

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 THE PEOPLE'S LOBBY			3. FEC Identification Number C C90015868
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1659 W HUBBARD ST. BASEMENT			
(c) City, State and ZIP Code CHICAGO IL 60622			
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..... .00

7. TOTAL INDEPENDENT EXPENDITURES 1818.95

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
Leven, Benjamin, Seth, ,	<i>Leven, Benjamin, Seth, ,</i> [Electronically Filed]	03/19/2018

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**

NAME OF FILER (In Full)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee NGP VAN		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 48 Grove St #202		Amount 900.00	
City Somerville	State MA	Zip Code 02144	Transaction ID : F57.000001
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 900.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Cho, Seong-Ah, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 5225 S. Blackstone		Amount 36.36	
City Chicago	State IL	Zip Code 60615	Transaction ID : F57.000002
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Abbattista, Molly, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 3817 W Wrightwood #3		Amount 113.86	
City Chicago	State IL	Zip Code 60647	Transaction ID : F57.000003
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1050.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee Ramirez-Blancas, Nancy, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 131 Carriage Hill Rd.		Amount 113.86	
City Wheeling	State IL	Zip Code 60090	Transaction ID : F57.000004
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Malinauskaite, Egle, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 10242 Hickory Drive		Amount 76.82	
City Orland Park	State IL	Zip Code 60462	Transaction ID : F57.000005
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 78.82		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Winfield, Tyri, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 12526 S Wentworth		Amount 113.86	
City Chicago	State IL	Zip Code 60628	Transaction ID : F57.000006
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	304.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee Fencke, Crystal, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 6161 N Winthrop		Amount 105.10	
City Chicago	State IL	Zip Code 60660	Transaction ID : F57.000007
Purpose of Expenditure Phone Canvass	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 105.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Valenzuela, Danton, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 2952 N Kenosha		Amount 105.10	
City Chicago	State IL	Zip Code 60641	Transaction ID : F57.000008
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 105.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Gallagher, Bridgit, , ,		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 3334 S. Lowe		Amount 113.86	
City Chicago	State IL	Zip Code 60615	Transaction ID : F57.000009
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	324.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee Ferguson, Sabrina, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2018	
Mailing Address 1720 N Marshfield #404		Amount 35.03	
City Chicago	State IL	Zip Code 60622	Transaction ID : F57.000010
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Reyes, Nicole, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2018	
Mailing Address 1427 W. Cullerton		Amount 105.10	
City Chicago	State IL	Zip Code 60608	Transaction ID : F57.000011
Purpose of Expenditure Phone Canvassing	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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.....	▶	140.13
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1818.95