

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Daniel Michael Schroeder		3. FEC Identification Number C C90014614
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 174		
(c) City, State and ZIP Code Manchester MD 21102		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

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
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

MM / DD / YYYY
 04 / 05 / 2013
 THROUGH
 MM / DD / YYYY
 04 / 10 / 2013

6. TOTAL CONTRIBUTIONS

709.66

7. TOTAL INDEPENDENT EXPENDITURES

709.66

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Daniel Michael Schroeder

Daniel Michael Schroeder

05/01/2013

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-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Daniel Michael Schroeder

Full Name (Last, First, Middle Initial) of Payee Daniel Michael Schroeder		Date MM / DD / YYYY 04 / 05 / 2013	
Mailing Address PO Box 174		Amount 669.66	
City Manchester	State MD	Zip Code 21102	
Purpose of Expenditure Subscribe www.SchroederUSSenate.org		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Daniel Michael Schroeder		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Daniel Michael Schroeder		Date MM / DD / YYYY 04 / 10 / 2013	
Mailing Address PO Box 174		Amount 40.00	
City Manchester	State MD	Zip Code 21102	
Purpose of Expenditure Sitting Fee for Campaign Photo		Category/ Type	Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Daniel Michael Schroeder		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
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..... ▶ 709.66			
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			
(c) TOTAL Independent Expenditures ▶ 709.66 (carry total from last page forward to Line 7)			