

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

PAGE            OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">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			
Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;"> </div>	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate		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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;"> </div>	
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Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate		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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> </div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> </div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> </div></div>			
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 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	