

# 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 <b>Majority Forward</b>			3. FEC Identification Number  <div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px;"> C <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> </div> </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 13th Street NW, Suite 600			
(c) City, State and ZIP Code  <div style="display: flex; justify-content: space-between;"> <span>Washington</span> <span>DC</span> <span>20005</span> </div>			
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  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

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 \_\_\_\_\_

*[Electronically Filed]*

Poersch, J. B., , ,

Poersch, J. B., , ,

10/14/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: F5N  
Transaction ID :

Majority Forward has no contributors to report; as a matter of policy, it does not accept contributions earmarked for a specific political purpose.

Form/Schedule:  
Transaction ID:

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Majority Forward

Full Name (Last, First, Middle Initial) of Payee Shorr Johnson Magnus		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2016	
Mailing Address 100 N 20th St Ste 201		Amount 10596.99	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VN7GBA1HZ37
Purpose of Expenditure Television Production of 'Purr'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Toomey, Patrick, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2493113.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Shorr Johnson Magnus		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 100 N 20th St Ste 201		Amount 11890.36	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VN7GBA1XT08
Purpose of Expenditure Television Production of 'Question'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Toomey, Patrick, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2493113.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 448810.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1HYZ5
Purpose of Expenditure Television Advertising of 'Love Affair' & 'Purr'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Toomey, Patrick, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2493113.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	471297.35
(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**PAGE 4 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Majority Forward

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 1304153.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1XSQ7
Purpose of Expenditure Television Advertising of 'Question'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Toomey, Patrick, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2493113.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 247197.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA20GV0
Purpose of Expenditure Television Advertising of 'Pumped'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Heck, Joe, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 251480.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 4283.40	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA20GW8
Purpose of Expenditure Television Production of 'Pumped'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Heck, Joe, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 251480.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1555633.40
(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**PAGE 5 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Majority Forward

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 668628.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA49V65
Purpose of Expenditure Television Advertising of 'Long Enough'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blunt, Roy, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677682.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 9054.26	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA49V73
Purpose of Expenditure Television Production of 'Long Enough'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blunt, Roy, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677682.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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.....	677682.26
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2704613.01