10/10/2014 21 : 01

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(c) City, State and ZIP Code San Jose CA 95126 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report October 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? X No Yes, it amends the report filed on THROUGH 10 / 09 / 2014 THROUGH 10 / 09 / 2014 C TOTAL CONTRIBUTIONS	(a) Name of Individual, Organization or Corporation Planned Parenthood Advocates Mar Monte	e	
San Jose CA 95126 C 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 July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 07 01 2014 THROUGH 10 09 2014 THROUGH 10 09 1 2014 Under penalty of pariury 1 tertify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any carefidation or subnotized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] DATE Liz Figueroa 10/09/2014		nan previously reported	
San Jose CA 95126 2. Occupation and Name of Employer (for individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report October 15 Quarterly Report Alanuary 31 Year-End Re	(c) City, State and ZIP Code		2. FEC Identification Number
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 b) Is this Report an amendment? X No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 07 / 01 / 2014 THROUGH 10 / 09 / 2014 THROUGH 10 / 09 / 2014 Control operably of populy Learlity 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 [Electronically Filed] Liz Figueroa 10/09/2014	San Jose	CA 95126	3. FEC Identification Number
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 b) Is this Report an amendment? X No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 07 / 01 / 2014 THROUGH 10 / 09 / 2014 THROUGH 10 / 09 / 2014 Control operably of populy Learlity 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 [Electronically Filed] Liz Figueroa 10/09/2014			C C90007311
(a) April 15 Quarterly Report	2. Occupation and Name of Employer (for Individual Filers On	ny)	
July 15 Quarterly Report 24-Hour Rep	TYPE OF REPORT (check appropriate boxes)	s):	
October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH THROUGH THROUGH TO JO	(a) April 15 Quarterly Report		
January 31 Year-End Report b) Is this Report an amendment? X No Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Period of Yes, it amends the report filed on The Yes, it amends the	☐ July 15 Quarterly Report	24-Hour Report	
b) Is this Report an amendment? No Yes, it amends the report filed on This Period of Science of Sci	October 15 Quarterly Report	X 48-Hour Report	
5. COVERING PERIOD: FROM 07 01 2014 THROUGH 10 09 2014 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report		
THROUGH TOTAL CONTRIBUTIONS	b) Is this Report an amendment? X No	Yes, it amends the report filed on	/ M / D D / Y Y Y Y
7. TOTAL INDEPENDENT EXPENDITURES	FROM 07	01 2014	
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 [Electronically Filed] Liz Figueroa 10/09/2014			
Liz Figueroa Liz Figueroa 10/09/2014			n, or concert with, or at the request or suggestion
10/09/2014	TYPE OR PRINT NAME OF PERSON COMPLETING FORM		
	Liz Figueroa	Liz Figueroa	10/09/2014
	NOTE: Submission of false, erroneous or incomplete info	ormation may subject the person signing this report	

