

# 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 <b>THE ADVOCACY FUND</b>		3. FEC Identification Number <b>C</b> C90011750
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1012 TORNEY AVE		
(c) City, State and ZIP Code SAN FRANCISCO CA 94129		
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  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. 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 any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Keton, Amanda, , ,	<i>Keton, Amanda, , ,</i>	01/17/2018
	<i>[Electronically Filed]</i>	

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2017	
Mailing Address PO Box 619616		Amount 483.51	
City DFW Airport	State TX	Zip Code 02138	Transaction ID : F57.4261
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6174.10		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Budget Rental Car		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2017	
Mailing Address 6 Silvan Way		Amount 436.97	
City Parsippany	State NJ	Zip Code 07054	Transaction ID : F57.4257
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6611.07		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Indivisible, a project of The Advocacy Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2017	
Mailing Address PO Box 43884		Amount 5690.59	
City Washington	State DC	Zip Code 20010	Transaction ID : F57.4260
Purpose of Expenditure Staff Time 10/23-11/12/17	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5690.59		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6611.07
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Indivisible, a project of The Advocacy Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2017	
Mailing Address PO Box 43884		Amount 21514.67	
City Washington	State DC	Zip Code 20010	Transaction ID : F57.4259
Purpose of Expenditure Actual Costs Staff Time 11/13-12/12/17	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28475.74		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Polis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2017	
Mailing Address 10 Ware St		Amount 350.00	
City Cambridge	State MA	Zip Code 02138	Transaction ID : F57.4258
Purpose of Expenditure Canvassing Application	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6961.07		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	21864.67
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	28475.74