FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) N	lame of Individual, Organization or Corporation			
(b) A	ddress (number and street) check if different than previously reported			
	upation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number		
	4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH THROUGH			
	6. TOTAL CONTRIBUTIONS			
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 O	R 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		PAGE OF
	and Statements may not be sold or used by any pe	
or for commercial purposes, other than using NAME OF FILER (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
\(\text{\cont}\)		
A. Full Name (Last, First, Middle Initial)		
		Date of Receipt
Mailing Address	7. 0. 1	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each neceipt this Period
federal political committee.	C	
Name of Employer	Occupatio	n
B. Full Name (Last, First, Middle Initial)		Date of Pagaint
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	ו
C. Full Name (Last, First, Middle Initial)		Put of Puti i
Mailing Address		Date of Receipt
Maining / Marooo		M
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	1
D. Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	1
SUBTOTAL of Receipts This Page (options	al)	•
TOTAL This Period (last page carry total t	o Line 6)	🔪

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF FOR LINE 7 OF FORM 5

ME OF FILER (In Full)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M M / D D / Y Y Y Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M M / D D / Y Y Y Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	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	Date of Public Distribution/Dissemination
Matter Address	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President 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	