

# 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 <b>Sierra Club</b>			3. FEC Identification Number  <div style="border: 1px solid black; padding: 5px; display: inline-block;">           C           <div style="border: 1px solid black; padding: 2px; display: inline-block;">             C90011875           </div> </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2101 Webster Street Suite 1300			
(c) City, State and ZIP Code  <div style="display: flex; justify-content: space-between;"> <span>Oakland</span> <span>CA</span> <span>94612</span> </div>			
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   /   /    
01 01 2018

THROUGH   /   /    
05 23 2018

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6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

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]*

Thack, David, , ,

Thack, David, , ,

05/23/2018

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**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Sierra Club

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

Hayes, Ariel, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 23 / 2018

Mailing Address 50 F St NW

FI 8

Amount

108.18

City

State

Zip Code

Washington

DC

20001-1530

Transaction ID : VVAJ59SRZ77

Purpose of Expenditure  
Salaries & BenefitsCategory/  
Type 001Office Sought: ☒ House State: CA  
☐ Senate District: 04  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MCCLINTOCK, THOMAS, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

37159.07

Disbursement For: ☒ Primary ☐ General  
2018  
☐ Other (specify) ▶

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

Terris Barnes Walters Boigon Heath

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 23 / 2018

Mailing Address 400 Montgomery St

FI 7

Amount

37050.89

City

State

Zip Code

San Francisco

CA

94104-1229

Transaction ID : VVAJ59SRXQ8

Purpose of Expenditure  
Printing and postage for mail piecesCategory/  
Type 006Office Sought: ☒ House State: CA  
☐ Senate District: 04  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MCCLINTOCK, THOMAS, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

37159.07

Disbursement For: ☒ Primary ☐ General  
2018  
☐ Other (specify) ▶

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/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 37159.07

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 37159.07  
(carry total from last page forward to Line 7)