## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)	L
NAME OF FILER (III Full)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	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
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Purpose of Expenditure Category/ Type	Senate State:
Name of Federal Candidate Supported or Opposed by Expenditure:	District:
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
ioi cinec coagii	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) CODICIAL OF CHILEMIZED INDEPENDENT Expenditures	····· • · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	····· <b>&gt;</b>