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-A ITEMIZED RECEIPTS

PAGE 2 OF 7

- Information 1 1 C	who and Olahamanha		
	rts and Statements may not be sold or used by any using the name and address of any political committee		
NAME OF FILER (In Full) Planned Parenthood Advocates Mar	Monte		
Full Name (Last, First, Middle Initial)			
	ject of Planned Parenthood Affiliates of California	Date of Receipt	
Mailing Address 555 Capitol Mall, Sui		07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Sacramento	State Zip Code CA 95814	Transaction ID : NONC192 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	62.50	
Name of Employer	Occupat	ion	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro	ject of Planned Parenthood Affiliates of California	Date of Receipt	
Mailing Address 555 Capitol Mall, S	uite 1425	M = M / D = D / Y = Y = Y = Y	
City	Chata 7:- Co-d-	07 22 2014	
City Sacramento	State Zip Code CA 95814	Transaction ID : NONC191	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 3.71	
Name of Employer	Occupat	ion	
	Occupat	ion	
Full Name (Last, First, Middle Initial)	Occupat iect of Planned Parenthood Affiliates of California		
Full Name (Last, First, Middle Initial)	ject of Planned Parenthood Affiliates of California	Date of Receipt	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S	ject of Planned Parenthood Affiliates of California uite 1425	Date of Receipt 07 22 2014	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City	ject of Planned Parenthood Affiliates of California	Date of Receipt 07 22 2014 Transaction ID : NONC209	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code	Date of Receipt 07 22 2014	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814	Date of Receipt 07 22 2014 Transaction ID : NONC209 Amount of Each Receipt this Period 62.50	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial)	iect of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C	Date of Receipt 07 22 2014 Transaction ID : NONC209 Amount of Each Receipt this Period 62.50	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial)	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C Occupat ject of Planned Parenthood Affiliates of California	Date of Receipt 07 22 2014 Transaction ID : NONC209 Amount of Each Receipt this Period 62.50	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C Occupat ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code	Date of Receipt 07	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C Occupat ject of Planned Parenthood Affiliates of California uite 1425	Date of Receipt 07	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C Occupat ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code	Date of Receipt 07	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C Occupat ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814	Date of Receipt 07 22 2014 Transaction ID : NONC209 Amount of Each Receipt this Period 62.50 Date of Receipt 08 01 2014 Transaction ID : NONC193 Amount of Each Receipt this Period 50.72	
Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Protecting Choice in California, A Pro Mailing Address 555 Capitol Mall, S City Sacramento FEC ID number of contributing federal political committee. Name of Employer	ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C Occupat ject of Planned Parenthood Affiliates of California uite 1425 State Zip Code CA 95814 C	Date of Receipt O7 22 2014 Transaction ID : NONC209 Amount of Each Receipt this Period 62.50 Date of Receipt M M M / D D / 2014 Transaction ID : NONC193 Amount of Each Receipt this Period 50.72	

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 3 OF 7

	eports and Statements may not be sold or used by any prian using the name and address of any political committee		
NAME OF FILER (In Full) Planned Parenthood Advocates M	lar Monte		
A. Full Name (Last, First, Middle Init	,		
	Project of Planned Parenthood Affiliates of California	Date of Receipt	
Mailing Address 555 Capitol Mall,		08 01 2014	
City	State Zip Code CA 95814	Transaction ID : NONC194	
Sacramento		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	312.50	
Name of Employer	Occupation	on	
B. Full Name (Last, First, Middle Init	ial)		
Protecting Choice in California, A	Project of Planned Parenthood Affiliates of California	Date of Receipt	
Mailing Address 555 Capitol Ma	II, Suite 1425	M = M / D = D / Y = Y = Y	
0.14	Olate Za Olate	09 01 2014	
City Sacramento	State Zip Code CA 95814	Transaction ID : NONC195	
- Cacramento	93014	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	3750.00	
Name of Employer Occupation			
C. Full Name (Last, First, Middle Init Protecting Choice in California, A I	ial) Project of Planned Parenthood Affiliates of California	Date of Receipt	
Mailing Address 555 Capitol Mal	II, Suite 1425	09 01 2014	
City	State Zip Code	Transaction ID : NONC196	
Sacramento	CA 95814	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	170.83	
Name of Employer Occupation			
D. Full Name (Last, First, Middle Init	ial) Project of Planned Parenthood Affiliates of California		
Protecting Choice in California, A Mailing Address 555 Capitol Mal	Date of Receipt		
	•	10 01 2014	
City Sacramento	State Zip Code CA 95814	Transaction ID : NONC197	
Gacramento	OA 93014	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	2187.50	
Name of Employer	Occupatio	n	
SUBTOTAL of Receipts This Page	(optional)	▶ 6420.83	
TOTAL This Period (last nage carry	total to Line 6)		
I This I choo hast page cally	(Clar to Enio O)	▶ 6600.26	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 7 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)		I
Planned Parenthood Advocates Mar M	fonte	
Full Name (Last, First, Middle Initia	al) of Payee	Date of Public Distribution/Dissemination
James Wisley		07 22 2014
Mailing Address 1570 Prospect A	avenue	Amount
City	State Zip Code	
Hermosa Beach	CA 90254	62.50 Transaction ID : EDTEALC264
Purpose of Expenditure Consulting for Phone Banking; 7/22 \$10,000 until 10/9/14	2 - 7/30. Costs do not exceed Category/ Type 001	Office Sought: House State: CA Senate District: 07
Name of Federal Candidate Suppo Ami Bera	orted or Opposed by Expenditure:	Check One: President Support Oppose
Calendar Year-To-Date Per E for Office S	10683.47	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initia	al) of Payee	Date of Public Distribution/Dissemination
Planned Parenthood Advocates Ma	ar Monte	09 01 2014
Mailing Address 1605 The Alame	da	Amount
City	State Zip Code	Amount
	·	80.00
San Jose	CA 95126	Transaction ID : EDTEALC268
Purpose of Expenditure Copies for Phone Banking; 9/1 - 10 \$10,000 until 10/9/14	21	Office Sought: House State: CA Senate District: 07
Name of Federal Candidate Suppo Ami Bera	orted or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Ele for Office S	10683 47	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initia	al) of Pavee	Date of Public Distribution/Dissemination
Planned Parenthood Advocates Ma		Man / Day / Yayayay
Mailing Address 1605 The Alame	eda	09 01 2014
1000 THO MAINE	334	Amount
City	State Zip Code	1010.71
San Jose	CA 95126	
Purpose of Expenditure	Catagory	Transaction ID : EDTEALC269 Office Sought:
Food & Expenses for Phone Banki exceed \$10.000 until 10/9/14	.,,,,,	Senate District: 07
Name of Federal Candidate Suppo Ami Bera	orted or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per El for Office S	10683 47	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Indeper	ndent Expenditures	1153.21
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures	·············
(c) TOTAL Independent Expenditure (carry total from last page	ese forward to Line 7)	······································

