FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations				
(a) Name	•			
(b) Address (number and street) Scheck if different than previously reported				
PO BOX 29229	2. FEC Identification Number			
(c) City, State and ZIP Code	090011750			
SAN FRANCISCO CA 94129	त्रिक्त कार्या विकास कार्ति विकास क्षेत्र के कार्या कार्या कार्या कार्या कार्या कार्या कार्या कार्या कार्या का विकास कार्या			
(d) Name of Employer or Principal Place of Business (e) Occupation	n			
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3. Is This Statement Or 4. Covering Period	through			
Amended	1 15 12014			
5. (a) Date of Public Distribution(s)	THE RED CARD WHARY			
6. The filer is a(n): (a) (Individual (b) (Unincorporated Organization (c) (Qualified I	Nonprofit Corporation (11 CFR 114.10)			
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making commu	inications under 11 CFR 114.15			
(e) Other, specify:				
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, Yes No				
8. Custodian of Records				
(a) Name				
(b) Address (number and street)				
PO BOX 29229 (c) City, State and ZIP Code	· · · · · · · · · · · · · · · · · · ·			
(d) Name of Employer or Principal Place of Business (e) Occupation	n			
THE ADJOCACY FUND SECRETA	RY /TREASURER			
9. Total Donations This Statement	na pri stata i sa mana a m Tanàna a mana a man			
10. Total Disbursementa/Obligations This Statement	Zi J. S. O. O.			
Under penalty of perjury, I certify that this statement is true, correct and complete.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM AMADOA VETON				
SIGNATURE AMANDA DATE 7	15/2014			

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

List of Person(s) Sharing/Exercis	ing	Ç	Conf	tro
(use additional pages as necessary)			. ′	

PAGE OF

1. Pe	rson(s) Sharing/Exercising Control	
A	- (a) Name ICRICS DEEGLMETER	
	(b) Address (number and street)	
	Po Box 201229 (c) City, State and ZIP Code	
	(c) City. State and ZIP Code SF CA 94129	
1	(d) Name of Employer or Principal Place of Business	(e) Occupation
	THE ADUBLACY FUND	CEO
В.	AMANDA KETON	
-	(b) Address (number and street) PD Box 24229	
	(c) City, State and ZIP Code	
	SE CA 94/29	·
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	THE ANOCACY FLOD	SEURETARY AREASURER
C.	. (a) Name SUE CHINN	
	(b) Address (number and street)	
	PO BCX 29229	• •
	(c) City, State and ZIP Code	
	ST. CA 94129 (d) Name of Employer or Principal Place of Business	(e) Occupation
	THE MOJOCACY FUND	CAMPAGN MANAGOR
D.	(a) Name	
	(b) Address (number and street)	
\cdot	(c) City, State and ZIP Code	
	(c) only, state and zir code	
1	(d) Name of Employer or Principal Place of Business	(e) Occupation
		·
E.	(a) Name	
	(A) Address (A)	·
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
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SC	HEDUI	LE 9-	A
Dor	nation(s) Re	ceived

	DULE 9-A on(s) Received		PAGE OF
A.	Full Name of Donor		Data of Receipt
	Mailing Address of Donor		อาสารสารสารสารสารสารสารสารสารสารสารสารสาร
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8.	Full Name of Donor	:	Date of Receipt
	Mailing Address of Donor		- Amount
	City	State Zip	Estation of which of the confidence of the confidence of the state of the confidence
c.	Full Name of Donor		Date of Receipt
	Malling Address of Donor		Smoothing Smoothing and the second
	City	State Zip	derna regendering servenggy namy, mensya ser nyagyan nig serie og serie og garten pasterin sen dang de pastering population og kontroller en kontroller en serie namel kanada sen sente sente namel namen si i i
D.	Full Name of Donor		Date of Roceipt
	Mailing Address of Donor		Lassacian เก็บ และเก็บ เก็บ และเก็บ เก็บ เก็บ เก็บ เก็บ เก็บ เก็บ เก็บ
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OTAL	This Period (last page this line r (carry total from last page to Lin		Some and committee with the state of the committee of the

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SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE (OF)
A Full Name (Last, First, Middle Initial) of Payee LATTNO RESCARCH & COMMUNICATIONS, UC Mailing Address of Payee 10473 CORLEY DR	Date of Disbursement or Obligation One of Disbursement or Obligation One of Disbursement or Obligation Amount
City State Zip Code WHITTLEY A 90604 Name of Employer Occupation	Communication Date
Name of Federal Candidate Office Solught Name State: WA Senate	PROJECTION, ATR TIME Disbursement/Obligation For: Primary General
CATHY MC MD (RT)S RODGES President Name of Federal Candidate Office Sought: House State: Senate District: President	Other (specify) Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate Office Sought: Senate Senate District: President B. Full Name (Last, First, Middle Initial) of Payee	Disbursement/Obligation For: Primary General Other (specify)
LATING RESEARCH & COMMUNICATIONS, LLC Mailing Address of Payee 1040 CORLEY DR City State Zip Code WHITTER A 90604 Name of Employer Occupation	Amount Communication Date
Purpose of Disbursement (Including title(s) of communication(s)) "RED (ARD" RADTO AN), MEDIA CONSULTING Name of Federal Candidate Office Sought: House State: WA CATHY MCMORRIS ROWERS President Name of Federal Candidate Office Sought: House	Primary General Other (specify) ► Disbursement/Obligation For:
Name of Federal Candidate Office Sought House State: President Senate Senate President President President	Primary General Other (specify) ▶ Olsbursement/Obligation For: Primary General Other (specify) ▶
SUBTOTAL of Disbursaments/Obligations This Page (optional) TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	general des le respecte se gran mari, son de messe agran a se general de se proposante se proposante se proposa tras la desegrada constituta se presenta se gran a segran a segran a se gran a se gran a se gran a se gran a se gran a se proposante se gran a segran

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Federal Election Commission ENVELOPE REPLACEMENT PAGE

FOR INCOMING DOCUMENTS

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