

# 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>THE ADVOCACY FUND</b>			3. FEC Identification Number <b>C</b> C90011750
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1012 TORNEY AVE			
(c) City, State and ZIP Code SAN FRANCISCO CA 94129			
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.....

7. 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Keton, Amanda, , ,	<i>Keton, Amanda, , ,</i>	01/18/2018
	<i>[Electronically Filed]</i>	

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 ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 619616		Amount 329.20	
City DFW Airport	State TX	Zip Code 02138	Transaction ID : F57.4284
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30869.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 619616		Amount 329.20	
City DFW Airport	State TX	Zip Code 02138	Transaction ID : F57.4286
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31198.74		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

Full Name (Last, First, Middle Initial) of Payee Delta Airlines Inc		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 20980 Dept 980		Amount 194.80	
City Atlanta	State GA	Zip Code 30320-2980	Transaction ID : F57.4280
Purpose of Expenditure Travel	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30345.54		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	853.20
(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 ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Delta Airlines Inc		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address PO Box 20980 Dept 980		Amount 194.80	
City Atlanta	State GA	Zip Code 30320-2980	Transaction ID : F57.4282
Purpose of Expenditure Travel	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30540.34		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Marriott Hotel		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address 115 Troy Plaza Loop		Amount 87.36	
City Troy	State AA	Zip Code 36081	Transaction ID : F57.4288
Purpose of Expenditure Travel	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31286.10		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Priceline		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address 800 Connecticut Ave		Amount 306.20	
City Norwalk	State CT	Zip Code 06854	Transaction ID : F57.4292
Purpose of Expenditure Travel	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30150.74		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	588.36
(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 ADVOCACY FUND

Full Name (Last, First, Middle Initial) of Payee Relay		Date of Public Distribution/Dissemination 12 / 02 / 2017	
Mailing Address 1330 Broadway 3rd Fl		Amount 4878.77	
City Oakland	State CA	Zip Code 94612	Transaction ID : F57.4290
Purpose of Expenditure Telecommunication Services	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> Senate	House <input type="checkbox"/> House <input type="checkbox"/> President State: AL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JONES, DOUG, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36164.87		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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	House Senate 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	House Senate 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.....	4878.77
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	6320.33