CONSULTING

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3385.20
TOTAL This Period (last page this line number only).....	12308385.20

**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"/> 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)
Future45

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 1593 Spring Hill Road Suite 400		FEC Identification Number C [] Transaction ID : SB.1 Amount of Each Disbursement this Period [] 500.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Donor database subscription		Category/Type 002
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Trinity Financial Reporting & Compliance		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address P.O Box 710993		FEC Identification Number C [] Transaction ID : SB.4 Amount of Each Disbursement this Period [] 1050.00
City Herndon	State VA	Zip Code 20171
Purpose of Disbursement Accounting and compliance		Category/Type 001
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 1593 Spring Hill Road Suite 400		FEC Identification Number C [] Transaction ID : SB.2 Amount of Each Disbursement this Period [] 500.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Donor database subscription		Category/Type 002
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2050.00
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"/> 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)
Future45

A. Arena Online

Full Name (Last, First, Middle Initial)

Mailing Address 1780 West Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement
Web domain renewal

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 17 / 2016

FEC Identification Number

Transaction ID : SB.15
Amount of Each Disbursement this Period

Memo Item

B. Trinity Financial Reporting & Compliance

Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Accounting and compliance

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 17 / 2016

FEC Identification Number

Transaction ID : SB.5
Amount of Each Disbursement this Period

Memo Item

C. Wiley Rein

Full Name (Last, First, Middle Initial)

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
08 / 29 / 2016

FEC Identification Number

Transaction ID : SB.6
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"/> 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)
Future45

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 1593 Spring Hill Road Suite 400		FEC Identification Number C [] Transaction ID : SB.3
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Donor database subscription		Amount of Each Disbursement this Period [] 500.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) B. Trinity Financial Reporting & Compliance		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address P.O Box 710993		FEC Identification Number C [] Transaction ID : SB.7
City Herndon	State VA	Zip Code 20171
Purpose of Disbursement Accounting and compliance		Amount of Each Disbursement this Period [] 1500.00
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address P.O. Box 84314		FEC Identification Number C [] Transaction ID : SB.9
City Baton Rouge	State LA	Zip Code 70884
Purpose of Disbursement Merchant fee		Amount of Each Disbursement this Period [] 7.71
Candidate Name		<input type="checkbox"/> Memo Item
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:		

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

[] 2007.71

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"/> 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)
Future45

Full Name (Last, First, Middle Initial) A. Wiley Rein		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 1776 K Street NW		FEC Identification Number C [REDACTED] Transaction ID : SB.8 Amount of Each Disbursement this Period [REDACTED] 558.75	
City Washington	State DC	Zip Code 20006	Category/ Type 001
Purpose of Disbursement Legal services			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] Transaction ID : SB.10 Amount of Each Disbursement this Period [REDACTED] 2.25	
City Baton Rouge	State LA	Zip Code 70884	Category/ Type 002
Purpose of Disbursement Merchant fee			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] Transaction ID : SB.11 Amount of Each Disbursement this Period [REDACTED] 2.25	
City Baton Rouge	State LA	Zip Code 70884	Category/ Type 002
Purpose of Disbursement Merchant fee			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 563.25
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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)

Form with checkboxes for line numbers 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. 21b is checked.

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)
Future45

Form A: Aneidot. Includes fields for Full Name, Mailing Address (P.O. Box 84314), City (Baton Rouge), State (LA), Zip Code (70884), Purpose of Disbursement (Merchant fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/26/2016), FEC Identification Number (C), Transaction ID (SB.12), Amount of Each Disbursement (1.27), and Memo Item checkbox.

Form B: Aneidot. Includes fields for Full Name, Mailing Address (P.O. Box 84314), City (Baton Rouge), State (LA), Zip Code (70884), Purpose of Disbursement (Merchant fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/28/2016), FEC Identification Number (C), Transaction ID (SB.13), Amount of Each Disbursement (195.30), and Memo Item checkbox.

Form C: Aneidot. Includes fields for Full Name, Mailing Address (P.O. Box 84314), City (Baton Rouge), State (LA), Zip Code (70884), Purpose of Disbursement (Merchant fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/29/2016), FEC Identification Number (C), Transaction ID (SB.14), Amount of Each Disbursement (0.98), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 197.55
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Future45

A. 45Committee

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement In-kind fundraising consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB.16

Amount of Each Disbursement this Period: 3385.20

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3385.20
TOTAL This Period (last page this line number only).....▶	15973.71

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

NAME OF COMMITTEE (In Full) Future45	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00574533 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 23 / 2016</div>		
Mailing Address 1427 Leslie Avenue Suite 102			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">775000.00</div>		
City Alexandria	State VA	Zip Code 22301			
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 16 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Clinton, Hillary, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 935560.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Connell Donatelli			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 23 / 2016</div>		
Mailing Address P.O. Box 1877			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">321884.76</div>		
City Alexandria	State VA	Zip Code 22313			
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : 002 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 22 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Clinton, Hillary, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1257445.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1096884.76</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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

Signature Wojciechowski, Maria, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y

10 / 15 / 2016

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

NAME OF COMMITTEE (In Full) Future45	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00574533 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item DDC	Date of Public Distribution/Dissemination 09 / 23 / 2016						
Mailing Address 805 15th Street, NW Suite 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">97499.00</div> Transaction ID : 003 Date of Disbursement or Obligation 09 / 23 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005
City		State	Zip Code				
Washington	DC	20005					
Purpose of Expenditure Media placement							
Name of Federal Candidate: <input type="checkbox"/> Support Clinton, Hillary, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 1354944.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item McCarthy Hennings Whalen	Date of Public Distribution/Dissemination 09 / 23 / 2016						
Mailing Address 1850 M Street NW Suite 235	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25904.49</div> Transaction ID : 004 Date of Disbursement or Obligation 09 / 24 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table>		City	State	Zip Code	Washington	DC	20036
City		State	Zip Code				
Washington	DC	20036					
Purpose of Expenditure Media production							
Name of Federal Candidate: <input type="checkbox"/> Support Clinton, Hillary, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 1380848.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">123403.49</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Wojciechowski, Maria, , ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Future45	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00574533 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item DDC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016
Mailing Address 805 15th Street, NW Suite 300	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100000.00 </div>
City Washington State DC Zip Code 20005	
Purpose of Expenditure Media placement Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 1480848.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item McCarthy Hennings Whalen	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016
Mailing Address 1850 M Street NW Suite 235	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24695.19 </div>
City Washington State DC Zip Code 20036	
Purpose of Expenditure Media production Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 1505543.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 124695.19 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

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.

Wojciechowski, Maria, , ,
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Future45
FEC IDENTIFICATION NUMBER
C C00574533

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Del Cielo Media
Mailing Address
1427 Leslie Avenue
Suite 102
City
Alexandria
State
VA
Zip Code
22301
Purpose of Expenditure
Media placement
Category/Type
004
Date of Public Distribution/Dissemination
09 / 29 / 2016
Amount
1250000.00
Transaction ID : 007
Date of Disbursement or Obligation
09 / 27 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support
Oppose
Office Sought:
President
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
2755543.96
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Oppose
Office Sought:
President
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 1250000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 2594983.44

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.

Wojciechowski, Maria, ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature