## **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 DBA Adventure Outdoors (c) City, State and ZIP Code 3. FEC Identification Number 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? Yes, it amends the report filed on 5. COVERING PERIOD: FROM - THROUGH 6. TOTAL CONTRIBUTIONS...... .... TOTAL INDEPENDENT EXPENDITURES ..... 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

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

NOTE: Submission of false, erroneous or incomplete information may subject the pen

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on signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDIT	TURES	PAGE OF FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)		<del></del>
_		
Full Name (Last, First, Middle Initial) of Pa	yee	Date of Public Distribution/Dissemination
Mailing Address		
Mailing Address .		Amount
City	State Zip Code	11,400,00
Purpose of Expenditure	Category/	Office Sought: House State: 6A
To bring awareness	of job loves Type	Senate District:
Name of Federal Candidate Supported or	Opposed by Expediture need Closes	President
Bob Barr		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	0 1 0	Disbursement For: Primary General  Other (specify) Punoff
Full Name (Last, First, Middle Initial) of Pa	yee	Date of Public Distribution/Dissemination
Mailing Address	·	07/01/2014
		Amount
City	State Zip Code	3,500,00
Purpose of Expenditure TO bring of jub 1055es if Loc Name of Federal Candidate Supported or		Office Sought: House State: GA Senate District: U
Bob Bavv	Орровеи by Experimiture.	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (specify) Primary
Full Name (Last, First, Middle Initial) of Pa	ayee	Date of Public Distribution/Dissemination
Mailing Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>
City	Chato 7'- O- I	Amount
City	State Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or	Opposed by Expenditure:	President 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	xpenditures	14,9000
(b) SUBTOTAL of Uniternized Independent	Expenditures	······ >
(c) TOTAL Independent Expenditures (carry total from last page forward	d to Line 7)	1490000

20463

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WALLACE & WALLACE, INC.
ADVENTURE OUTDOOPD
650 WINDY MYL RD.
EMAYRINA, GA 36080

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## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.		
Hand Delivered	Date of Receipt	
USPS First Class Mail	Postmarked 7/24/14	
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No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Busi	ness Day Delivery	
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Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	of Receipt or Postmarked	
AAL) PREPARER	7/29/14 DATE PREPARED	

(8/2013)