

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

PAGE	OF
FOR LINE 24 OF FORM 3X	

NAME OF COMMITTEE (In Full)	<b>FEC IDENTIFICATION NUMBER ▼</b> <div>C</div>
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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	Date of Public Distribution/Dissemination
Mailing Address		<div>M M / D D / Y Y Y Y Y Y</div>
City	State	Amount
	Zip Code	<div></div>
Purpose of Expenditure	Category/Type <div></div>	Date of Disbursement or Obligation
		<div>M M / D D / Y Y Y Y Y Y</div>
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></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address		<div>M M / D D / Y Y Y Y Y Y</div>
City	State	Amount
	Zip Code	<div></div>
Purpose of Expenditure	Category/Type <div></div>	Date of Disbursement or Obligation
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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></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <div></div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div></div>
(c) TOTAL Independent Expenditures .....	▶ <div></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.

Signature \_\_\_\_\_

Date

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