

RECEIVED
FEDERAL ELECTION
COMMISSION



August 27, 2016

Daniel A. Petalas
General Council Office
Federal Election Commission
999 E. Street NW
Washington, DC 20436

OFFICE OF GENERAL
P.O. Box 11786
Ft. Mohave, AZ 86427
kellipac.us@gmail.com
www.kellipac.us

Dear Mr. Petalas;

As of August 27, 2016, I am in receipt of your notification of the complaint that has been filed against me by Mr. Matthew J. Kenney; (MUR 7128).

It has always been my intention to be in good standing and in compliance with the Federal Election Commission. As someone who is new to this filed, I have spent several hours on the phone over the past year seeking assistance from the various staff members at the FEC who have always been patient, informative and more than accommodating in helping me with any difficulties that I may have had with reporting. I have been consistent in my efforts of make corrections and amendments that required updates in order to maintain my compliance.

I would like to inform the counsel that the 24 hour independent expenditure reports, that are in question, were filed and accepted by the FEC on August 23, 2016. This is a full day prior to August 24, 2016 which is the post date on the envelope that contained the complaint packet. This is 4 days prior to my physical reception of the complaint. It was not until August 27, 2016 at approximately 4:30 pm that I had any knowledge that a complaint had been filed against me.

While I was reviewing the pre-election reporting requirements in the "Getting Started Manual" I was with the understanding that PACs were excluded from these reports because of the "Candidates Only" under the "48 hour Notices" section. I have included a copy of that page. After a conversation with one of the commission's liaisons, "Laura", late on the afternoon of the 23rd I was informed that we were indeed required to file those reports. In an effort to establish compliance and at my earliest opportunity, I immediately filed the missing reports, validated them and uploaded them to the FEC. I have included copies of the emails that I received from each report confirming the date and time of that filing. Please let it show that it was not necessary to compel me to file these reports but rather I voluntarily did so in an effort to continue to comply with FEC filing requirements.

I have no working knowledge of what Mr. Kenney is referring to regarding a "self-described white nationalist"; nor do I see the relevance to the filing of these reports. KelliPAC is completely independent of Ms. Ward's campaign committee.

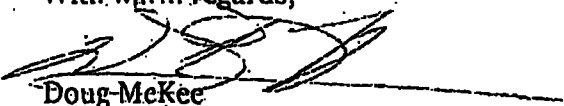
The reports that I have filed with the FEC include current and accurate disbursements that properly reveal all expenditures that are subject to both the required 48 and 24 hour reports. The commission will also see that our future filings will show both an accurate and transparent accounting of all donations and expenditures; but sadly, they will not add up to our hopes of the \$1.2 million media purchase that Mr. Kenney refers to.

I will offer the counsel and Mr. Kinney my sincere apology for my misunderstanding of the FEC filing requirements and as well for my not filing them on time. It was most certainly not my design to breach filing protocol with an intent to harm or hinder Mr. Kenney's efforts to assist Mr. McCain in his reelection; and neither do I believe that I have done so.

I would humbly ask the counsel to excuse my mistake and consider this matter satisfied and to dismiss this complaint against me without penalty or fine.

I will remain available by phone, mail or email to answer any questions that you may have for me. My intention is and has always been to work and comply with the commission.

With warm regards;

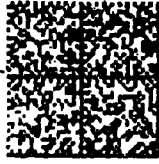


Doug McKee
Treasurer, KelliPAC.
Committee ID C00572941
MUR# 7128

1. Copy of envelope from FEC showing post date
2. Copy of page From "Getting Started" Manual
3. Email showing FEC receipt of report 1096665
4. Email showing FEC receipt of report 1096659
5. Email showing FEX receipt of report 1096654
6. 48 Hour Report
7. 24 Hour Report
8. 24 hour Report

170444140026

eral Election Commission
E Street, N.W.
shington, D.C. 20463



FIRST CLASS MAIL

Doug McKee, Treasurer
KelliPAC
P.O. Box 11786
Fort Mohave, AZ 86427

STATES OF AMERICA

Campaign Finance Disclosure Portal

Meetings and Hearings

Enforcement Matters

Help with Reporting and Compliance

Law, Regulations and Procedures

Commission Calendar

2016 Congressional Pre-Election Reporting Dates

The alphabetical list below provides basic reporting information for each state. Links to the report notices for each state and a chronological listing of pre-election reporting dates on the [FEC Calendar](#) will be added at a later date.

