

# FEC FORM 5

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

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. Occupation and Name of Employer (for Individual Filers Only)	C <input type="text"/>

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

/  /

5. COVERING PERIOD:

FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. 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 any political party committee or its agent.

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 52 U.S.C. § 30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**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)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Date of Receipt

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

Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Date of Receipt

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

Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Date of Receipt

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

Amount of Each Receipt this Period

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Date of Receipt

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** 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 of Public Distribution/Dissemination						
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> </table>		M M	/	D D	/	Y Y Y Y
M M	/	D D	/	Y Y Y Y				
City		State	Zip Code					
Purpose of Expenditure		Category/Type	Amount					
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 of Public Distribution/Dissemination						
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> </table>		M M	/	D D	/	Y Y Y Y
M M	/	D D	/	Y Y Y Y				
City		State	Zip Code					
Purpose of Expenditure		Category/Type	Amount					
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 of Public Distribution/Dissemination						
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> </table>		M M	/	D D	/	Y Y Y Y
M M	/	D D	/	Y Y Y Y				
City		State	Zip Code					
Purpose of Expenditure		Category/Type	Amount					
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<table border="1"><tr><td> </td></tr></table>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<table border="1"><tr><td> </td></tr></table>	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<table border="1"><tr><td> </td></tr></table>	