SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ C Check if 24-hour report 48-hour report New report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code State: Office Sought: Purpose of Expenditure House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code State: Office Sought: House Purpose of Expenditure Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support General Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL 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. Date Signature

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