NOTE: Election dates are subject to change. This chart will be updated as additional information becomes available.

Alabama - California
Colorado - Georgia
Guam - Kentucky
Louisiana - Missouri

Montana - Ohio
Oklahoma - Tennessee
Texas - Virgin Islands
Virginia - Wyoming

State	Election Date	Close of Books	Mailing Deadline	Filing Deadline	48-Hour Notices (candidates only)
*Alabama [HTML]	03/01/16	02/10/16	02/15/16 ¹	02/18/16	02/11/16 - 02/27/16
Runoff (NOT HELD)	04/12/16	03/23/16	03/28/16	03/31/16	03/24/16 - 04/09/16
*Alaska [HTML]	08/16/16	07/27/16	08/01/16	08/04/16	07/28/16 - 08/13/16
American Samoa [HTML]	11/08/16	10/19/16	10/24/16	10/27/16	10/20/16 - 11/05/16
*Arizona [HTML]	08/30/16	08/10/16	08/15/16	08/18/16	08/11/16 - 08/27/16
*Arkansas [HTML]	03/01/16	02/10/16	02/15/16 ¹	02/18/16	02/11/16 - 02/27/16

FEC Electronic Filing Results - kellipac.us@gmail.com - Gmail

Try a fast, secure browser with updates built in Yes, get Chrome now No, not interested

label:fec

Gmail

Remove label

More

COMPOSE

FEC Electronic Filing Results FEC x

Inbox (1)

Starred

Sent Mail

Drafts (1)

Adnot

Adnot URL

Donations

Expenses (2)

FEC (1)



Doug

? noreply-efiling@fec.gov
DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement This is to acknow...

? noreply-efiling@fec.gov
~~Your filing was received and accepted by our system at 08/23/08 23:23:00:00~~

noreply-efiling@fec.gov
to me

DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement

This is to acknowledge the receipt and acceptance of your electronic filing via the DISCLOSE protocol.

Your filing was received and accepted by our system at 08/24/08 01:37:11 AM and was assigned the Filing ID of: FEC-1096665

Please make a note of this, as it will be necessary to refer to this information in the future.

Thank you for using DISCLOSE.

Do not reply to this notice. It is sent from an unattended account that cannot receive email.

For your reference, the output of the validation check was as follows:

FEC File Validator. Version 8.1.0.3

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC
Direct dial: 202-694-1642. Toll free: 1-800-424-9530 x 1642

No recent chats
Start a new one

=== Identification Section =====

Committee ID: C00572941
Committee Name: KelliPAC
Filing Type: F24N
Filing Date: 20160823

17044414029

FEC Electronic Filing Results - kellipac.us@gmail.com - Gmail

Try a fast, secure browser with updates built in Yes, get Chrome now No, not interested

label:fec

Gmail

Remove label

More

COMPOSE

FEC Electronic Filing Results FEC x

Inbox (1)

Starred

Sent Mail

Drafts (1)

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Donations

Expenses (2)

FEC (1)



Doug

? noreply-efiling@fec.gov
DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement This is to acknow..

? noreply-efiling@fec.gov
to me

DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement

This is to acknowledge the receipt and acceptance of your electronic
filing via the DISCLOSE protocol.

Your filing was received and accepted by our system at 08/23/8-23) - 23:00:03. 11 PM
and was assigned the Filing ID of: FEC-1096659.

Please make a note of this, as it will be necessary to refer to this
information in the future.

Thank you for using DISCLOSE.

Do not reply to this notice. It is sent from an unattended account
that cannot receive email.

For your reference, the output of the validation check was as follows:

FEC File Validator Version 8.1.0.3

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC
Direct dial: 202-694-1642. Toll free: 1-800-424-9530 x 1642

No recent chats
Start a new one

=== Identification Section =====

Committee ID: C00572941
Committee Name: KelliPAC
Filing Type: F24N
Filing Date: 20160823

Software/Ver#: FECfile / Ver# 8.1.0.4(f30)

=== Results Section =====

FEC Electronic Filing Results - kellipac.us@gmail.com - Gmail

Try a fast, secure browser with updates built in Yes, get Chrome now No, not interested

label:fec

Gmail

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More

COMPOSE

FEC Electronic Filing Results FEC x

- Mark as unread
- Mark as not important
- Add to Tasks
- Add star
- Create event
- Filter messages like these
- Forward all

- Inbox (1)
- Starred
- Sent Mail
- Drafts (1)
- Ansdot
- Ansdot URL
- Donations
- Expenses (2)
- FEC (1)

? noreply-efiling@fec.gov
to me
DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement
This is to acknowledge the receipt and acceptance of your electronic filing via the DISCLOSE protocol.
Your filing was received and accepted by our system at 08/23/8-23' - 22:09:30, and was assigned the Filing ID of: FEC-1096654
Please make a note of this, as it will be necessary to refer to this information in the future.
Thank you for using DISCLOSE.
Do not reply to this notice. It is sent from an unattended account that cannot receive email.

