



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

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="14814493.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1049211.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="37801.08"/>	<input type="text" value="15971372.43"/>
(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="1087012.52"/>	<input type="text" value="30785865.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="134987.98"/>	<input type="text" value="29833841.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="952024.54"/>	<input type="text" value="952024.54"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Freedom Partners Action Fund, Inc.

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

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).....	1366.15	14736991.22
(ii) Unitemized .....	0.00	12077.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1366.15	14749068.50
(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) .....	1366.15	14749068.50
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).....	36434.93	1222303.93
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)).....▶	37801.08	15971372.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37801.08	15971372.43

**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 .....	60971.04	730785.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60971.04	730785.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E) .....	5816.94	28934855.15
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).....	68200.00	68200.00
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)) ..	134987.98	29833841.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134987.98	29833841.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1366.15	14749068.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1366.15	14749068.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	60971.04	730785.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	36434.93	1222303.93
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24536.11	-491518.04

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:  
Transaction ID:

**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 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Freedom Partners Action Fund, Inc.**

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

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

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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 ▼  
23491.22

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016

**Transaction ID : SA11A.1816**

Amount of Each Receipt this Period  
 1366.15

Memo Item  
 IN-KIND CONTRIBUTION

LEGAL SERVICES

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1366.15
<b>TOTAL</b> This Period (last page this line number only).....	1366.15

**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 21  
(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.**

**A. I360**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 37046  
 City BALTIMORE State MD Zip Code 21297  
 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 ▼  
 1221644.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA15.950**  
 Amount of Each Receipt this Period  
 29102.31  
 Memo Item  
**VENDOR REFUND**

**B. I360**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 37046  
 City BALTIMORE State MD Zip Code 21297  
 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 ▼  
 1221644.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA15.951**  
 Amount of Each Receipt this Period  
 7332.62  
 Memo Item  
**VENDOR REFUND**

**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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	36434.93
<b>TOTAL</b> This Period (last page this line number only).....▶	36434.93



**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)  
**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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I931

Amount of Each Disbursement this Period

[REDACTED] 54.90

Memo Item

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I948

Amount of Each Disbursement this Period

[REDACTED] 218.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I933

Amount of Each Disbursement this Period

[REDACTED] 1003.63

Memo Item

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

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

[REDACTED] 1276.93

[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)

<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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1940</b> Amount of Each Disbursement this Period [ ] 610.79
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type [ ]
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>B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1816</b> Amount of Each Disbursement this Period [ ] 1366.15 LEGAL SERVICES
City ARLINGTON	State VA	Zip Code 22201-3397
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type [ ]
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>C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 2200 WILSON BLVD. STE. 102-533		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1946</b> Amount of Each Disbursement this Period [ ] 5500.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement DIGITAL MEDIA PRODUCTION		Category/ Type [ ]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7476.94
<b>TOTAL</b> 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)

**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement OFFICE SPACE, UTILITIES, PERSONNEL, IT & DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I953**  
Amount of Each Disbursement this Period  
[ ] 12500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. INNOVATIVE ADVERTISING, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

Mailing Address 4250 HIGHWAY 22  
STE. 7

City MANDEVILLE State LA Zip Code 70471

Purpose of Disbursement TV/MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I954**  
Amount of Each Disbursement this Period  
[ ] 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JONES DAY**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I952**  
Amount of Each Disbursement this Period  
[ ] 5575.00

Memo Item

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

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

33075.00
[ ]

**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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MAXIMUM COMPLIANCE, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 4703 WOODWAY LANE, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I923</b> Amount of Each Disbursement this Period 18125.00
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement BOOKKEEPING/COMPLIANCE		Category/ Type
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>B. OUTBRAIN, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 39 WEST 13TH STREET 3TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I932</b> Amount of Each Disbursement this Period 216.72
City NEW YORK	State NY	Zip Code 10011
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type
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>C. TWITTER INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 1355 MARKET STREET STE. 900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I934</b> Amount of Each Disbursement this Period 649.78
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18991.50
<b>TOTAL</b> 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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I949  
Amount of Each Disbursement this Period

150.22

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

150.22

60970.59

**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 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 checked="" 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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016	
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I937</b>	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period [REDACTED] 2.58
Purpose of Disbursement MEDIA PLACEMENT - DIGITAL		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016	
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I939</b>	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period [REDACTED] 97.42
Purpose of Disbursement MEDIA PLACEMENT - DIGITAL		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.I927</b>	
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period [REDACTED] 5500.00
Purpose of Disbursement DIGITAL MEDIA PRODUCTION		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
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:			

