

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 350.ORG ACTION FUND | | 3. FEC Identification Number C C90014580 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 20 JAY ST SUITE 1010 | | |
| (c) City, State and ZIP Code BROOKLYN NY 11201 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

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. 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 Commission's regulations.

| | | |
|---|----------------------|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Jeremy Osborn | <i>Jeremy Osborn</i> | 05/01/2013 |

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete 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. 20463 Toll Free 800-424-9530, Local 202-694-1100

**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 MM / DD / YYYY 04 / 30 / 2013 |
| Mailing Address 1 Saint Matthews Ct Suite A | | Amount 3195.19 Transaction ID : F57.000001 |
| City Washington | State DC | |
| Zip Code 20036 | Category/ Type 001 | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Salaries | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought 22771.64 | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Forrest Carroll | | Date MM / DD / YYYY 04 / 26 / 2013 |
| Mailing Address 1117 Greenspring Valley Road | | Amount 125.09 Transaction ID : F57.000002 |
| City Lutherville | State MD | |
| Zip Code 21093 | Category/ Type 006 | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Reimbursement | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Edward J Markey | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought 415.31 | | |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought | | |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 3320.28 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 3320.28 |
| (carry total from last page forward to Line 7) | | |