

## FACSIMILE TRANSMISSION

TO: 202-219-0174

FAX:

FROM: (770) 62

(770) 622.1501 (Phone)

(770) 232.9831 (Fax)

PAGES (including cover):

DATE: 5/12/10

MESSAGE:

## **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 Check if different than previously reported (b) Address (number and street) P.O. Box 957736 3. FEC Identification Number .C Corporate filers only No. is the filer a qualified nonprofit corporation? ☐ Yes 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 Cotober 15 Quarterly Report January 31 Year-End Report 48-Hour Report Yes Notes b) is this Report an amendment? 6. COVERING PERIOD: FROM THROUGH 6. TOTAL CONTRIBUTIONS..... 6,453,93 Under penalty of perjury i certify that the independent expenditures reported here'n were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or suthorized committee or agent of either, or any political pany 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 Commesion's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE 5-13-10 NOTE: Submission of false, erropeous or incomplets 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. 20483 Toll Free 800-424-9530, Local 202-894-1100

FEC Schedule 5 (REV. 09/2006)

Mailing Address  City State Zip Code  FEC ID number of contributing fedoral political committee.  Name of Employer Occupation  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee.	Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  It is a property that Period  Date of Receipt  Amount of Each Receipt this Period
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FEC Schedule 5 (Rev. 02/2003)

TOTAL This Period (last page carry total to Line 6) .....

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 5
NAME OF FILER (In Full)	
Faith to Freedom Coalition, Inc.	,
Full Name (Last, First, Middle Initial) of Payee	Date
Evockants adventising Inc.	% # · 5 5 · · v v v v
Mailing Address	<del> </del>
0555 Suprloof Pluon, Ste. 307	Amount
City Sfate Zip Code	
Duluth GA 30097	
Purpose of Expenditure  Mailing  Category Type O D 4	Office Sought: House State: PA Senate District: 12
Name of Federal Candidate Supported or Opposed by Expenditure:	☐ President
l'in Burns	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6,4 53.93	Disbursement For: Primary General  Other (specify) Special
Full Name (Last, First, Middle Initial) of Payee	Date
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City State Zip Code	
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Bureau of Supporting	Office County T House
Purpose of Expenditure Category/	Office Sought: House State:
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Mailing Address	
	Amount
City State Zip Code	, , ,
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Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
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## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

FOR INCOMING DO	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	elivery Confirmation ™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received be FAX machine has printed at the bottom of each particle phone number of the transmitting machine and the	ge the date and time of receipt, the
N/A PREPARER	N/A DATE PREPARED
(5/2004)	