

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 Environmental Defense Action Fund		
(b) Address (number and street) ☐ check if different than previously reported 1875 Connecticut Ave NW #600		
(c) City, State and ZIP Code Washington DC 20009		3. FEC Identification Number C C90014895
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

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

50260.20

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]

Joseph Bonfiglio

Joseph Bonfiglio

04/18/2016

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Environmental Defense Action Fund

Full Name (Last, First, Middle Initial) of Payee

The Strategy Group, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 18 / 2016

Mailing Address

730 N Franklin

Suite # 404

Amount

50260.20

City

Chicago

State

IL

Zip Code

60654-7205

Transaction ID : F57.4128

Purpose of Expenditure
Paid Communication - MailCategory/
Type

004

Office Sought:

☐ House

State: PA

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
KATHLEEN ALANA MCGINTYDisbursement For:
2016☒ Primary☐ General☐ Other (specify) ▶ _____Calendar Year-To-Date Per Election
for Office Sought

327810.92

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶ _____Calendar Year-To-Date Per Election
for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶ _____Calendar Year-To-Date Per Election
for Office Sought

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

50260.20

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

50260.20