

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation 350.ORG ACTION FUND		3. FEC Identification Number C C90014580
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 20 JAY ST SUITE 1010		
(c) City, State and ZIP Code BROOKLYN NY 11201		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☐ January 31 Year-End Report☐ 48-Hour Reportb) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	D D	Y Y Y Y Y Y
01	01	2013

THROUGH

M M	D D	Y Y Y Y Y Y
03	31	2013

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES

21158.35

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Jeremy Osborn

Jeremy Osborn

04/15/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

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-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

350.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee 350.org		Date MM / DD / YYYY 03 / 12 / 2013	
Mailing Address 1 Saint Matthews Ct Suite A		Amount 8072.12	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.000001
Purpose of Expenditure Salaries	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8072.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Fitzgibbon Media, Inc.		Date MM / DD / YYYY 03 / 12 / 2013	
Mailing Address 2108 Military Road		Amount 7500.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : F57.000002
Purpose of Expenditure Media Relations Services	Category/ Type 008	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7500.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Websticker.com		Date MM / DD / YYYY 03 / 15 / 2013	
Mailing Address PO Box 1363		Amount 398.00	
City Stowe	State VT	Zip Code 05672	Transaction ID : F57.000003
Purpose of Expenditure Materials	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 398.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15970.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
350.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Image Pointe		Date MM / DD / YYYY 03 / 28 / 2013	
Mailing Address ￼1224 LaPorte Rd.		Amount 4767.52	
City Waterloo	State IA	Zip Code 50702	
Purpose of Expenditure Materials		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4767.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Benjamin Wessel		Date MM / DD / YYYY 03 / 15 / 2013	
Mailing Address 6309 33rd Street NW		Amount 148.53	
City Washington	State DC	Zip Code 20015	
Purpose of Expenditure Reimbursement		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 148.53		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Benjamin Wessel		Date MM / DD / YYYY 03 / 22 / 2013	
Mailing Address 6309 33rd Street NW		Amount 81.09	
City Washington	State DC	Zip Code 20015	
Purpose of Expenditure Reimbursement		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 229.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		4997.14	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
350.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Benjamin Wessel		Date MM / DD / YYYY 03 / 29 / 2013	
Mailing Address 6309 33rd Street NW		Amount 108.06 Transaction ID : F57.000007	
City Washington	State DC		
Purpose of Expenditure Reimbursement	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 337.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Forrest Carroll		Date MM / DD / YYYY 03 / 22 / 2013	
Mailing Address 1117 Greenspring Valley Rd		Amount 53.52 Transaction ID : F57.000008	
City Lutherville	State MD		
Purpose of Expenditure Reimbursement	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Matthew Ruark		Date MM / DD / YYYY 03 / 29 / 2013	
Mailing Address 306 S 5th St		Amount 29.51 Transaction ID : F57.000009	
City Rockport	State IN		
Purpose of Expenditure Reimbursement	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 29.51		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		191.09	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		21158.35	