

# 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<br><b>PEOPLE FOR THE AMERICAN WAY</b>                                             |  |                                                    |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1101 15TH STREET NW<br>SUITE 600 |  |                                                    |
| (c) City, State and ZIP Code<br>WASHINGTON DC 20005                                                                                      |  | 3. FEC Identification Number<br><b>C</b> C90012071 |
| 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 .....

47420.12

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

Diane Laviolette

SIGNATURE

Diane Laviolette

DATE

[Electronically Filed]

09/28/2016

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

NAME OF FILER (In Full)

PEOPLE FOR THE AMERICAN WAY

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

Ralston Lapp Media, LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
09 / 27 / 2016

Mailing Address 1054 31st Street, NW

Amount

703.12

Transaction ID : F57.4163

Purpose of Expenditure  
Advertising costsCategory/  
Type 004Office Sought: ☐ House State: NV  
☐ Senate District: \_\_\_\_\_  
☒ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
DONALD J TRUMPCalendar Year-To-Date Per Election  
for Office Sought 47420.12Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

Targeted Platform Media, LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
09 / 26 / 2016

Mailing Address 1291 Hollywood Avenue

Amount

46717.00

Transaction ID : F57.4162

Purpose of Expenditure  
Advertising costsCategory/  
Type 004Office Sought: ☐ House State: NV  
☐ Senate District: \_\_\_\_\_  
☒ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
DONALD J TRUMPCalendar Year-To-Date Per Election  
for Office Sought 46717.00Disbursement For: ☐ Primary ☒ General  
2016  
☐ 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: \_\_\_\_\_  
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 47420.12

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

(c) TOTAL Independent Expenditures.....▶ 47420.12  
(carry total from last page forward to Line 7)