

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Immigrants' List Civic Action, Inc.		3. FEC Identification Number C C90014101
(b) Address (number and street) ☐ check if different than previously reported 1555 Connecticut Ave., NW		
(c) City, State and ZIP Code Washington DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

13697.58

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Joshua McGowan

Joshua McGowan

01/30/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Immigrants' List Civic Action, Inc.

Full Name (Last, First, Middle Initial) of Payee Mount Vernon Printing		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 13201 Mid Atlantic Blvd Suite 100		Amount 13697.58	
City Laurel	State MD	Zip Code 20708	
Purpose of Expenditure Printing, Mailing and Postage		Category/ Type	Transaction ID : F57.4104
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Office Sought: ☒ House State: IA ☐ Senate District: 04 ☐ President Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President 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	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....		13697.58	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		13697.58	