

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3101 Lee Highway Suite 18 #136		Amount <input type="text"/>
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type <input type="text"/> 004	Transaction ID : SE.4940
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IN</u> District: <u>05</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 118096.99		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) _____

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3101 Lee Highway Suite 18 #136		Amount <input type="text"/>
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type <input type="text"/> 004	Transaction ID : SE.4949
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IN</u> District: <u>05</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 131526.99		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) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature _____ [Electronically Filed] Date / /