

# 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>PEOPLE FOR THE AMERICAN WAY</b>		3. FEC Identification Number <b>C</b> C90012071
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1101 15TH STREET NW SUITE 600		
(c) City, State and ZIP Code WASHINGTON DC 20005		
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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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5. COVERING PERIOD:

FROM 

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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THROUGH 

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	4000.00

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**

*[Electronically Filed]*

Laviolette, Diane, , ,

*Laviolette, Diane, , ,*

04/12/2017

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)  
PEOPLE FOR THE AMERICAN WAY

Full Name (Last, First, Middle Initial) of Payee Hilltop Public Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 12 / 2017	
Mailing Address 3000 K. Street, NW Suite 320		Amount 4000.00	
City Washington	State DC	Zip Code 20007	
Purpose of Expenditure Digital Advertisements		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: OSSOFF, T. JONATHAN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-Primary	

Transaction ID : F57.4299

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: <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) <input type="checkbox"/> Special-Primary	

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: <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) <input type="checkbox"/> Special-Primary	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	4000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	4000.00