11/03/2018 10 : 38

PAGE 1/3

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| (a) Name of Individual, Organization or Corporation PEOPLE'S ACTION | , | |
|--|---|---|
| (b) Address (number and street) check if different 2125 W North Ave | t than previously reported | |
| (c) City, State and ZIP Code Chicago Occupation and Name of Employer (for Individual Filers Code) | IL 60647 Only) | 3. FEC Identification Number C C90016833 |
| 4. TYPE OF REPORT (check appropriate box (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? THROUGH | 24-Hour Report 48-Hour Report | 10 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| TOTAL CONTRIBUTIONS TOTAL INDEPENDENT EXPENDITURES | | 0.00 |
| Under penalty of perjury I certify that the independent expenditures report of, any candidate or authorized committee or agent of either, or any post- | | n, or concert with, or at the request or suggestion |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | [Ei | DATE lectronically Filed] |
| Bradach, James, , , | Bradach, James, , , | 11/03/2018 |
| NOTE: Submission of false, erroneous or incomplete in | nformation may subject the person signing this report | to the penalties of 2 U.S.C. §437g. |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F5A Transaction ID:

Corrected election date.

Form/Schedule: Transaction ID:

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

| IAME OF FILER (In Full) PEOPLE'S ACTION | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee | Date of Public Distribution/Dissemination |
| PEOPLE'S ACTION Mailing Address 2125 W North Avo | 10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Walling Address 2125 W North Ave | Amount |
| City State Zip Code | 1726.00 |
| Chicago IL 60647 | Transaction ID : F57.4154 |
| Purpose of Expenditure Staff Salaries and Benefits Category/ Type 001 | Office Sought: House State: IA Senate District: 03 |
| Name of Federal Candidate Supported or Opposed by Expenditure: AXNE, CINDY, , , | President Check One: Support District: Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2018 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date of Public Distribution/Dissemination |
| Mailing Address | M = M / D = D / Y = Y = Y |
| Mailing Address | Amount |
| City State Zip Code | |
| Purpose of Expenditure Category/ Type | Office Sought: House State: Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Check One: Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date of Public Distribution/Dissemination |
| Mailing Address | |
| City State Zip Code | Amount |
| Oity State Zip Code | |
| Purpose of Expenditure Category/ | Office Sought: House State: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Senate District: |
| Marile of Federal California Gupported of Opposed by Experiolitie. | Check One: Support Oppose |
| Calendar Year-To-Date Per Election | Disbursement For: Primary General |
| for Office Sought | Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 1726.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 1726.00 |