

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

PAGE            OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address		Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
City	State      Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Name of Federal Candidate <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Support <input type="checkbox"/> Oppose</span><span>Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: _____</span></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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