10:09 PM.



For your reference, the output of the validation check was as follows:

FEC File Validator Version 8.1.0.3

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC
Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

=== Identification Section =====

Committee ID: C00572941
Committee Name: KellIPAC
Filing Type: F24N
Filing Date: 20160823

Software/Ver#: FECfile / Ver# 8.1.0.4(f30)

=== Results Section =====

>>> ----> FEC data file PASSED validation! <----<<<
MD5 checksum:
5df7159346e3a9ae91c931fe162573f6

No recent chats
Start a new one

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

PAGE 1 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C00572941
--	---

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on 08 / 23 / 2016

Full Name of Payee Epay Chase			Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 3700 Hwy 95			Amount 700.00	
City Bullhead City	State AZ	Zip Code 86432	Transaction ID : SE.4312	
Purpose of Expenditure Plane Ticket		Category/ Type 002	Date of Disbursement or Obligation 07 / 08 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		8307.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Fastrip Gas			Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 2111 Hwy 95			Amount 69.00	
City Bullhead City	State AZ	Zip Code 86430	Transaction ID : SE.4313	
Purpose of Expenditure Fuel		Category/ Type 002	Date of Disbursement or Obligation 07 / 01 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		124.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	769.00
(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.

Douglas McKee

Signature _____

Date 08 / 23 / 2016

170744140M2

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

PAGE 2 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC		FEC IDENTIFICATION NUMBER C C00572941	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 08 / 23 / 2016	

Full Name of Payee Fastrip Gas		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 2111 Hwy 95		Amount 44.02	
City Bullhead City	State AZ	Zip Code 86430	Transaction ID: SE.4319
Purpose of Expenditure Fuel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 290.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Hilton Garden Inn		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1 Circle Rd		Amount 434.74	
City Stony Brooke	State NY	Zip Code 11794	Transaction ID: SE.4314
Purpose of Expenditure Hotel Room	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 12 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 434.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	488.76
(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.

Douglas McKee

Signature

Date

MM / DD / YYYY
08 / 23 / 2016

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

PAGE 3 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on **08 / 23 / 2016**

Full Name of Payee Ihop			Date of Public Distribution/Dissemination 08 / 23 / 2016
Mailing Address 339 Portion Rd			Amount 19.53
City Ronkonkoma	State NY	Zip Code 11779	Transaction ID : SE.4320
Purpose of Expenditure Food	Category/Type 002	Date of Disbursement or Obligation 07 / 01 / 2016	

Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General	District: _____ State: AZ
Calendar Year-To-Date Per Election for Office Sought 143.53		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Jet blue			Date of Public Distribution/Dissemination 08 / 23 / 2016
Mailing Address 27-01 Queens Plaza North			Amount 55.00
City Long Island	State NY	Zip Code 11101	Transaction ID : SE.4321
Purpose of Expenditure Lugage	Category/Type 002	Date of Disbursement or Obligation 07 / 01 / 2016	

Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General	District: _____ State: AZ
Calendar Year-To-Date Per Election for Office Sought 55.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.53
(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.

Douglas McKee

Signature

Date **08 / 23 / 2016**

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

PAGE 4 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY 08 / 23 / 2016	

Full Name of Payee Jet blue		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 27-01 Queens Plaza North		Amount 55.00	
City Long Island	State NY	Zip Code 11101	Transaction ID : SE.4322
Purpose of Expenditure lugage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: AZ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 345.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lake Grove Diner		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 2211 Nesconset Hwy		Amount 26.45	
City Lake Grove	State NY	Zip Code 11755	Transaction ID : SE.4323
Purpose of Expenditure Food	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: AZ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 169.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81.45
(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.

