

# 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 <b>Big Tent Project Fund</b>		3. FEC Identification Number <b>C C90019175</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8 The Green Suite 8164		
(c) City, State and ZIP Code Dover DE 19901		
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.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  4819713.56

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Kott, Jonathan, , ,	<i>Kott, Jonathan, , ,</i>	04/10/2020

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)  
Big Tent Project Fund

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 195000.00	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.4107
Purpose of Expenditure Online/Digital Advertising	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 195000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 96031.14	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.4108
Purpose of Expenditure Mailing Expense	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 96031.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 93215.76	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.4109
Purpose of Expenditure Mailing Expense	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 189246.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	384246.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Big Tent Project Fund

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 90865.76	
City Dover	State DE	Zip Code 19904	
Purpose of Expenditure Mailing Expense		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 280112.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 25 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 91265.76	
City Dover	State DE	Zip Code 19904	
Purpose of Expenditure Mailing Expense		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 371378.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 90865.76	
City Dover	State DE	Zip Code 19904	
Purpose of Expenditure Mailing Expense		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 462244.18		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	272997.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Big Tent Project Fund

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 694859.38	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.4116
Purpose of Expenditure Digital/Online Advertising	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1157103.56		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 28 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 1600000.00	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.4121
Purpose of Expenditure Online/Digital Advertising	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1600000.00		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 28 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 1000000.00	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.4122
Purpose of Expenditure Online/Digital Advertising	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000000.00		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3294859.38
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: F57

Transaction ID : F57.4121

Multi-state independent expenditure, publicly disseminated in the following states: Arkansas, North Carolina, Oklahoma, Texas, Virginia, California, Massachusetts, Tennessee.

Form/Schedule: F57

Transaction ID: F57.4122

Multi-state independent expenditure, publicly disseminated in the following states: California, Colorado, Maine, Massachusetts, Minnesota, North Carolina, Oklahoma, Tennessee, Texas, Virginia.

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Big Tent Project Fund

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 247330.00	
City Dover	State DE	Zip Code 19904	
Purpose of Expenditure Online/Digital Advertising		Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1247330.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4128

Full Name (Last, First, Middle Initial) of Payee CMP Partners LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2020	
Mailing Address 850 New Burton Rd Suite 201		Amount 620280.00	
City Dover	State DE	Zip Code 19904	
Purpose of Expenditure Online/Digital Advertising		Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1867610.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4129

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	867610.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	4819713.56