

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
THIRD WAY

Full Name (Last, First, Middle Initial) of Payee CMP Partners, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2021	
Mailing Address 850 New Burton Rd Ste 201		Amount 210000.00	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.000001
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: Turner, Nina, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 505000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	

Full Name (Last, First, Middle Initial) of Payee CMP Partners, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2021	
Mailing Address 850 New Burton Rd Ste 201		Amount 45000.00	
City Dover	State DE	Zip Code 19904	Transaction ID : F57.000002
Purpose of Expenditure Digital Ad Production and Research	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: Turner, Nina, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 505000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	255000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	255000.00