## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Stop Hillary PAC	C C00544767					
	0 00034707					
Check if 24-hour report						
Full Name of Payee CONNELL DONATELLI, INC	Date of Public Distribution/Dissemination					
CONNELL BONATELLI, INC	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO BOX 1877	Amount					
City State Zip Code	5000.00					
ALEXANDRIA VA 22313	Transaction ID : SE24.92523 Date of Disbursement or Obligation					
Purpose of Expenditure ONLINE VOTER CONTACT  Category/ Type	10 13 2016					
Name of Federal Candidate Support Office	Sought: House District:					
CLINTON, HILLARY, , ,	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary <b>X</b> General  Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
CONNELL DONATELLI, INC	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO BOX 1877	Amount					
City State Zip Code	50000.00					
ALEXANDRIA VA 22313	Transaction ID : SE24.92521 Date of Disbursement or Obligation					
Purpose of Expenditure ONLINE VOTER CONTACT  Category/ Type	10 14 2016					
Name of Federal Candidate Support Office	e Sought: House District:					
CLINTON, HILLARY, , ,	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary   General  Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	55000 00					
(a) SUBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	55000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
24.0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NOENT EXTENT	JII OI LE		PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼		
Stop Hillary PAC			С	C00544767		
Check if 24-hour report						
Full Name of Payee			Date of Public	Distribution/Dissemination		
CONNELL DONATELLI, INC			10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO BOX 1877			Amount			
City	State	Zip Code		50000.00		
ALEXANDRIA	VA	22313		D: SE24.92522 irsement or Obligation		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	10	14 / 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
CLINTON, HILLARY, , ,		<b>X</b> Oppose	<b>✗</b> President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		1268613.79	Disbursement For: 2016 Other (sp	Primary <b>x</b> General secify) ▶		
Full Name of Payee			Date of Public	c Distribution/Dissemination		
GRAVIS MARKETING			10	17 / 2016		
Mailing Address 910 BELLE AVE			Amount			
#1180						
City WINTER SPRINGS	State FL	Zip Code 32708	Transaction IE			
Purpose of Expenditure YARD SIGNS		Category/ Type	Mark of Disbu	ursement or Obligation  13 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
CLINTON, HILLARY, , ,		<b>X</b> Oppose	<b>X</b> President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		1268613.79	Disbursement For: 2016 Other (sp	Primary <b>X</b> General pecify) ▶		
(a) SUBTOTAL of Itemized Independent Ex	penditures		. •	58980.00		
(b) SUBTOTAL of Unitemized Independent	Expenditures		•			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Backer, Dan, , ,	[Electro	nically Filed] Date	10 / 14	2016		
- griataro						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	nedule E)	1111 E/G E.G.	7101120		PAGE 3 OF 4 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Sto	op Hillary PAC				C C00544767
Check if 24-hour report					
	Full Name of Payee STRATEGIC MEDIA PLACEMEN	NIT			of Public Distribution/Dissemination
	Mailing Address 7669 STAGERS LOOP				10 17 2016
	/Mailing Addition /boy STAGERS LOUP			Amou	unt
	City	State	Zip Code		300000.00
┖	DELAWARE	ОН	43015		saction ID : SE24.92524 of Disbursement or Obligation
	Purpose of Expenditure TV ADS- COLORADO		Category/ Type		10 / 14 / 2016
1	Name of Federal Candidate		Support	Office Sough	ht: House District:
Ľ	CLINTON, HILLARY, , ,		X Oppose	<b>x</b> Presid	dent Senate State:
	Calendar Year-To-Date Per Election for Office Sought	.,.,	1268613.79	Disbursemer 2016	ont For:  Primary
	Full Name of Payee THE STRATEGY GROUP FOR ME	EDIA			of Public Distribution/Dissemination
	Mailing Address 7669 STAGGERS LOOPS				10 17 2016
				Amou	ount
(	City	State	Zip Code	<b>□</b> L.	2130.00
	DELAWARE	ОН	43015		saction ID : SE24.92525 of Disbursement or Obligation
	Purpose of Expenditure VIDEO PRODUCTION		Category/ Type	$\Box \mid \Box$	10 17 2016
1	Name of Federal Candidate		Support	Office Sough	ght: House District:
	CLINTON, HILLARY, , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
	Calendar Year-To-Date Per Election for Office Sought		1268613.79	Disbursemer 2016	ent For:  Primary
(a	<ul> <li>a) SUBTOTAL of Itemized Independent Expendi</li> </ul>	tures		>	302130.00
(b	b) SUBTOTAL of Unitemized Independent Exper	nditures		·· •	
(с	c) TOTAL Independent Expenditures			. •	7 7
wi	nder penalty of perjury I certify that the indepe ith, or at the request or suggestion of, any cand arty committee) any political party committee or	didate or authorized			
	Backer, Dan, , ,	[Electro	nically Filed] Date	e 10	14 2016
	Signature		_		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼					
Stop Hillary PAC	C C00544767					
Check if 24-hour report						
Full Name of Payee Date of	Public Distribution/Dissemination					
THE UPS STORE						
Mailing Address 6060 CORNERSTONE CT W Amount						
City State Zip Code	10000.00					
Date of	ction ID : SE24.92527 Disbursement or Obligation					
Purpose of Expenditure ESTIMATED POSTAGE  Category/ Type						
Name of Federal Candidate Support Office Sought:	House District:					
CLINTON, HILLARY, , , President	t Senate State:					
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary <b>X</b> General er (specify) ▶					
Full Name of Payee Date of	Public Distribution/Dissemination					
Mailing Address	, , , , , , , , , , , , , , , , , , , ,					
Amount						
City State Zip Code						
	Disbursement or Obligation					
Purpose of Expenditure  Category/ Type	M / D D / Y Y Y Y					
Name of Federal Candidate  Support  Office Sought:	House District:					
Oppose Presiden	state:					
Calendar Year-To-Date Per Election for Office Sought Oth	For: Primary General er (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1					
(c) TOTAL Independent Expenditures	426110.00					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
[Electronically Filed] Date 10	14 2016					
Signature						