

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 Catalyst Oklahoma		3. FEC Identification Number C C90016080
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 437		
(c) City, State and ZIP Code Oklahoma City OK 73101		
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
	04		01		2016
THROUGH	M M	/	D D	/	Y Y Y Y
	06		30		2016

6. TOTAL CONTRIBUTIONS.....		.00
7. TOTAL INDEPENDENT EXPENDITURES		57870.02

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]

Glenn Coffee

Glenn Coffee

08/15/2016

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)
Catalyst Oklahoma

Full Name (Last, First, Middle Initial) of Payee Revolution Agency, Inc.		Date of Public Distribution/Dissemination 06 / 14 / 2016	
Mailing Address 1020 Princess Street		Amount 8444.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Web Video		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OK <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cole		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.000001	

Full Name (Last, First, Middle Initial) of Payee Revolution Agency, Inc.		Date of Public Distribution/Dissemination 06 / 14 / 2016	
Mailing Address 1020 Princess Street		Amount 4215.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Digital Banner Ad		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OK <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cole		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.000002	

Full Name (Last, First, Middle Initial) of Payee Revolution Agency, Inc.		Date of Public Distribution/Dissemination 06 / 18 / 2016	
Mailing Address 1020 Princess Street		Amount 4311.02	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Door hanger		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: OK <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cole		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.000003	

(a) SUBTOTAL of Itemized Independent Expenditures.....	16970.02
(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)
Catalyst Oklahoma

Full Name (Last, First, Middle Initial) of Payee Revolution Agency, Inc.		Date of Public Distribution/Dissemination 06 / 18 / 2016	
Mailing Address 1020 Princess Street		Amount 37000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.000004
Purpose of Expenditure Canvassing	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cole		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53970.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Revolution Agency, Inc.		Date of Public Distribution/Dissemination 06 / 23 / 2016	
Mailing Address 1020 Princess Street		Amount 3900.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.000005
Purpose of Expenditure Web Advertisement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cole		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 57870.02		Disbursement For: <input checked="" 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.....	40900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	57870.02