

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>SIERRA CLUB POLITICAL COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00135368
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Sierra Club</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address 85 2nd St, 2nd Floor	Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>
City State Zip Code San Francisco CA 94105	Transaction ID : <b>SE.7631</b>
Purpose of Expenditure Web Endorsement	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 02 / 2016
Name of Federal Candidate DANIEL T. KILDEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>05</u> State: <u>MI</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sierra Club</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address 85 2nd St, 2nd Floor	Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>
City State Zip Code San Francisco CA 94105	Transaction ID : <b>SE.7632</b>
Purpose of Expenditure Web Endorsement	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 02 / 2016
Name of Federal Candidate PAUL COLIN CLEMENTS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>06</u> State: <u>MI</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Debbie Sease* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Signature \_\_\_\_\_