

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

NAME OF COMMITTEE (In Full) <b>Flip the 49th! Neighbors in Action</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00662312
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rose Kapolczynski Consulting, Inc.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>969 Colorado Blvd., Suite 103</b>	Amount <input type="text"/> 1375.00 <b>Transaction ID : EDTEALC57</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90041</b>	
Purpose of Expenditure <b>Doorhangers</b> Category/Type <input type="text"/> <b>24E</b>	
Name of Federal Candidate: <b>Applegate, Doug, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>49</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>66028.45</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rose Kapolczynski Consulting, Inc.</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>969 Colorado Blvd., Suite 103</b>	Amount <input type="text"/> 1375.00 <b>Transaction ID : EDTEALC58</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90041</b>	
Purpose of Expenditure <b>Doorhangers</b> Category/Type <input type="text"/> <b>24E</b>	
Name of Federal Candidate: <b>Levin, Mike, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>49</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>66028.45</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures .....	<input type="text"/>

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.

*Lawson-Remer, Terra, , ,*

**[Electronically Filed]**

Date

/  /

Signature