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) ☐ check if different than previously reported

   (c) City, State and ZIP Code

3. FEC Identification Number

C ☐☐☐☐☐☐☐☐☐

2. **Corporate filers only**

   Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

   Individual filers only   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

   ☐ October 15 Quarterly Report   ☐ 12-Day Report preceding the election.▼

   ☐ January 31 Year-End Report   Type of Election   Date of Election   State

   ☐ 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 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. 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.

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

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

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

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

Amount of Each Receipt this Period

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

TOTAL This Period (last page carry total to Line 6) .... ▶

FE3AN043.PDF

FEC **Schedule 5-A** (Rev. 02/2003)

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City   State   Zip Code

Date

M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: ☐ House   State: _____
               ☐ Senate
               ☐ President   District: _____

Check One: ☐ Support   ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary   ☐ General
                   ☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City   State   Zip Code

Date

M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: ☐ House   State: _____
               ☐ Senate
               ☐ President   District: _____

Check One: ☐ Support   ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary   ☐ General
                   ☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City   State   Zip Code

Date

M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: ☐ House   State: _____
               ☐ Senate
               ☐ President   District: _____

Check One: ☐ Support   ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary   ☐ General
                   ☐ Other (specify) ▶ _____

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

(b) SUBTOTAL of Unitemized Independent Expenditures .... ▶

(c) TOTAL Independent Expenditures .... ▶
(carry total from last page forward to Line 7)