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 7 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)			•	
Planned Parenthood Advocates Mar N	Vionte			
Full Name (Last, First, Middle Initi	ial) of Payee		Date of Public Distribution	 n/Dissemination
Planned Parenthood Advocates M			M = M / D = D	/ Y = Y = Y
Mailing Address 1605 The Alame	eda		09 01	2014
			Amount	
City	·	o Code		2096.00
San Jose	CA 95	5126	Transaction ID : EDTEA	LC270
Purpose of Expenditure Staff Time for Phone Banking; 9/1 \$10,000 until 10/9/14	- 10/9. Costs do not exceed Categ	gory/ Type 001	Office Sought: X House Senate	State: CA District: 07
	ported or Opposed by Expenditure:	(President Check One: Support	
Calendar Year-To-Date Per E for Office		10683.47	Disbursement For: Primary 2014 Other (specify)	General
Full Name (Last, First, Middle Initia	ial) of Payee		Date of Public Distribution	n/Dissemination
Planned Parenthood Affiliates of C	California		M = M / D = D	, , , , , , , , , , , , , , , , , , , ,
Mailing Address 555 Capitol Mall	.l, Suite 510		07 01	2014
		<u></u>	Amount	
City	State Zip	p Code		3.71
Sacramento	CA 95	5814	Transaction ID : EDTEA	
Purpose of Expenditure Staff Time; 7/22 - 7/31. Costs do r 10/9/14	not exceed \$10,000 until	gory/ Type 001	Office Sought: House Senate	State: CA District: 07
	ported or Opposed by Expenditure:	(Check One: X Support	Oppose
Calendar Year-To-Date Per E for Office S		10683.47	Disbursement For: Primary 2014 Other (specify)	General
Full Name (Last, First, Middle Initi	rial) of Pavee		Date of Public Distribution	~/Dissamination
Planned Parenthood Affiliates of C			M = M / D = D	/ Y ! Y ! Y ! Y
Mailing Address 555 Capitol Ma	all. Suite 510		08 01	2014
			Amount	
City	State Zip	p Code		50.72
Sacramento	CA 95	5814	Transaction ID : EDTEA	
Purpose of Expenditure	Categ	ron/	Office Sought: X House	State: CA
Staff Time; 8/1 - 8/31. Costs do no 10/9/14	ot exceed \$10,000 until	Type 001	Senate	District:07
Name of Federal Candidate Supp Ami Bera	ported or Opposed by Expenditure:		President Check One: Support	Oppose
Calendar Year-To-Date Per E for Office S		10683.47	Disbursement For: Primary 2014 Other (specify)	General General
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		•	2150.43
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		•	
(c) TOTAL Independent Expenditure (carry total from last page	resae forward to Line 7)		•	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 7 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)	Manta	·
Planned Parenthood Advocates Mar I	vionte	
Full Name (Last, First, Middle Init		Date of Public Distribution/Dissemination
Planned Parenthood Affiliates of 0	California	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 Capitol Mail	II, Suite 510	Amount
City	State Zip Code	Amount
Sacramento	CA 95814	170.83 Transaction ID : EDTEALC271
Purpose of Expenditure Staff Time; 9/1 - 9/30. Costs do no 10/9/14	ot exceed \$10,000 until Category/ Type 001	Office Sought: House State: CA Senate District: 07
	orted or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per for Office	40000 47	Disbursement For: Primary General 2014 Other (specify)
Full Name (Last, First, Middle Init	ial) of Payee	Date of Public Distribution/Dissemination
Political Data		10 01 2014
Mailing Address P.O. Box 59570		Amount
City	State Zip Code	
Norwalk	CA 90652	2187.50
Purpose of Expenditure	Category/	Transaction ID : EDTEALC274 Office Sought: House State. CA
Data for Phone Banking; 10/1 - 10 \$10,000 until 10/9/14		Senate District:
Name of Federal Candidate Supp Ami Bera	orted or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per E	10683.47	Disbursement For: Primary General 2014 Other (specify)
Full Name (Last, First, Middle Init	ial) of Payee	Date of Public Distribution/Dissemination
Political Data, Inc.		M = M / D = D / Y = Y = Y
Mailing Address 825 S. Victory	Blvd.	09 01 2014
		Amount
City	State Zip Code	3750.00
Burbank	CA 91502	Transaction ID : EDTEALC272
Purpose of Expenditure Data List for Phone Banking; 10/1 \$10.000 until 10/9/14	- 10/18. Costs do not exceed Category/ Type 003	Office Sought: X House State: CA Senate District: 07
Name of Federal Candidate Supp Ami Bera	orted or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per E for Office	10602.47	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent	endent Expenditures	6108.33
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures	
(c) TOTAL Independent Expenditu (carry total from last pag	resge forward to Line 7)	······•

