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 POWERPAC.ORG		
(b) Address (number and street) check if different than previous 44 MONTGOMERY ST SUITE 2310	y reported	
(c) City, State and ZIP Code		
SAN FRANCISCO C/	A 94104	3. FEC Identification Number
		С С90009853
2. Occupation and Name of Employer (for Individual Filers Only)		C C90009853
October 15 Quarterly Report	24-Hour Report 48-Hour Report it amends the report filed on	
6. TOTAL CONTRIBUTIONS	[.00
7. TOTAL INDEPENDENT EXPENDITURES		2000.00
Under penalty of perjury I certify that the independent expenditures reported herein were of, any candidate or authorized committee or agent of either, or any political party com		or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM		DATE ctronically Filed]
Le, Lisa, , ,	Le, Lisa, , ,	06/15/2017
NOTE: Submission of false, erroneous or incomplete information may s	ubject 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

SCHEDULE 5-E 17

NAME OF FILER (In Full)

CHEDULE 5-E IEMIZED INDEPENDENT EXPENDITURES	PAGE 2 OF 2 FOR LINE 7 OF FORM 5
IAME OF FILER (In Full) POWERPAC.ORG	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Facebook Ads	06 14 2017
Mailing Address 1 Hacker Way	Amount
City State Zip Code	
Menlo Park CA 94025	Transaction ID : F57.000001
Purpose of Expenditure Category/ Estimated Facebook Ads and Production Costs Cype	Office Sought: X House State: GA Senate District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Ossoff, Jonathan, , ,	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2017 Cother (specify) Runoff
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M M / D D / Y Y Y Y Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	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:	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) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	