

# 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<br><b>Environmental Defense Action Fund</b>                                      |  | 3. FEC Identification Number<br><b>C C90014895</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1875 Connecticut Ave NW<br>#600 |  |  |
| (c) City, State and ZIP Code<br>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 **11 / 07 / 2016**

5. COVERING PERIOD:  
FROM **MM / DD / YYYY**  
THROUGH **MM / DD / YYYY**

6. TOTAL CONTRIBUTIONS..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **1043.82**

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> |
| Bonfiglio, Joseph, , ,                              | <i>Bonfiglio, Joseph, , ,</i> | 11/08/2016  |

[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)  
Environmental Defense Action Fund

|  |                       |  |                              |
|--|-----------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Cali Group Consulting                      |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 04 / 2016  |                              |
| Mailing Address P.O. Box 775   |                       | Amount<br>457.15   |                              |
| City<br>Erie   | State<br>PA           | Zip Code<br>16512  | Transaction ID : F57.4437    |
| Purpose of Expenditure<br>Canvassing   | Category/<br>Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                      | State: PA<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MCGINTY, KATHLEEN ALANA, , , |                       | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                              |
| Calendar Year-To-Date Per Election for Office Sought<br>1117975.78                             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |                              |

|  |                       |  |                              |
|--|-----------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Sheehan, Trisha, , ,                       |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 04 / 2016  |                              |
| Mailing Address 97 East Wolfert Station Road   |                       | Amount<br>533.34   |                              |
| City<br>Mickleton  | State<br>NJ           | Zip Code<br>08056  | Transaction ID : F57.4438    |
| Purpose of Expenditure<br>Canvassing   | Category/<br>Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                      | State: PA<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MCGINTY, KATHLEEN ALANA, , , |                       | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                              |
| Calendar Year-To-Date Per Election for Office Sought<br>1118509.12                             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |                              |

|  |                       |  |                              |
|--|-----------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Tomcik, Patrice, , ,                       |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 04 / 2016  |                              |
| Mailing Address 211 Chesapeake Drive   |                       | Amount<br>53.33  |                              |
| City<br>Gibsonia   | State<br>PA           | Zip Code<br>15044  | Transaction ID : F57.4443    |
| Purpose of Expenditure<br>Canvassing   | Category/<br>Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                      | State: PA<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MCGINTY, KATHLEEN ALANA, , , |                       | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                              |
| Calendar Year-To-Date Per Election for Office Sought<br>1118562.45                             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |                              |

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | 1043.82 |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                 |         |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | 1043.82 |