SCHEDULE E

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ITEMIZED INDEPENDENT EXPENDITURES

Page 1 of 1 Pages

(See Reverse Side for Instructions)

Name of Committee (in Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
DESIGN 4, INC. 11703 DOUGLAS LANE SEFFNER, FL 33584	RADIO ADS	4/30/98	27,833.00	PERRY ATKINSON U.S. HOUSE OF REPRESENTATIVES OREGON/02 ☒ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $

(c) TOTAL Independent Expenditures ..... $

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature

5/1/98
Date

Subscribed and sworn to before me this 1st day of May, 1998

My Commission expires: 9/1/01

NOTARY PUBLIC

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

E.S.
PREPARER

5/1/98
DATE PREPARED

(4/98)