

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|------------------------|----|
| PAGE | OF |
| FOR LINE 24 OF FORM 3X | |

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|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ <div>C</div> |
|-----------------------------|--|

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 |
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| 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 ▶

(a) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(a) **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 (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