

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 THE PEOPLE'S LOBBY			3. FEC Identification Number C C90015868
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported 1659 W Hubbard St. BASEMENT			
(c) City, State and ZIP Code CHICAGO IL 60622			
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..... .00
7. TOTAL INDEPENDENT EXPENDITURES 1800.00

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	SIGNATURE	DATE
Levenson, Benjamin, Seth, ,	<i>Levenson, Benjamin, Seth, ,</i> [Electronically Filed]	03/12/2018

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 PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee NGP VAN		Date of Public Distribution/Dissemination 03 / 12 / 2018	
Mailing Address 48 Grove St. Suite 202		Amount 1800.00	
City Somerville	State MA	Zip Code 02144	Transaction ID : F57.000001
Purpose of Expenditure Phone Canvassing	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Newman, Marie, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1800.00		Disbursement For: <input checked="" 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:	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 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:	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1800.00