

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
2014 OCT -8 AM 8:50
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation Steve Strauss	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3001 Veazey Terr, NW #1332	
(c) City, State and ZIP Code Washington, DC 20008	
2. Occupation and Name of Employer (for Individual Filers Only) DC Dept. of Transportation / Policy & Operations	3. FEC Identification Number C

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 **07** / **15** / **2014**
THROUGH **10** / **15** / **2014**

6. TOTAL CONTRIBUTIONS	NONE
7. TOTAL INDEPENDENT EXPENDITURES	3,425.00

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

Steve Strauss

Steve Strauss

9-28-14

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**

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)
Steve Strauss

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Amount of Each Receipt this Period

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Amount of Each Receipt this Period

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Amount of Each Receipt this Period

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **NONE**

TOTAL This Period (last page carry total to Line 6) **NONE**

FROM PAGE 1

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Steve Strauss

Full Name (Last, First, Middle Initial) of Payee CRANFORD Co.		Date of Public Distribution/Dissemination 10 04 2014
Mailing Address 1600 N. Taylor St.		Amount 3,425.00
City Little Rock,	State Zip Code AR 72207	
Purpose of Expenditure Production & rental of billboard	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: - <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONG. Tom Cotton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,425.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		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.....	3,425.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3,425.00

1001-1001-1001

Apt. 1332
3001 Veazey Terr., NW
Washington, DC 20008

RECEIVED
2014 OCT -8 AM 8:50
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CAPITAL DISTRICT WASHINGTON
02 OCT 2014 PM 4:1

Federal Election Commission
999 E Street, NW
Washington, DC 20463

20463
[Barcode]

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/2/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

A
 PREPARER
 (8/2013)

10/8/14
 DATE PREPARED

1-800-424-9547