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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation THE PEOPLE'S LOBBY			
(b) Address (number and street) check if different 810 N MILWAUKEE AVE BASEMENT	than previously reported		
(c) City, State and ZIP Code		0 55011 115 11 11	
CHICAGO	IL 60642	3. FEC Identification Number	
	000.2		
2. Occupation and Name of Employer (for Individual Filers O	Only)	C C90015868	
4. TYPE OF REPORT (check appropriate boxe (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. 5. COVERING PERIOD: FROM THROUGH	24-Hour Report 48-Hour Report	M / D D / Y Y Y Y	
TOTAL CONTRIBUTIONS TOTAL INDEPENDENT EXPENDITURES		0.00	
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	[Ele	DATE ctronically Filed]	
Will Tanzman	Will Tanzman	07/12/2016	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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AME OF FILER (In Full) THE PEOPLE'S LOBBY		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
THE PEOPLE'S LOBBY	M = M / D = D / Y = Y = Y	
Mailing Address 810 N MILWAUKEE AVE	03 06 2016	
BASEMENT	Amount	
City State Zip Code	1069.00	
CHICAGO IL 60642	Transaction ID: F57.4098	
Purpose of Expenditure Category/ Type	Office Sought: House State: DC Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: BERNARD SANDERS	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Mailing Address	M = M / D = D / Y = Y = Y = Y	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Mailing Address	M = M / D = D / Y = Y = Y	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	District:	
	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
Outer (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	1069.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	1069.00	