

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Against Herrell Or Small

Full Name (Last, First, Middle Initial) of Payee Against Herrell Or Small		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018	
Mailing Address c/o Virginia Ave.		Amount 2.50	
City Alamogordo	State NM	Zip Code 88310	Transaction ID : F57.000001
Purpose of Expenditure Communications opposing Herrell	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: Herrell, Yvette, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Against Herrell Or Small		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018	
Mailing Address c/o Virginia Ave.		Amount 2.50	
City Alamogordo	State NM	Zip Code 88310	Transaction ID : F57.000002
Purpose of Expenditure Communications opposing Small	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: Torres-Small, Xochitl, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	

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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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 Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5.00