Douglas McKee

Signature

Date MM / DD / YYYY
08 / 23 / 2016

120444140M1

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

PAGE 5 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC		FEC IDENTIFICATION NUMBER ▼ C C00572941
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY 08 / 23 / 2016

Full Name of Payee McCarran Airport Parking		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 1234 Airport Dr		Amount 45.00
City Las Vegas	State NV	Zip Code 89101
Purpose of Expenditure Parking	Category/Type 002	Transaction ID : SE.4324 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2016
Name of Federal Candidate KELLI WARD		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 407.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Rally Forge LLC		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 21401 E Russet Rd		Amount 25000.00
City Queen Creek	State AZ	Zip Code 85142
Purpose of Expenditure Digital Media	Category/Type 004	Transaction ID : SE.4331 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2016
Name of Federal Candidate KELLI WARD		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 33307.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25045.00
(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.

Douglas McKee

Signature

Date MM / DD / YYYY
08 / 23 / 2016

170444114036

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

PAGE 6 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER C C00572941
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on 08 / 23 / 2016	

Full Name of Payee Safeway Gas			Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 4823 S Aztec Rd			Amount 49.72	
City Ft. Mohave	State AZ	Zip Code 86426	Transaction ID : SE.4325	
Purpose of Expenditure Fuel		Category/Type 002	Date of Disbursement or Obligation 07 / 06 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 49.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Setauket Floral			Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1380 NY-25A			Amount 41.28	
City East Setauket	State NY	Zip Code 11733	Transaction ID : SE.4326	
Purpose of Expenditure Flowers (Dinner Gift)		Category/Type 002	Date of Disbursement or Obligation 07 / 01 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 211.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.00
(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.

Douglas McKee

Signature

Date 08 / 23 / 2016

17044414037

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

PAGE 7 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC		FEC IDENTIFICATION NUMBER C00572941	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY 08 / 23 / 2016	

Full Name of Payee Shell Oil		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 401 West Putnam Ave		Amount 25.08	
City Greenwich	State CT	Zip Code 06830	Transaction ID : SE.4327
Purpose of Expenditure Fuel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2016	
Name of Federal Candidate KELLI WARD		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 236.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee T-5 Eatery		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 111 Jamaica ave		Amount 17.24	
City Jamaica	State NY	Zip Code 11411	Transaction ID : SE.4328
Purpose of Expenditure Food	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2016	
Name of Federal Candidate KELLI WARD		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 362.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.32
(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.

Douglas McKee

Signature

Date

MM / DD / YYYY
08 / 23 / 2016

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

PAGE 8 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KellipAC		FEC IDENTIFICATION NUMBER C00572941	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on
		MM / DD / YYYY 08 / 23 / 2016	

Full Name of Payee Titan Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 4003 Woodstone Way		Amount 2200.00	
City Louisville	State KY	Zip Code 40241	Transaction ID : SE.4329
Purpose of Expenditure Conduct Poll		Category/Type 005	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2016
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 2607.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Titan Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 4003 Woodstone Way		Amount 5000.00	
City Louisville	State KY	Zip Code 40241	Transaction ID : SE.4330
Purpose of Expenditure Consulting July		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2016
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 7607.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7200.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	33792.06

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.

Douglas McKee

Signature

Date

MM / DD / YYYY
08 / 23 / 2016

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

PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER C00572941
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY 08 / 23 / 2016

Full Name of Payee Cambridge Analytica		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2016	
Mailing Address 1 Wales Ave		Amount 450000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4354
Purpose of Expenditure Analytics, TV media purchase		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2016
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 710303.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rainmakers		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address PO Box 1082		Amount 2500.00	
City Springfield	State VA	Zip Code 22151	Transaction ID : SE.4334
Purpose of Expenditure Outreach/Donors		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2016
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: AZ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 54557.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 452500.00

(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.

Douglas McKee

Signature

Date MM / DD / YYYY 08 / 23 / 2016

17044411040

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

PAGE 2 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER C C00572941
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY 08 / 23 / 2016	

Full Name of Payee Rainmakers		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address PO Box 1082		Amount 21500.00	
City Springfield	State VA	Zip Code 22151	Transaction ID : SE.4341
Purpose of Expenditure Donor outreach	Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016	
Name of Federal Candidate KELLI WARD		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 101057.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Rally Forge LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2016	
Mailing Address 21401 E Russet Rd		Amount 18750.00	
City Queen Creek	State AZ	Zip Code 85142	Transaction ID : SE.4333
Purpose of Expenditure Weekly Payment Digital Media	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2016	
Name of Federal Candidate KELLI WARD		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 52057.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40250.00
(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.

