

**(SCHEDULE E)**

PAGE                      OF

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)		<b>FEC IDENTIFICATION NUMBER ▼</b> C _____	
Check If <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on _____ / ____ / ____	

  

Full Name (Last, First, Middle Initial) of Payee		Date ____ / ____ / ____	
Mailing Address		Amount <div style="border-bottom: 1px solid black; height: 20px;"></div>	
City	State		
Purpose of Expenditure		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-bottom: 1px solid black; height: 20px;"></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 ____ / ____ / ____	
Mailing Address		Amount <div style="border-bottom: 1px solid black; height: 20px;"></div>	
City	State		
Purpose of Expenditure		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-bottom: 1px solid black; height: 20px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_