

# 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>Environmental Defense Action Fund</b>		3. FEC Identification Number <b>C C90014895</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 Connecticut Ave NW #600		
(c) City, State and ZIP Code Washington DC 20009		
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

M M M	/	D D D	/	Y Y Y Y Y Y
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5. COVERING PERIOD:

FROM 

M M M	/	D D D	/	Y Y Y Y Y Y
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THROUGH 

M M M	/	D D D	/	Y Y Y Y Y Y
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6. TOTAL CONTRIBUTIONS.....	<b>0.00</b>
7. TOTAL INDEPENDENT EXPENDITURES .....	<b>21554.70</b>

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]*

Joseph Bonfiglio

*Joseph Bonfiglio*

07/26/2016

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)  
Environmental Defense Action Fund

Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1054 31st Street, NW Suite 430		Amount 6555.46	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4153
Purpose of Expenditure Digital/web advertisement production	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RONALD HAROLD JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6555.46		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 3050 K Street NW Suite 100		Amount 14999.24	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4152
Purpose of Expenditure Digital/web advertisement	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RONALD HAROLD JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21554.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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.....	21554.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	21554.70