

**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