08/12/2017 18 : 02

PAGE 1/2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

POWERPAC.ORG (b) Address (number and street) _ check if different than previously reported 44 MONTGOMERY ST SUITE 2310 (c) City, State and ZIP Code SAN FRANCISCO
44 MONTGOMERY ST SUITE 2310 (c) City, State and ZIP Code SAN FRANCISCO CA 94104 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 Cotober 15 Quarterly Report January 31 Year-End Report State and ZIP Code A 94104 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report Dotober 15 Quarterly Report A 8-Hour Report 5. COVERING PERIOD: FROM 06 14 2017
SAN FRANCISCO CA 94104 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 October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 06 / 15 / 2017 5. COVERING PERIOD: FROM 06 / 14 / 2017
SAN FRANCISCO CA 94104 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 October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 06 5. COVERING PERIOD: FROM 14 14 2017
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 b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM O6 TY YY YY YY YY YY YY YY YY Y
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 b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM O6 TY YY YY YY YY YY YY YY YY Y
(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No X Yes, it amends the report filed on 06 / 15 / 2017 5. COVERING PERIOD: FROM 06 / 14 / 2017
THROUGH 06 14 2017
6. TOTAL CONTRIBUTIONS
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 [Electronically Filed]
Le, Lisa, , , Le, Lisa, , , 08/12/2017
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

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) POWERPAC.ORG				
Full Name (Last, First, Middle Initial) of Payee				Date of Public Distribution/Dissemination
Facebook Ads				M = M / D = D / Y = Y = Y
Mailing Address 1 Hacker Way				06 14 2017
1 Hacker Way				Amount
City	State	Zip Code		750.90
Menlo Park	CA	94025		750.89 Transaction ID : F57.000001
Purpose of Expenditure Actual facebook ads		Category/ Type	004	Office Sought: House State: GA Senate Senate District 06
Name of Federal Candidate Supported or Oppo Ossoff, Jonathan, , ,	osed by Expendi	iture:		Check One: Contact
Calendar Year-To-Date Per Election for Office Sought		220	1.92	Disbursement For: Primary General 2017 Other (specify) Runoff
Full Name (Last, First, Middle Initial) of Payee			'	Date of Public Distribution/Dissemination
Wharton, David, , , Mailing Address 361 Clinton Ave				06 14 2017
361 Clinton Ave				Amount
City	State	Zip Code		450.00
Brooklyn	NY	11238		Transaction ID : F57.000002
Purpose of Expenditure Actual video production cost for facebook ads		Category/ Type	004	Office Sought: House State: GA Senate 06
Name of Federal Candidate Supported or Oppo Ossoff, Jonathan, , ,	osed by Expend	liture:		President District: Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		220	1.92	Disbursement For: Primary General 2017 W Other (specify) Runoff
Full Name (Last, First, Middle Initial) of Payee				Date of Public Distribution/Dissemination
Mailing Address				M = M / D = D / Y = Y = Y
Mailing Address				Amount
City	State	Zip Code		Amount
Oity	State	Zip Code		
Purpose of Expenditure		Category/ Type		Office Sought: House State:
Name of Fodoval Condidate Companied or Oppo				Senate District:
Name of Federal Candidate Supported or Oppo	sea by Expend	liture:		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: Primary General Other (specify)
	,	,		Cultor (opcorry)
(a) SUBTOTAL of Itemized Independent Expend	litures			▶ 1200.89
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(c) TOTAL Independent Expenditures(carry total from last page forward to Li				▶ 1200.89