

# 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>Climate Reality Action Fund</b>		3. FEC Identification Number <b>C</b> C90017088
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 555 11th Street, NW, STE 601		
(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

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.....	.00
7. TOTAL INDEPENDENT EXPENDITURES .....	1538852.06

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]*

Jenkins, David, , ,

Jenkins, David, , ,

10/14/2020

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)  
Climate Reality Action Fund

Full Name (Last, First, Middle Initial) of Payee FieldWorks, LLC		Date of Public Distribution/Dissemination 10 / 12 / 2020	
Mailing Address PO Box 9897		Amount 768853.93	
City Washington	State DC	Zip Code 20016	Transaction ID : F57.000001
Purpose of Expenditure Door to door GOTV and distribution of printed materials - estimated cost	Category/Type 007	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Cunningham, Cal, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 768853.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FieldWorks, LLC		Date of Public Distribution/Dissemination 10 / 12 / 2020	
Mailing Address PO Box 9897		Amount 768853.93	
City Washington	State DC	Zip Code 20016	Transaction ID : F57.000002
Purpose of Expenditure Door to door GOTV and distribution of printed materials - estimated cost	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: Biden, Joe, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 774777.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ADP		Date of Public Distribution/Dissemination 10 / 12 / 2020	
Mailing Address 1 ADP Boulevard		Amount 572.10	
City Roseland	State NJ	Zip Code 07068	Transaction ID : F57.000003
Purpose of Expenditure Staff time spent on door to door GOTV and materials - estimated cost	Category/Type 001	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: Biden, Joe, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 775350.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1538279.96
(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)  
Climate Reality Action Fund

Full Name (Last, First, Middle Initial) of Payee ADP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2020	
Mailing Address 1 ADP Boulevard		Amount 572.10	
City Roseland	State NJ	Zip Code 07068	Transaction ID : F57.000004
Purpose of Expenditure Staff time spent on door to door GOTV and materials - estimated cost	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Cunningham, Cal, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 769462.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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) ▶ _____	

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.....	572.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1538852.06