

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CE Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="212220.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="1114850.00"/> | <input type="text" value="1866642.90"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="1327070.00"/> | <input type="text" value="1866642.90"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="679026.63"/> | <input type="text" value="1218599.53"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="648043.37"/> | <input type="text" value="648043.37"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="165304.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CE Action Committee

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1020250.00 | 1772042.90 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 1020250.00 | 1772042.90 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1020250.00 | 1772042.90 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 94600.00 | 94600.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 1114850.00 | 1866642.90 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 1114850.00 | 1866642.90 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 39019.31 | 153012.21 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 39019.31 | 153012.21 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 250000.00 |
| 24. Independent Expenditures (use Schedule E) | 611007.32 | 756587.32 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 29000.00 | 59000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 679026.63 | 1218599.53 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 679026.63 | 1218599.53 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1020250.00 | 1772042.90 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1020250.00 | 1772042.90 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 39019.31 | 153012.21 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 39019.31 | 153012.21 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Update Schedule A, Schedule B, Schedule D, and Schedule E

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)
A. NextGen Action

Mailing Address 351 California Street, Suite 1200

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2013
Transaction ID : INCA108

Amount of Each Receipt this Period
 12500.00

Full Name (Last, First, Middle Initial)
B. NextGen Action

Mailing Address 351 California Street, Suite 1200

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2013
Transaction ID : INCA109

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
C. NextGen Action

Mailing Address 351 California Street, Suite 1200

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2013
Transaction ID : INCA110

Amount of Each Receipt this Period
 6250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 20250.00

TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA108

In-kind contribution: Consulting for Media, Field Campaign and General Campaign Strategy

Form/Schedule: SA11AI

Transaction ID: INCA109

In-kind contribution: Consulting Services for Media, Field Campaign, and General Campaign Strategy

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA110

In-kind contribution: Consulting for Field Campaign & General Campaign Strategy

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 61
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial)
Thomas F. Steyer

Mailing Address One Maritime Plaza, Suite 2100

City San Francisco State CA Zip Code 94111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Next Generation Co-founding Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750000.00

Date of Receipt
05 / 23 / 2013

Transaction ID : INCA66

Amount of Each Receipt this Period
1000000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|-------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000000.00 |
| TOTAL This Period (last page this line number only).....▶ | 1020250.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CE Action Committee

A. Sadler Strategic Media, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12103 Viewcrest Road
 City State Zip Code
 Studio City CA 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 39600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : INCA57
 Amount of Each Receipt this Period
 39600.00
 Refund

B. Winning Connections, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 Pennsylvania Ave., SE,
 2nd Floor
 City State Zip Code
 Washington DC 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 55000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : INCA49
 Amount of Each Receipt this Period
 55000.00
 Refund

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 94600.00 |
| TOTAL This Period (last page this line number only).....▶ | 94600.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)

A. Benenson Strategy Group, Inc.

Mailing Address 720 South Colorado Blvd.,
Suite 500N

City State Zip Code
Denver CO 80246

Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2013

Transaction ID : EXPB39

Amount of Each Disbursement this Period

27150.00

Full Name (Last, First, Middle Initial)

B. Benenson Strategy Group, Inc.

Mailing Address 720 South Colorado Blvd.,
Suite 500N

City State Zip Code
Denver CO 80246

Purpose of Disbursement
Travel & Expenses

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : EXPB141

Amount of Each Disbursement this Period

9092.29

Full Name (Last, First, Middle Initial)

C. Benenson Strategy Group, Inc.

Mailing Address 720 South Colorado Blvd.,
Suite 500N

City State Zip Code
Denver CO 80246

Purpose of Disbursement
Focus Group Management

005

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : EXPB143

Amount of Each Disbursement this Period

31615.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

67857.29

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)

A. DGA Productions

Mailing Address 50 Hunt Street

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Camera Rental for Press Conference

007
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB43

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. HSC, Inc.

Mailing Address 360 Grand Avenue, Suite 138

City Oakland State CA Zip Code 94610

Purpose of Disbursement
Campaign Research & Expenses

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB58

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jane Kleeb

Mailing Address 1010 North Denver Avenue

City Hastings State NE Zip Code 68901

Purpose of Disbursement
Travel Reimbursement

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB59

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)

A. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal & Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : EXPB32

Amount of Each Disbursement this Period

2865.92

Full Name (Last, First, Middle Initial)

B. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal & Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2013

Transaction ID : EXPB50

Amount of Each Disbursement this Period

7970.63

Full Name (Last, First, Middle Initial)

C. Sadler Strategic Media, Inc.

Mailing Address 12103 Viewcrest Road

City Studio City State CA Zip Code 91604

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in
current period

24A

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2013

Transaction ID : EXPB21

Amount of Each Disbursement this Period

-49700.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

-28863.45

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)

