

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Sierra Club Political Committee			FEC IDENTIFICATION NUMBER C C00135368		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Sierra Club.			Date M N / D E / Y Y Y 1 0 / 0 7 / 2 0 0 4		
Mailing Address 85 Second St. 2nd Flr.			Amount 7.53		
City San Francisco	State CA	Zip Code 94105	Transaction ID: SE24.5655		
Purpose of Expenditure Office Expenses		Category/ Type	Office Sought: House State: _____ Senate District: 00 <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: JOHN KERRY FOR PRESIDENT INC.			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		38031.25	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Sierra Club.			Date M N / D E / Y Y Y 1 0 / 0 7 / 2 0 0 4		
Mailing Address 85 Second St. 2nd Flr.			Amount 7.53		
City San Francisco	State CA	Zip Code 94105	Transaction ID: SE24.8956		
Purpose of Expenditure Office Expenses		Category/ Type	Office Sought: House State: _____ Senate District: 00 <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: BUSH FOR PRESIDENT INC.			Check One: Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought		38031.25	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	15.06
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature	Date M N / D E / Y Y Y 0 4 / 2 2 / 2 0 0 5