

# 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 <b>350.ORG ACTION FUND</b>			3. FEC Identification Number <b>C</b> C90014580
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 20 JAY ST SUITE 732			
(c) City, State and ZIP Code BROOKLYN NY 11201			
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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM 

M M	/	D D	/	Y Y Y Y
07		01		2016

THROUGH 

M M	/	D D	/	Y Y Y Y
09		30		2016

6. TOTAL CONTRIBUTIONS.....		.00
7. TOTAL INDEPENDENT EXPENDITURES .....		4713.53

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**

*[Electronically Filed]*

Song, Pei-Tzu, , ,

Song, Pei-Tzu, , ,

10/13/2016

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)  
350.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee 350.org		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 20 Jay St. Ste. 732		Amount 4533.53	
City Brooklyn	State NY	Zip Code 11201	
Purpose of Expenditure Salaries		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Valkanos, Athena, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 53 William Gannon Rd. Apt. 1		Amount 56.00	
City Manchester	State NH	Zip Code 03104	
Purpose of Expenditure Organizing services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Check One: <input type="checkbox"/> Support <input checked="" 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 Carney, Dylan, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 1 Church St. Apt. 1		Amount 56.00	
City Newmarket	State NH	Zip Code 03857	
Purpose of Expenditure Organizing Services		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Check One: <input type="checkbox"/> Support <input checked="" 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 : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	4645.53
(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)  
350.ORG ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Wasserman, Rebecca, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 29 Central Street Apt. 3		Amount 68.00	
City Newmarket	State NH	Zip Code 03857	Transaction ID : F57.000004
Purpose of Expenditure Organizing Services	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Check One: <input type="checkbox"/> Support <input checked="" 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	
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) _____	

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 <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.....	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	4713.53