

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 POWERPAC.ORG		3. FEC Identification Number C C90009853
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 44 MONTGOMERY ST SUITE 2310		
(c) City, State and ZIP Code SAN FRANCISCO CA 94104		
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 / / 2017
THROUGH / / 2017

6. TOTAL CONTRIBUTIONS..... 25000.00
7. TOTAL INDEPENDENT EXPENDITURES 10000.00

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
Le, Lisa, , ,	Le, Lisa, , ,	12/22/2017

[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-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
POWERPAC.ORG

A. Full Name (Last, First, Middle Initial) Steve, Phillips, , ,			Date of Receipt 12 / 07 / 2017		
Mailing Address 553 Arkansas St			Transaction ID : F56.000001		
City San Francisco	State CA	Zip Code 94107	Amount of Each Receipt this Period 25000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self			Occupation Philanthropist		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	25000.00
TOTAL This Period (last page carry total to Line 6)	25000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
POWERPAC.ORG

Full Name (Last, First, Middle Initial) of Payee Onyx Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 12 / 2017	
Mailing Address 2046 Westchester Dr.		Amount 10000.00	
City State Zip Code Silver Spring MD 20902	Transaction ID : F57.000001		
Purpose of Expenditure Get Out To Vote phone banking. ESTIMATED COSTS.	Category/Type 007	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jones, Doug, , ,		Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 85000.00			

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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures.....	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	10000.00