## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF FOR LINE 7 OF FORM 5

IAME OF FILER (In Full)	
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	M - M / D - D / Y - Y - Y - Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:  Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	M M / D D / Y Y Y Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	<b>&gt;</b>