

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 Council For Citizens Against Government Waste		3. FEC Identification Number C C90015975
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1301 Pennsylvania Ave NW ste 1075		
(c) City, State and ZIP Code Washington DC 20004		
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..... .00
7. TOTAL INDEPENDENT EXPENDITURES 29114.00

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
Robert John Tedeschi	<i>Robert John Tedeschi</i> <i>[Electronically Filed]</i>	04/13/2016

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**

NAME OF FILER (In Full)
Council For Citizens Against Government Waste

Full Name (Last, First, Middle Initial) of Payee Communications Corporation of America		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016	
Mailing Address 13195 Freedom Way		Amount 24264.00	
City Boston	State VA	Zip Code 22713	Transaction ID : F57.000001
Purpose of Expenditure mailshop and postage	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .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 Warfield & Walsh, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016	
Mailing Address 601 S. Washington St		Amount 4500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.000002
Purpose of Expenditure create direct mail package	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .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 Data Management Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016	
Mailing Address P O Box 846		Amount 350.00	
City Stoneville	State NC	Zip Code 27048	Transaction ID : F57.000003
Purpose of Expenditure Tapework	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	29114.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	29114.00