

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 THE ADVOCACY FUND		3. FEC Identification Number C C90011750
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1012 TORNEY AVE		
(c) City, State and ZIP Code SAN FRANCISCO CA 94129		
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	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
10		01		2017

THROUGH

M M	/	D D	/	Y Y Y Y
12		31		2017

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	52441.31

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]

Keton, Amanda, , ,

Keton, Amanda, , ,

01/23/2018

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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2017	
Mailing Address PO Box 619616		Amount 483.51	
City DFW Airport	State TX	Zip Code 02138	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6174.09		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 28 / 2017	
Mailing Address PO Box 619616		Amount 1368.80	
City DFW Airport	State TX	Zip Code 02138	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 29844.53		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2017	
Mailing Address PO Box 619616		Amount 329.20	
City DFW Airport	State TX	Zip Code 02138	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30869.53		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2181.51
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 619616		Amount 329.20	
City DFW Airport	State TX	Zip Code 02138	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31198.73		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address PO Box 619616		Amount 1288.82	
City DFW Airport	State TX	Zip Code 02138	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42428.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Beau Thai		Date of Public Distribution/Dissemination 12 / 12 / 2017	
Mailing Address 1348 Florida Ave NM		Amount 185.32	
City Washington	State DC	Zip Code 20009	
Purpose of Expenditure Meals		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 52441.31		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1803.34
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Budget Rental Car		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2017	
Mailing Address 6 Silvan Way		Amount 436.97	
City Parsippany	State NJ	Zip Code 07054	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6611.06		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Transaction ID : F57.4117

Full Name (Last, First, Middle Initial) of Payee Budget Rental Car		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 6 Silvan Way		Amount 184.16	
City Parsippany	State NJ	Zip Code 07054	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41139.72		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Transaction ID : F57.4187

Full Name (Last, First, Middle Initial) of Payee Country Inn and Suites		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 3465 Ross Clark Circle		Amount 561.91	
City Dothan	State AL	Zip Code 36303	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40955.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Transaction ID : F57.4185

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 1183.04

(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Delta Airlines Inc		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 20980 Dept 980		Amount 194.80	
City Atlanta	State GA	Zip Code 30320-2980	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30345.53		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Delta Airlines Inc		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 20980 Dept 980		Amount 194.80	
City Atlanta	State GA	Zip Code 30320-2980	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30540.33		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Delta Airlines Inc		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address PO Box 20980 Dept 980		Amount 354.60	
City Atlanta	State GA	Zip Code 30320-2980	
Purpose of Expenditure Travel		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40393.65		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	744.20
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Indivisible, a project of The Advocacy Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2017	
Mailing Address PO Box 43884		Amount 5690.58	
City Washington	State DC	Zip Code 20010	
Purpose of Expenditure Staff Time 10/23-11/12/17		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Indivisible, a project of The Advocacy Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2017	
Mailing Address PO Box 43884		Amount 21514.67	
City Washington	State DC	Zip Code 20010	
Purpose of Expenditure Actual Costs Staff Time 11/13-12/12/17		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee MacMail Advertising, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 2328 Southampton Dr		Amount 1505.00	
City Hoover	State AL	Zip Code 35226	
Purpose of Expenditure Printing		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	28710.25
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Marriott Hotel		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2017	
Mailing Address 115 Troy Plaza Loop		Amount 87.36	
City Troy	State AA	Zip Code 36081	Transaction ID : F57.4155
Purpose of Expenditure Travel	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31286.09		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Polis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2017	
Mailing Address 10 Ware St		Amount 350.00	
City Cambridge	State MA	Zip Code 02138	Transaction ID : F57.4120
Purpose of Expenditure Canvassing Application	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6961.06		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Priceline		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2017	
Mailing Address 800 Connecticut Ave		Amount 306.20	
City Norwalk	State CT	Zip Code 06854	Transaction ID : F57.4143
Purpose of Expenditure Travel	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30150.73		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	743.56
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 4878.77	
City Oakland	State CA	Zip Code 94612	
Purpose of Expenditure Telecommunication Services		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36164.86		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____ Special-General	

Transaction ID : F57.4162

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 03 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 3858.84	
City Oakland	State CA	Zip Code 94612	
Purpose of Expenditure Telecommunication Services		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40023.70		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____ Special-General	

Transaction ID : F57.4175

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 05 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 15.35	
City Oakland	State CA	Zip Code 94612	
Purpose of Expenditure Telecommunication Services		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40039.05		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____ Special-General	

Transaction ID : F57.4191

(a) SUBTOTAL of Itemized Independent Expenditures.....	8752.96
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 07 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 6.60	
City Oakland	State CA	Zip Code 94612	
Purpose of Expenditure Telecommunication Services		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42435.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Transaction ID : F57.4203

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 08 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 6.75	
City Oakland	State CA	Zip Code 94612	
Purpose of Expenditure Telecommunication Services		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43946.89		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Transaction ID : F57.4238

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 09 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 3040.35	
City Oakland	State CA	Zip Code 94612	
Purpose of Expenditure Telecommunication Services		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47045.49		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Transaction ID : F57.4240

(a) SUBTOTAL of Itemized Independent Expenditures.....	3053.70
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 10 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 864.30	
City	State	Zip Code	Transaction ID : F57.4244
Oakland	CA	94612	
Purpose of Expenditure Telecommunication Services		Category/ Type	Office Sought:
		006	<input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
		2017	
		47909.79	

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 11 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 73.80	
City	State	Zip Code	Transaction ID : F57.4245
Oakland	CA	94612	
Purpose of Expenditure Telecommunication Services		Category/ Type	Office Sought:
		006	<input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
		2017	
		47983.59	

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 12 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 4272.40	
City	State	Zip Code	Transaction ID : F57.4246
Oakland	CA	94612	
Purpose of Expenditure Telecommunication Services		Category/ Type	Office Sought:
		006	<input type="checkbox"/> House State: AL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
		2017	
		52255.99	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5210.50
(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)
THE ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Walmart		Date of Public Distribution/Dissemination 12 / 09 / 2017	
Mailing Address 2200 Sparkman Rd NW		Amount 58.25	
City Huntsville	State AL	Zip Code 35810	Transaction ID : F57.4239
Purpose of Expenditure GOTV Event Supplies	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44005.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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.....	58.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	52441.31