

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 THE ADVOCACY FUND			3. FEC Identification Number C C90011750
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1012 TORNEY AVE			
(c) City, State and ZIP Code SAN FRANCISCO CA 94129			
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..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 3916.44

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
Keton, Amanda, , ,	<i>Keton, Amanda, , ,</i>	12/08/2017

[Electronically Filed]

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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address PO Box 619616		Amount 1288.82	
City DFW Airport	State TX	Zip Code 02138	Transaction ID : F57.4228
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13799.71		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Budget Rental Car		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address 6 Silvan Way		Amount 184.16	
City Parsippany	State NJ	Zip Code 07054	Transaction ID : F57.4226
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12510.89		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Country Inn and Suites		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address 3465 Ross Clark Circle		Amount 561.91	
City Dothan	State AL	Zip Code 36303	Transaction ID : F57.4224
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12326.73		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2034.89
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Delta Airlines Inc		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address PO Box 20980 Dept 980		Amount 354.60	
City Atlanta	State GA	Zip Code 30320-2980	Transaction ID : F57.4217
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11764.82		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee MacMail Advertising, LLC		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address 2328 Southampton Dr		Amount 1505.00	
City Hoover	State AL	Zip Code 35226	Transaction ID : F57.4235
Purpose of Expenditure Printing	Category/Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15311.31		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 05 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 15.35	
City Oakland	State CA	Zip Code 94612	Transaction ID : F57.4230
Purpose of Expenditure Telecommunication Services	Category/Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11410.22		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1874.95
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 6.60	
City Oakland	State CA	Zip Code 94612	Transaction ID : F57.4232
Purpose of Expenditure Telecommunication Services	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13806.31		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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.....	6.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3916.44