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

[REDACTED] 5600.00

**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 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 checked="" 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)

**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.I928**

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
DIGITAL MEDIA PRODUCTION

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.I929**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. I360**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 37046

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
MEDIA PLACEMENT - DIGITAL

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.I926**

Amount of Each Disbursement this Period

[REDACTED] 60000.00

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

[REDACTED] 62500.00

[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)

<input 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 checked="" 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)  
**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

**A. TWITTER INC.**

Mailing Address 1355 MARKET STREET  
STE. 900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
MEDIA PLACEMENT - DIGITAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 08 / 2016

FEC Identification Number

C

Transaction ID : SB29.1941

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

100.00

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

68200.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Freedom Partners Action Fund, Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jones Day</b>			Nature of Debt (Purpose): Legal Fees
Mailing Address 51 Louisiana Avenue, NW			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period 5575.00		Transaction ID : <b>DM4.001</b>	
Amount Incurred This Period 0.00	Payment This Period 5575.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00564765                 </div>
--	---

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 <b>FACEBOOK, INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1081038	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 06 / 27 / 2016						
Mailing Address 1601 WILLOW ROAD	Amount <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 0.27 <b>Transaction ID : SE24.935</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 08 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>MENLO PARK</td> <td>CA</td> <td>94025</td> </tr> </table>		City	State	Zip Code	MENLO PARK	CA	94025
City		State	Zip Code				
MENLO PARK	CA	94025					
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MASTO, CATHERINE, CORTEZ, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: NV						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">7609389.74</span>	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 <b>FACEBOOK, INC.</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 06 / 27 / 2016						
Mailing Address 1601 WILLOW ROAD	Amount <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 0.59 <b>Transaction ID : SE24.936</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 08 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>MENLO PARK</td> <td>CA</td> <td>94025</td> </tr> </table>		City	State	Zip Code	MENLO PARK	CA	94025
City		State	Zip Code				
MENLO PARK	CA	94025					
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: OH						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">9981604.19</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 0.86
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> _____
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> _____

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.

MAXWELL, THOMAS, FRANCIS, , III

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00564765                 </div>
--	---

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 <b>FACEBOOK, INC.</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold;">Y Y Y Y Y Y</span>                      09 / 26 / 2016                 </div>			
Mailing Address 1601 WILLOW ROAD	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">38.70</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City MENLO PARK</td> <td style="width:17%; padding: 2px;">State CA</td> <td style="width:50%; padding: 2px;">Zip Code 94025</td> </tr> </table>		City MENLO PARK	State CA	Zip Code 94025
City MENLO PARK		State CA	Zip Code 94025	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: IN			
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1066328.50</span>	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 <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">D D</span> / <span style="font-size: 24px; font-weight: bold;">Y Y Y Y Y Y</span>                      10 / 14 / 2016                 </div>			
Mailing Address 2200 WILSON BLVD. STE. 102-533	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">5500.00</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City ARLINGTON</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22201</td> </tr> </table>		City ARLINGTON	State VA	Zip Code 22201
City ARLINGTON		State VA	Zip Code 22201	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: IN			
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1066328.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">5538.70</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">0.00</span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">5538.70</span> </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.

MAXWELL, THOMAS, FRANCIS, , III

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00564765                 </div>
--	---

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 <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1101000	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 20 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">82.38</span> </div> Transaction ID : <b>SE24.913</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 01 / 2016
City State Zip Code SAN FRANCISCO CA 94103	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MASTO, CATHERINE, CORTEZ, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">7609389.74</span>	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 <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1101009	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 09 / 20 / 2016
Mailing Address 1355 MARKET STREET STE. 900	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">75.00</span> </div> Transaction ID : <b>SE24.914</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 01 / 2016
City State Zip Code SAN FRANCISCO CA 94103	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">7273805.40</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">157.38</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">0.00</span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">157.38</span> </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.

MAXWELL, THOMAS, FRANCIS, , III

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00564765
--	--

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

Full Name of Payee <b>TWITTER INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1355 MARKET STREET STE. 900	Amount <input type="text"/> 120.00 <b>Transaction ID : SE24.912</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code SAN FRANCISCO CA 94103	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL Category/Type <input type="text"/>	
Name of Federal Candidate: BAYH, EVAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1066328.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 120.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/> 5816.94

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.

MAXWELL, THOMAS, FRANCIS, , III [Electronically Filed]  
Signature Date  /  /