

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE	OF
FOR LINE 7 OF FORM 5	

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<div> <div>M M / D D / Y Y Y Y Y Y</div> </div>	
City	State	Zip Code	Amount
			<div> <div></div> </div>
Purpose of Expenditure	Category/Type	Office Sought:	<div> <div>House</div> <div>Senate</div> <div>President</div> </div>
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<div> <div>Support</div> <div>Oppose</div> </div>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
		<div> <div>Primary</div> <div>General</div> <div>Other (specify)</div> </div>	
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<div> <div>M M / D D / Y Y Y Y Y Y</div> </div>	
City	State	Zip Code	Amount
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Purpose of Expenditure	Category/Type	Office Sought:	<div> <div>House</div> <div>Senate</div> <div>President</div> </div>
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<div> <div>Support</div> <div>Oppose</div> </div>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
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Purpose of Expenditure	Category/Type	Office Sought:	<div> <div>House</div> <div>Senate</div> <div>President</div> </div>
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<div> <div>Support</div> <div>Oppose</div> </div>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
		<div> <div>Primary</div> <div>General</div> <div>Other (specify)</div> </div>	
<div> <div>(a) SUBTOTAL of Itemized Independent Expenditures.....</div> <div></div> </div>			
<div> <div>(b) SUBTOTAL of Unitemized Independent Expenditures</div> <div></div> </div>			
<div> <div>(c) TOTAL Independent Expenditures.....</div> <div>(carry total from last page forward to Line 7)</div> <div></div> </div>			