FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1.	(a) Name of Individual, Organization or Corporation	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	3. FEC Identification Number
2.	Corporate filers only Is the filer a qualified nonprofit corporation? Yes No	C
	Individual filers only Name of Employer	Occupation
	4. TYPE OF REPORT (check appropriate boxes):	
	(a) April 15 Quarterly Report	
	July 15 Quarterly Report 24-Hour Report	
	October 15 Quarterly Report	
	January 31 Year-End Report 48-Hour Report	
	b) Is this Report an amendment? Yes No	
	5. COVERING PERIOD: FROM	
	THROUGH	
	M M / D D / Y Y Y Y	
	6. TOTAL CONTRIBUTIONS	
	7. TOTAL INDEPENDENT EXPENDITURES	
	nder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation	
suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.		
TY	PE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.		

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC **Schedule 5** (REV. 09/2005)