

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 Environmental Defense Action Fund | | 3. FEC Identification Number C C90014895 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 Connecticut Ave NW #600 | | |
| (c) City, State and ZIP Code Washington DC 20009 | | |
| 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 **11 / 01 / 2016**

5. COVERING PERIOD: FROM **MM / DD / YYYY**
THROUGH **MM / DD / YYYY**

6. TOTAL CONTRIBUTIONS..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **67684.56**

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 |
| Bonfiglio, Joseph, , , | <i>Bonfiglio, Joseph, , ,</i> | 11/04/2016 |

[Electronically Filed]

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)
Environmental Defense Action Fund

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee BCDC Ideas | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016 | |
| Mailing Address 1010 Medlin Dr. | | Amount 13500.00 | |
| City Cary | State NC | Zip Code 27511 | |
| Purpose of Expenditure Digital video | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, J, , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 189310.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Prevail Strategies | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016 | |
| Mailing Address 415 New Jersey Ave SE | | Amount 29931.40 | |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Expenditure Mailer | | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: DOLD, ROBERT JAMES JR, , , | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 207251.78 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Prevail Strategies | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016 | |
| Mailing Address 415 New Jersey Ave SE | | Amount 19253.16 | |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Expenditure Mailer | | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MEEHAN, PATRICK L. MR., , , | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 63399.23 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 62684.56 |
| (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)
Environmental Defense Action Fund

| | | | |
|--|-------------|--|---|
| Full Name (Last, First, Middle Initial) of Payee The Strategy Group, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016 | |
| Mailing Address 730 N Franklin Suite # 404 | | Amount 5000.00 | |
| City Chicago | State IL | Zip Code 60654-7205 | |
| Purpose of Expenditure Hand-out Materials | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , , | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 1105032.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

Transaction ID : F57.4396

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| 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) _____ | |

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| 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..... | 5000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 67684.56 |