

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 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 | |

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| Full Name of Payee <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Expenditure Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> <hr/> Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> </div> Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> </div> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px;"></div> | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ |

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|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Expenditure Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> <hr/> Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> </div> Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div> </div> |
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| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; width: 100%; height: 20px;"></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