

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

NAME OF COMMITTEE (In Full) Sierra Club Political Committee	FEC IDENTIFICATION NUMBER C C00135368
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Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Greg Haegela Mailing Address 408 C Street NE City State Zip Code Washington DC 20002 Purpose of Expenditure Category/Type Salaries and benefits Name of Federal Candidate supported or Opposed by expenditure: JOHN KERRY FOR PRESIDENT INC. Calendar Year-To-Date Per Election for Office Sought 168784.73	Date M N / D E / Y Y Y 1 0 / 1 9 / 2 0 0 4 Amount 18.82 Transaction ID: SE24.10840 Office Sought: House State: _____ Senate District: 00 <input checked="" type="checkbox"/> Presidential Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____
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Full Name (Last, First, Middle, Initial) of Payee Greg Haegela Mailing Address 408 C Street NE City State Zip Code Washington DC 20002 Purpose of Expenditure Category/Type Salaries and benefits Name of Federal Candidate supported or Opposed by expenditure: BUSH FOR PRESIDENT INC. Calendar Year-To-Date Per Election for Office Sought 168784.73	Date M N / D E / Y Y Y 1 0 / 1 9 / 2 0 0 4 Amount 18.82 Transaction ID: SE24.10641 Office Sought: House State: _____ Senate District: 00 <input checked="" type="checkbox"/> Presidential Check One: Support <input checked="" type="checkbox"/> Oppose Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____
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(a) SUBTOTAL of Itemized Independent Expenditures	37.64
(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.

Date M N / J U / Y Y Y Y
0 4 / 2 2 / 2 0 0 5

Signature _____