

# 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>AVAAZ FOUNDATION</b>			3. FEC Identification Number <b>C</b> C90016213
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 27 UNION SQUARE WEST SUITE 500			
(c) City, State and ZIP Code NEW YORK NY 10003			
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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Ruby-Sachs, Emma, Marie, ,	<i>Ruby-Sachs, Emma, Marie, ,</i> [Electronically Filed]	01/18/2017

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 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5A

Transaction ID :

This report was amended to add a previously unreported expenditure to Delta for \$431.36 disbursed on October 10, 2016. The invoice was not sent to our organization until recently. We have amended the report to reflect the accurate expense.

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AVAAZ FOUNDATION

Full Name (Last, First, Middle Initial) of Payee Delta		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address P.O. Box 20706		Amount 431.36	
City Atlanta	State GA	Zip Code 30320	
Purpose of Expenditure Flight for travel to an event		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 72856.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6476

Full Name (Last, First, Middle Initial) of Payee Facebook		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1601 Willow Road		Amount 3718.07	
City Menlo Park	State CA	Zip Code 94035	
Purpose of Expenditure Digital ads		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 72040.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4611

Full Name (Last, First, Middle Initial) of Payee Kinkos (Zip - M5S 1X9)		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 459 Bloor St W		Amount 57.22	
City Toronto, Ontario	State ZZ	Zip Code 99999	
Purpose of Expenditure Printing materials		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67850.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4600

(a) SUBTOTAL of Itemized Independent Expenditures.....	4206.65
(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**

NAME OF FILER (In Full)  
AVAAZ FOUNDATION

Full Name (Last, First, Middle Initial) of Payee Loblaws (Zip - M4M 3H9)		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 17 Leslie St		Amount 63.72	
City Toronto, Ontario	State ZZ	Zip Code 99999	
Purpose of Expenditure Mobile phone cards for event		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67693.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PC mobile (Zip - M4M 3H9)		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 17 Leslie St		Amount 152.07	
City Toronto, Ontario	State ZZ	Zip Code 99999	
Purpose of Expenditure Mobile phone for event		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67629.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Pizzaville ( Zip - L4L 5T9)		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 741 Rowntree Dairy Road		Amount 85.18	
City Woodbridge, Ontario	State ZZ	Zip Code 99999	
Purpose of Expenditure Catering for event		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67970.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	300.97
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AVAAZ FOUNDATION

Full Name (Last, First, Middle Initial) of Payee Staples		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 375 University Ave		Amount 34.14	
City Toronto, Ontario	State ZZ	Zip Code M5G 2J5	Transaction ID : F57.4599
Purpose of Expenditure supplies for event	Category/Type 007	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67793.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Starbucks (Zip M5V 1Z7)		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 250 Queen Street		Amount 9.73	
City Toronto, Ontario	State ZZ	Zip Code 99999	Transaction ID : F57.4609
Purpose of Expenditure Meals During travel	Category/Type 002	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68322.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Stulberg (Zip - M6J 2R8), Michael, , ,		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 68 Stafford Street		Amount 105.26	
City Toronto, Ontario	State ZZ	Zip Code 99999	Transaction ID : F57.4595
Purpose of Expenditure Administrative day-of staff support for event	Category/Type 007	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67477.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	149.13
(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**

NAME OF FILER (In Full)  
AVAAZ FOUNDATION

Full Name (Last, First, Middle Initial) of Payee The Beverly Hotel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 335 Queen St W		Amount 177.57	
City Toronto, Ontario	State ZZ	Zip Code M5V 2A1	Transaction ID : F57.4604
Purpose of Expenditure Lodging during travel	Category/Type 002	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68148.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Uber		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 1455 Market St		Amount 17.99	
City San Francisco	State CA	Zip Code 94103	Transaction ID : F57.4601
Purpose of Expenditure Travel to event	Category/Type 002	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67868.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Uber		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 1455 Market St		Amount 16.77	
City San Francisco	State CA	Zip Code 94103	Transaction ID : F57.4602
Purpose of Expenditure Travel to event	Category/Type 002	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67885.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	212.33
(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**

NAME OF FILER (In Full)  
AVAAZ FOUNDATION

Full Name (Last, First, Middle Initial) of Payee Uber		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1455 Market St		Amount 38.66	
City San Francisco	State CA	Zip Code 94103	
Purpose of Expenditure Travel during an event		Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68187.07		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Uber		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1455 Market St		Amount 38.04	
City San Francisco	State CA	Zip Code 94103	
Purpose of Expenditure Travel during an event		Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68225.11		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Uber		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1455 Market St		Amount 47.86	
City San Francisco	State CA	Zip Code 94103	
Purpose of Expenditure Travel during an event		Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68272.97		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	124.56
(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**

NAME OF FILER (In Full)  
AVAAZ FOUNDATION

Full Name (Last, First, Middle Initial) of Payee Uber		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 1455 Market St		Amount 39.43	
City San Francisco	State CA	Zip Code 94103	
Purpose of Expenditure Travel during an event		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68312.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4608

Full Name (Last, First, Middle Initial) of Payee Zipcar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 35 Thomson Place		Amount 65.96	
City Boston	State MA	Zip Code 02210	
Purpose of Expenditure Transport for event		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 67759.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4598

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 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.....	105.39
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5099.03