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 OF 7 FOR LINE 7 OF FORM 5

ME OF FILER (In Full)		<u> </u>
lanned Parenthood Advocates Mar Mo	onte	
Full Name (Last, First, Middle Initia	al) of Pavee	Date of Public Distribution/Dissemination
Progressive Contact Technologies,	· -	Man / D D / Y Y Y Y Y
Mailing Address P.O. Roy 50570		09 01 2014
P.O. Box 59570		Amount
Oth.,	State Zip Code	Zillount
City	·	959.00
Norwalk		Transaction ID : EDTEALC273
Purpose of Expenditure Phone Banking; 9/1 - 10/9. Costs do 10/9/14	o not exceed \$10,000 until Category/ Type 003	Office Sought: House State: CA Senate District: 07
Name of Federal Candidate Supportant Ami Bera	rted or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per El for Office S	10692.47	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initia	al) of Payee	Date of Public Distribution/Dissemination
Wagaman Strategies		M = M / D = D / Y = Y = Y
Mailing Address 886 Metal Lane		08 01 2014
000 IVIELAI LAITE		Amount
City	State Zip Code	312.50
West Sacramento	CA 95691	Transaction ID : EDTEALC267
Purpose of Expenditure Consulting for Phone Banking; 8/1 - \$10,000 until 10/9/14	- 8/31. Costs do not exceed Category/ Type 001	Office Sought: House State: CA Senate 07
Name of Federal Candidate Suppor Ami Bera	rted or Opposed by Expenditure:	President District: Oppose
Calendar Year-To-Date Per Ele for Office So	10683.47	Disbursement For: Primary General 2014 Other (specify)
Full Name (Last, First, Middle Initia	all of Payee	
Tull Name (Last, 1 nst, Middle mila	i) or Fayee	Date of Public Distribution/Dissemination
Mailing Address		M M / D D / Y Y Y Y
Malling Address		A
<u> </u>	Otata Zin Code	Amount
City	State Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
Name of Federal Candidate Support	Type orted or Opposed by Expenditure:	Senate President District:
		Check One: Support Oppose
Calendar Year-To-Date Per Ele	ection	Disbursement For: Primary General
for Office So		Other (specify)
a) SUBTOTAL of Itemized Indepen	ndent Expenditures	1271.50
b) SUBTOTAL of Unitemized Indep	pendent Expenditures	
(c) TOTAL Independent Expenditure (carry total from last page	ese forward to Line 7)	10683.47
(carry total morn last page	10.114.4 10 =11.0 1 /	