09/21/2018 12 : 38

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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 (b) Address (number and street)	
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 October 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM The August Agency of August Agen	
Washington DC 20009 3. FEC Identification Number C C90014895 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filled on 5. COVERING PERIOD: FROM MMM / DDD / YYYYYY	
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 October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM MIM / DID / YIVIVIV	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD:	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD:	
(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD:	
6. TOTAL CONTRIBUTIONS	1
7. TOTAL INDEPENDENT EXPENDITURES	الد
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 suggest of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	uggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed]	
Bonfiglio, Joseph, , , Bonfiglio, Joseph, , , 09/21/2018	
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

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)						
Environmental Defense Action Fund						
Full Name (Last, First, Middle Initial) of Payee				Date of Public Distribution/Dissemination		
SKDKnickerbocker LLC Mailing Address 1150 18th Stroot NW				09	20	2018
1150 18th Street NW Suite 800				Amount		
City	State	Zip Code				21159.08
Washington	DC	20036		Transactio	n ID : F57.4540	
Purpose of Expenditure Mailers		Category/ Type	006	Office Sought:	X HouseSenate	State: CO District: 06
Name of Federal Candidate Supported or COFFMAN, MIKE REP., , ,	Opposed by Expendi	iture:		Check One:	President Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought		21159.		Disbursement For: 2018 Other (s	Primary	✗ General
Full Name (Last, First, Middle Initial) of Pay	yee			Date of Pub	olic Distribution/	Dissemination
SKDKnickerbocker LLC				M = M 09	/ 20 /	2018
Mailing Address 1150 18th Street NW				التا		2010
Suite 800				Amount		
City	State	Zip Code				34070.98
Washington	DC	20036		Transactio	n ID : F57.4541	
Purpose of Expenditure Mailers		Category/ Type	006	Office Sought:	X HouseSenate	State: MN
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, MARK, ,				Check One:	President Support	District: Oppose
Calendar Year-To-Date Per Election for Office Sought		107022.		Disbursement For: 2018 Other (s	Primary	✗ General
Full Name (Last, First, Middle Initial) of Pay	IVEE				olic Distribution/	Dissemination
, , ,	700			Date of Pub	/ D D /	Y Y Y Y Y Y
Mailing Address					لبا	
				Amount		
City	State	Zip Code			, , ,	
Purpose of Expenditure		Category/ Type		Office Sought:	House Senate	State:
Name of Federal Candidate Supported or 0	Opposed by Expend	 liture:			President	District:
				Check One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: Other (s	Primary	General
(a) SUBTOTAL of Itemized Independent Ex	penditures		,			55230.06
(b) SUBTOTAL of Unitemized Independent	Expenditures			>		
(c) TOTAL Independent Expenditures(carry total from last page forward				>		55230.06