

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation EMERGENCY COMMITTEE FOR ISRAEL		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. BOX 51223		
(c) City, State and ZIP Code WASHINGTON DC 20091		3. FEC Identification Number C C90013244
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☒ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y Y
10		01		2016

THROUGH

M M	/	D D	/	Y Y Y Y Y
12		31		2016

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 50000.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Pollak, Noah, , ,

Pollak, Noah, , ,

01/26/2017

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: F5N

Transaction ID :

This report, including all schedules included or not included, is complete as filed.

Form/Schedule:

Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee

Arena Online

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Mailing Address 1780 West Sequoia Vista Circle

Amount

City State Zip Code
Salt Lake City UT 84104

1500.00

Transaction ID : F57.4402

Purpose of Expenditure
Online Advertising ProductionCategory/
Type 004Office Sought: ☒ House State: IL
☐ Senate District: 09
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
SCHAKOWSKY, JANICE D, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 1500.00Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Arena Online

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Mailing Address 1780 West Sequoia Vista Circle

Amount

City State Zip Code
Salt Lake City UT 84104

48500.00

Transaction ID : F57.4402

Purpose of Expenditure
Online Advertising BuyCategory/
Type 004Office Sought: ☒ House State: IL
☐ Senate District: 09
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
SCHAKOWSKY, JANICE D, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 50000.00Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 50000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 50000.00
(carry total from last page forward to Line 7)