

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE	OF
FOR LINE 7 OF FORM 5	

NAME OF FILER (In Full)			
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Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City	State		

Purpose of Expenditure	Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City	State		

Purpose of Expenditure	Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

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Mailing Address		Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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Purpose of Expenditure	Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>