

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N

Transaction ID :

No contributions during this period to organization to further IE. Total IE 08/18/2018 - 08/24/2018 is \$2262.97 (form is not allowing me to enter total into Line 7)

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CHINESE PROGRESSIVE POLITICAL ACTION INC.

Full Name (Last, First, Middle Initial) of Payee Chinese Progressive Association		Date of Public Distribution/Dissemination 08 / 23 / 2018	
Mailing Address 28 Ash Street		Amount 361.11	
City Boston	State MA	Zip Code 02111	
Purpose of Expenditure staff time for voter outreach & canvass coordination		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Lowe, Lydia, M, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Tri-Star Printing		Date of Public Distribution/Dissemination 08 / 23 / 2018	
Mailing Address 33 Park Street		Amount 1412.00	
City Somerville	State MA	Zip Code 02143	
Purpose of Expenditure Printing of CPPA endorsement flyers		Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pressley, Ayanna, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1773.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1773.11