24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	
	C C00544767
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y B Y B Y
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 General Other (specify)
Full Name of Payee CONNELL DONATELLI, INC	Date of Public Distribution/Dissemination
Mailing Address PO BOX 1877	10 17 2016
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
(a) SUBTOTAL of Itemized Independent Expenditures	55000.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(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	0 14 2016
Signature	