

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported			
(c) City, State and ZIP Code		3. FEC Identification Number	
2.	<b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	C	
	<b>Individual filers only</b> Name of Employer	Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice

July 15 Quarterly Report  12-Day Report preceding the election.▼

October 15 Quarterly Report Type of Election Date of Election State

January 31 Year-End Report \_\_\_\_\_

July 31 Mid-Year Report  30-Day Report following the General Election. ▼

Date of Election State

b) Is this Report an amendment? Yes  No  \_\_\_\_\_

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y

THROUGH

M M	/	D D	/	Y Y Y Y

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
--	-----------	------

*NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.*

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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 FILER (In Full)

<b>A. Full Name (Last, First, Middle Initial)</b>			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period
Name of Employer		Occupation	

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period
Name of Employer		Occupation	

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period
Name of Employer		Occupation	

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period
Name of Employer		Occupation	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		<input type="text"/>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		<input type="text"/>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		<input type="text"/>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<input type="text"/>
(c) TOTAL Independent Expenditures .....	▶	<input type="text"/>
(carry total from last page forward to Line 7)		