

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 THE PEOPLE'S LOBBY			3. FEC Identification Number C C90015868
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 15123			
(c) City, State and ZIP Code CHICAGO IL 60615			
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..... .00
7. TOTAL INDEPENDENT EXPENDITURES 5226.60

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
Trzebiatowski, Bryce, , ,	<i>Trzebiatowski, Bryce, , ,</i>	06/25/2022

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)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee Oliver, Morgan, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2022	
Mailing Address 1413 N Fairfield Ave		Amount 703.61	
City Chicago	State IL	Zip Code 60622	
Purpose of Expenditure Payroll		Category/Type 001	Transaction ID : F57.000001
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2022	

Full Name (Last, First, Middle Initial) of Payee Gonzalez, Inez, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2022	
Mailing Address 1758 W 19th St, 3R		Amount 757.85	
City Chicago	State IL	Zip Code 60608	
Purpose of Expenditure Payroll		Category/Type 001	Transaction ID : F57.000002
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2022	

Full Name (Last, First, Middle Initial) of Payee Comas, Danelise, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2022	
Mailing Address 6800 W Wabansia Ave		Amount 854.37	
City Chicago	State IL	Zip Code 60707	
Purpose of Expenditure Payroll		Category/Type 001	Transaction ID : F57.000003
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2022	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2315.83
(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)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee Villegas, Fancisco, , ,		Date of Public Distribution/Dissemination 06 / 24 / 2022	
Mailing Address 8141 S Kedzie Ave		Amount 733.73	
City Chicago	State IL	Zip Code 60652	Transaction ID : F57.000004
Purpose of Expenditure Payroll	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Salchli, Margaret, , ,		Date of Public Distribution/Dissemination 06 / 24 / 2022	
Mailing Address 5510 N Sheridan Rd		Amount 878.49	
City Chicago	State IL	Zip Code 60640	Transaction ID : F57.000005
Purpose of Expenditure Payroll	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Rampersaud, Paul, , ,		Date of Public Distribution/Dissemination 06 / 24 / 2022	
Mailing Address 1708 Papoose Rd		Amount 757.85	
City Carpentersville	State IL	Zip Code 60110	Transaction ID : F57.000006
Purpose of Expenditure Payroll	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2370.07
(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)
THE PEOPLE'S LOBBY

Full Name (Last, First, Middle Initial) of Payee Barrera, Nestor, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2022	
Mailing Address 1808 N Monticello Ave		Amount 540.70	
City Chicago	State IL	Zip Code 60647	Transaction ID : F57.000007
Purpose of Expenditure Payroll	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Ramirez, Delia, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 540.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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 <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 <input type="checkbox"/> Other (specify) ▶	

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 <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 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	540.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	5226.60