Douglas McKee

Signature _____ Date MM / DD / YYYY
08 / 23 / 2016

170444114001

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

PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 23 / 2016</div>	

Full Name of Payee Rally Forge LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 05 / 2016</div>	
Mailing Address 21401 E Russet Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">20000.00</div>	
City Queen Creek	State AZ	Zip Code 85142	Transaction ID : SE.4338
Purpose of Expenditure Signs	Category/ Type	004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 01 / 2016</div>
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="display: inline-block; border: 1px solid black; padding: 2px;">79557.60</div>	

Full Name of Payee Rally Forge LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 03 / 2016</div>	
Mailing Address 21401 E Russet Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">18750.00</div>	
City Queen Creek	State AZ	Zip Code 85142	Transaction ID : SE.4347
Purpose of Expenditure Weekly Payment Digital Media	Category/ Type	004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 03 / 2016</div>
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="display: inline-block; border: 1px solid black; padding: 2px;">191553.09</div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">38750.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></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.

Douglas McKee

Signature _____ Date

MM / DD / YYYY

08 / 23 / 2016

17044414042

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

PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER C C00572941
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-between;"> 08 / 23 / 2016 </div>	

Full Name of Payee Rally Forge LLC		Date of Public Distribution/Dissemination 08 / 10 / 2016	
Mailing Address 21401 E Russet Rd		Amount 18750.00	
City Queen Creek	State AZ	Zip Code 85142	Transaction ID : SE.4351
Purpose of Expenditure Weekly Payment Digital Media	Category/Type 004	Date of Disbursement or Obligation 08 / 10 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		260303.09	

Full Name of Payee Titan Strategies		Date of Public Distribution/Dissemination	
Mailing Address 4003 Woodstone Way		Amount 5000.00	
City Louisville	State KY	Zip Code 40241	Transaction ID : SE.4339
Purpose of Expenditure Consulting August	Category/Type 001	Date of Disbursement or Obligation 08 / 01 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		59557.60	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23750.00
(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.

Douglas McKee

Signature _____ Date 08 / 23 / 2016

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

PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
--	---

Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on 08 / 23 / 2016

Full Name of Payee Titan Strategies			Date of Public Distribution/Dissemination 08 / 04 / 2016	
Mailing Address 4003 Woodstone Way			Amount 4500.00	
City Louisville	State KY	Zip Code 40241	Transaction ID : SE.4343	
Purpose of Expenditure Email Campaign		Category/ Type 003	Date of Disbursement or Obligation 08 / 01 / 2016	

Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		105557.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Titan Strategies			Date of Public Distribution/Dissemination 08 / 09 / 2016	
Mailing Address 4003 Woodstone Way			Amount 67245.49	
City Louisville	State KY	Zip Code 40241	Transaction ID : SE.4345	
Purpose of Expenditure Statewide Mailing		Category/ Type 003	Date of Disbursement or Obligation 08 / 03 / 2016	

Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		172803.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71745.49
(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.

Douglas McKee

Signature

Date 08 / 23 / 2016

17044414044

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

PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER ▼ C C00572941
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 23 / 2016</div>	

Full Name of Payee Titan Strategies		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 08 / 18 / 2016	
Mailing Address 4003 Woodstone Way		Amount <div style="border: 1px solid black; padding: 2px;">50000.00</div>	
City Louisville	State KY	Zip Code 40241	Transaction ID : SE.4349
Purpose of Expenditure Production/Studio/Commercials.		Category/ Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 08 / 08 / 2016
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">241553.09</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Purpose of Expenditure		Category/ Type	
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 <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">50000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">676995.49</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.

Douglas McKee

Signature _____ Date

MM / DD / YYYY

08 / 23 / 2016

17044414045

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

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KelliPAC	FEC IDENTIFICATION NUMBER C00572941
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
MM / DD / YYYY 08 / 23 / 2016	

Full Name of Payee Rally Forge LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address 21401 E Russet Rd		Amount 18750.00	
City Queen Creek	State AZ	Zip Code 85142	Transaction ID : SE.4357
Purpose of Expenditure Weekly Payment Digital Media		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 23 / 2016
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		729053.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18750.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	18750.00

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.

Douglas McKee

Signature _____ Date MM / DD / YYYY
08 / 23 / 2016

17044414046