

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 PEOPLE FOR THE AMERICAN WAY		3. FEC Identification Number C C90012071
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1101 15TH STREET NW SUITE 600		
(c) City, State and ZIP Code WASHINGTON DC 20005		
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 M	/	D D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M M	/	D D D	/	Y Y Y Y Y Y
	04		01		2016
THROUGH	M M M	/	D D D	/	Y Y Y Y Y Y
	06		30		2016

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

14875.00

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

Diane Laviolette

SIGNATURE

Diane Laviolette

DATE

[Electronically Filed]

07/14/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N

Transaction ID :

No contributions were received to further independent expenditures.

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
PEOPLE FOR THE AMERICAN WAY

Full Name (Last, First, Middle Initial) of Payee Chambers Lopez Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2016	
Mailing Address P.O. Box 5539		Amount 13275.00	
City Arlington	State VA	Zip Code 22205	Transaction ID : F57.4100
Purpose of Expenditure TV Advertisement	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14875.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Facebook		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2016	
Mailing Address 1 Hacker Way		Amount 1600.00	
City Menlo Park	State CA	Zip Code	Transaction ID : F57.4103
Purpose of Expenditure Digital Advertisement	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
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.....	14875.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14875.00