01/27/2017 13 : 01

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported to S. FERN ST. #197 (c) City. State and ZIP Code ARLINGTON VA 22202 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report January 31 Year-End Report January 31 Year-End Report January 31 Year-End Report 5. COVERING PERIOD: FROM THROUGH THROUGH TO SEE TO SE	1. (a) Name VETS FOR AMERICA	of Individual, Organization or Corporation ECONOMIC FREEDOM TRUST DBA CON	CERNED VETERANS FOR		
ARLINGTON VA 22202 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 July 15 Quarterly Report January 31 Year-End Report	(b) Addres	,			
ARLINGTON VA 22202 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 July 15 Quarterly Report January 31 Year-End Report	(c) City, State and ZIP Code			0 55011 115 11 11	
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 July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No X Yes, it amends the report filled on 10 10 19 2016 5. COVERING PERIOD: FROM THROUGH THOUGH Under penalty of politry Lordity that the independent expenditures reported herein were not made in cooperation, consultation, or concent 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 Caldwell, Daniel,			VA 22202	3. FEC Identification Number	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report				C 000016452	
(a) April 15 Quarterly Report	2. Occupatio	on and Name of Employer (for Individual Filers Only)		0 030010432	
Under penalty of perjury Leertily 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. 24-Hour Report 25-Caldwell, Daniel, 2016 2016 32067.20 32067.20		4. TYPE OF REPORT (check appropriate boxes):			
October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 10 10 19 2016 5. COVERING PERIOD: FROM THROUGH THROUGH TOTAL CONTRIBUTIONS		(a) April 15 Quarterly Report			
January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 10 / 19 / 2016 5. COVERING PERIOD: FROM THROUGH THROUGH TOTAL CONTRIBUTIONS		July 15 Quarterly Report	24-Hour Report		
b) Is this Report an amendment? No Yes, it amends the report filed on 10 19 2016 5. COVERING PERIOD: FROM THROUGH THROUGH TOTAL CONTRIBUTIONS		October 15 Quarterly Report	X 48-Hour Report		
b) Is this Report an amendment? No X Yes, it amends the report filed on 10 19 2016 5. COVERING PERIOD: FROM THROUGH THROUGH THROUGH TOTAL CONTRIBUTIONS	☐ January 31 Year-End Report				
THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH TOTAL CONTRIBUTIONS					
7. TOTAL INDEPENDENT EXPENDITURES	FROM M M / D D / Y Y Y Y				
7. TOTAL INDEPENDENT EXPENDITURES					
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 [Electronically Filed] Caldwell, Daniel, , , 01/27/2017	6.	TOTAL CONTRIBUTIONS		0.00	
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 [Electronically Filed] Caldwell, Daniel, , , 01/27/2017	7.	TOTAL INDEPENDENT EXPENDITURES		32067.20	
Caldwell, Daniel, , , Caldwell, Daniel, , , Caldwell, Daniel, , , 01/27/2017					
01/27/2017					
	Caldwell, Dar	niel, , ,	Caldwell, Daniel, , ,	01/27/2017	
	N	IOTE: Submission of false, erroneous or incomplete information m	ay subject the person signing this report to		

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) VETS FOR ECONOMIC FREEDOM TRUST DBA CONCERNED VETERANS FOR AMERICA Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination VETS FOR ECONOMIC FREEDOM TRUST DBA CONCERNED VETERANS FOR AMERICA 10 17 2016 Mailing Address 1405 S. FERN ST. #197 Amount Zip Code City State 7968.63 **ARLINGTON** VA 22202 Transaction ID : F57.4219 Purpose of Expenditure NV Office Sought: Category/ House State: 001 Staff Salaries Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Heck, Joe, , , Check One: Support Oppose Disbursement For: Primary ✗ General Calendar Year-To-Date Per Election 2016 29488.35 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination VETS FOR ECONOMIC FREEDOM TRUST DBA CONCERNED VETERANS FOR AMERICA 10 17 2016 Mailing Address 1405 S. FERN ST. #197 Amount City State Zip Code 24098.57 ARLINGTON VA22202 Transaction ID : F57.4221 NV Purpose of Expenditure Office Sought: House Category/ State: 001 Canvassing Expenses Type X Senate District:. President Name of Federal Candidate Supported or Opposed by Expenditure: Heck, Joe, , , Check One: **X** Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 53586.92 2016 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount State Zip Code City Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: -President Name of Federal Candidate Supported or Opposed by Expenditure: Oppose Check One: Support Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 32067.20 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 32067.20 (carry total from last page forward to Line 7)