



Neil Weare <NWeare@tristerross.com> on 07/29/2014 06:02:11 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: Form 5 24-hour report filed on behalf of Food Policy Action

Attached, please find FEC Form 5, 24-hour independent expenditure report, filed on behalf of Food Policy Action.

Neil Weare

Trister, Ross, Schadler & Gold, PLLC

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Form 5_FPA_07292014.pdf

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 Food Policy Action	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1436 U Street NW Suite 200	
(c) City, State and ZIP Code Washington, DC 20009	3. FEC Identification Number C
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

5. COVERING PERIOD:

FROM ^M0 ^M7 ' ^D2 ^D8 ' ^Y2 ^Y0 ^Y1 ^Y4

THROUGH ^M0 ^M8 ' ^D0 ^D5 ' ^Y2 ^Y0 ^Y1 ^Y4

6. TOTAL CONTRIBUTIONS.....

, 28,750.00

7. TOTAL INDEPENDENT EXPENDITURES.....

, 40,000.00

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

Claire Benjamin

Claire Benjamin

7/28/14

NOTE: Submission of false, erroneous or incomplete information may subject 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-A
ITEMIZED RECEIPTS

PAGE 2 OF 5

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

FOOD POLICY ACTION

A. Full Name (Last, First, Middle Initial)

PARTOVI, ALI

Mailing Address

67 King Avenue

City

Piedmont

State

CA

Zip Code

94611

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY
07 / 25 / 2014

Amount of Each Receipt this Period

18,750.00

Name of Employer

Self

Occupation

Angel Investor

B. Full Name (Last, First, Middle Initial)

FOOD DEMOCRACY ACTION

Mailing Address

PO Box 5

City

CLEAR LAKE

State

IA

Zip Code

50428

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY
07 / 29 / 2014

Amount of Each Receipt this Period

10,000.00

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

28,750.00

TOTAL This Period (last page carry total to Line 6) ▶

28,750.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FOOD POLICY ACTION

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

FACEBOOK, Inc.

Mailing Address

1601 Willow Road

City

Menlo Park

State

CA

Zip Code

94025

Date of Public Distribution/Dissemination

07 ' 28 ' 2014

Amount

12,500.00

Purpose of Expenditure

Digital Advertising

Category/
Type 004

Office Sought:

☒ House

State: KS

☐ Senate

District: 04

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Todd Tiahrt

Calendar Year-To-Date Per Election
for Office Sought

12,500.00

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

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

FACEBOOK, Inc.

Mailing Address

1601 Willow Road

City

Menlo Park

State

CA

Zip Code

94025

Date of Public Distribution/Dissemination

07 ' 28 ' 2014

Amount

12,500.00

Purpose of Expenditure

Digital Advertising

Category/
Type 004

Office Sought:

☒ House

State: KS

☐ Senate

District: 04

☐ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mike Pompeo

Calendar Year-To-Date Per Election
for Office Sought

12,500.00

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

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

FOOD POLICY ACTION, Claire Benjamin

Mailing Address

1436 U Street NW Suite 200

City

Washington

State

DC

Zip Code

20009

Date of Public Distribution/Dissemination

07 ' 28 ' 2014

Amount

2,500.00

Purpose of Expenditure

Staff Time

Category/
Type 004

Office Sought:

☒ House

State: KS

☐ Senate

District: 04

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Todd Tiahrt

Calendar Year-To-Date Per Election
for Office Sought

2,500.00

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

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

27,500.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

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

40,000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FOOD POLICY ACTION

Full Name (Last, First, Middle Initial) of Payee <u>CLAUDE BENJAMIN</u> <u>FOOD POLICY ACTION</u>		Date of Public Distribution/Dissemination <u>07</u> <u>28</u> <u>2014</u>
Mailing Address <u>1436 U Street Suite 200</u>		Amount <u>2,500.00</u>
City <u>Washington</u>	State <u>DC</u> Zip Code <u>20009</u>	
Purpose of Expenditure <u>Staff time</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KS</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Mike Pompeo</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>2,500.00</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>NOBLE, MARK</u>		Date of Public Distribution/Dissemination <u>07</u> <u>28</u> <u>2014</u>
Mailing Address <u>205 16th Street NE #5</u>		Amount <u>1,250.00</u>
City <u>Washington</u>	State <u>DC</u> Zip Code <u>20002</u>	
Purpose of Expenditure <u>Digital Consulting</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KS</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Todd Tiahrt</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>1,250.00</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>NOBLE, MARK</u>		Date of Public Distribution/Dissemination <u>07</u> <u>28</u> <u>2014</u>
Mailing Address <u>205 16th Street NE #5</u>		Amount <u>1,250.00</u>
City <u>Washington</u>	State <u>DC</u> Zip Code <u>20002</u>	
Purpose of Expenditure <u>Digital Consulting</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KS</u> District: <u>04</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>MIKE POMPEO</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>1,250.00</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>5,000.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<u> </u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>4,000.00</u>

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FOOD POLICY ACTION

Full Name (Last, First, Middle Initial) of Payee Global Strategy Group		Date of Public Distribution/Dissemination 07 ' 28 ' 2014
Mailing Address 1001 G Street NW 6 th Floor East		Amount 3,750.00
City Washington	State DC	
Purpose of Expenditure Digital + Communications Consulting	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Tiahrt		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,750.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Global Strategy Group		Date of Public Distribution/Dissemination 07 ' 28 ' 2014
Mailing Address 1001 G Street NW 6 th Floor East		Amount 3,750.00
City Washington	State DC	
Purpose of Expenditure Digital + Communications Consulting	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Pompeo		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,750.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

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	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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.....	7,500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	40,000.00