## FEC FORM 5

## **REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) Check if different than previo 1875 Connecticut Ave NW #600	ously reported	
(c) City, State and ZIP Code		
Washington DC 20009		3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)		C C90014895
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 🗌 Ye	es, it amends the report filed on	
5. COVERING PERIOD: FROM 01 / 01 THROUGH 03 / 31	/ 2020 / 2020 / 2020	
6. TOTAL CONTRIBUTIONS	C	0.00
7. TOTAL INDEPENDENT EXPENDITURES	<u>C</u>	4474.80
Under penalty of perjury I certify that the independent expenditures reported herein w of, any candidate or authorized committee or agent of either, or any political party of		on, or concert with, or at the request or suggestior
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE Electronically Filed]

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 EXPENDITURES

NAME OF FILER (In Full)

ME OF FILER (In Full) nvironmental Defense Action Fund			
Full Name (Last, First, Middle Initial) of Pay	/ee		Date of Public Distribution/Dissemination
Care2.com			01 23 2020
Mailing Address 203 Redwood Shores Pa	rkway		
Suite 230			Amount
City Redwood City	State CA	Zip Code 94065	4474.80 Transaction ID : F57.4831
Purpose of Expenditure Online Petition		Category/ Type 006	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or ( TRUMP, DONALD, J, ,	Opposed by Expend	iture:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		4474.80	Disbursement For: Primary 2020 Cher (specify) ►
Full Name (Last, First, Middle Initial) of Pay	yee		Date of Public Distribution/Dissemination
Mailing Address			
			Amount
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or (	Opposed by Expend	iture:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Pay	yee		Date of Public Distribution/Dissemination
Mailing Address			M = M / D = D / Y = Y = Y
Mailing Address			Amount
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or 0	Opposed by Expend	iture:	District:
			Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	, ,		Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Ex	penditures		• 4474.80
(b) SUBTOTAL of Unitemized Independent	Expenditures		
(c) TOTAL Independent Expenditures (carry total from last page forward			• 4474.80

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FOR LINE 7 OF FORM 5

OF

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