A. Sadler Strategic Media, Inc.

Mailing Address 12103 Viewcrest Road

City State Zip Code
Studio City CA 91604

Purpose of Disbursement
Aerial Banner

24A
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB81

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Tigercomm

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code
Arlington VA 22209

Purpose of Disbursement
Travel Expenses for Press Events

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB166

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Tigercomm

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code
Arlington VA 22209

Purpose of Disbursement
Consulting for Press, Media & Messaging Management, and Website Content

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB170

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)

A. Winning Connections, Inc.

Mailing Address 317 Pennsylvania Ave., SE,
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in
current period
Candidate Name

24A

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 16 / 2013

Transaction ID : EXPB25

Amount of Each Disbursement this Period

-55000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-55000.00

39019.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CE Action Committee

Full Name (Last, First, Middle Initial)

A. American Values Network

Mailing Address 1901 North Ft. Myer Drive,
Suite 900

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Civic Donation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB70

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 18 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Adams , Thomas | Nature of Debt (Purpose): Consulting Services for Media, Field Campaign, and General Campaign Strategy |
| Mailing Address 176 Valdeflores Drive | |
| City State Zip Code Burlingame CA 94010 | |

| | | |
|--|--------------------------------|---|
| Outstanding Balance Beginning This Period 7500.00 | Transaction ID : PAYD17 | |
| Amount Incurred This Period 0.00 | Payment This Period 7500.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barnes Mosher Whitehurst Lauter & Partners, Inc. | Nature of Debt (Purpose): Consulting for Campaign Field Work & General Campaign Strategy |
| Mailing Address 660 Mission St., 2nd Floor, Ste 200 | |
| City State Zip Code San Francisco CA 94105 | |

| | | |
|--|--------------------------------|---|
| Outstanding Balance Beginning This Period 6250.00 | Transaction ID : PAYD33 | |
| Amount Incurred This Period 0.00 | Payment This Period 6250.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barnes Mosher Whitehurst Lauter & Partners, Inc. | Nature of Debt (Purpose): Consulting for Campaign Field Work & General Campaign Strategy |
| Mailing Address 660 Mission St., 2nd Floor, Ste 200 | |
| City State Zip Code San Francisco CA 94105 | |

| | | |
|--|---------------------------------|---|
| Outstanding Balance Beginning This Period 3125.00 | Transaction ID : PAYD145 | |
| Amount Incurred This Period 0.00 | Payment This Period 3125.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 19 OF 61 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|--|--------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Benenson Strategy Group, Inc. | Nature of Debt (Purpose): Polling |
| Mailing Address 720 South Colorado Blvd., Suite 500N | |
| City State Zip Code Denver CO 80246 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="27150.00"/> | Transaction ID : PAYD31 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="27150.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Benenson Strategy Group, Inc. | Nature of Debt (Purpose): Travel & Expenses |
| Mailing Address 720 South Colorado Blvd., Suite 500N | |
| City State Zip Code Denver CO 80246 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="9092.29"/> | Transaction ID : PAYD139 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="9092.29"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Benenson Strategy Group, Inc. | Nature of Debt (Purpose): Focus Group Management |
| Mailing Address 720 South Colorado Blvd., Suite 500N | |
| City State Zip Code Denver CO 80246 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="31615.00"/> | Transaction ID : PAYD140 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="31615.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 20 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | | |
|---|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Industries, LLC | | Nature of Debt (Purpose): Consulting Services for Campaign Field Work; 3/22 - 4/24 |
| Mailing Address 1501 Dempster Street | | |
| City State | Zip Code | |
| Evanston IL | 60201 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : PAYD127 | |
| <input type="text" value="15000.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="15000.00"/> | <input type="text" value="0.00"/> |

| | | |
|---|----------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Industries, LLC | | Nature of Debt (Purpose): Poster production for press event |
| Mailing Address 1501 Dempster Street | | |
| City State | Zip Code | |
| Evanston IL | 60201 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : PAYD128 | |
| <input type="text" value="45.15"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="45.15"/> | <input type="text" value="0.00"/> |

| | | |
|---|----------|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Industries, LLC | | Nature of Debt (Purpose): Shipping |
| Mailing Address 1501 Dempster Street | | |
| City State | Zip Code | |
| Evanston IL | 60201 | |

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : PAYD129 | |
| <input type="text" value="194.46"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="194.46"/> | <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 21 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Industries, LLC | Nature of Debt (Purpose): Travel Expenses |
| Mailing Address 1501 Dempster Street | |
| City State Zip Code Evanston IL 60201 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 141.20 | Transaction ID : PAYD130 | |
| Amount Incurred This Period 0.00 | Payment This Period 141.20 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DGA Productions | Nature of Debt (Purpose): Camera Rental for Press Conference |
| Mailing Address 50 Hunt Street | |
| City State Zip Code Watertown MA 02472 | |

| | | |
|--|--------------------------------|---|
| Outstanding Balance Beginning This Period 1351.13 | Transaction ID : PAYD34 | |
| Amount Incurred This Period 0.00 | Payment This Period 1351.13 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSC, Inc. | Nature of Debt (Purpose): Campaign Research |
| Mailing Address 360 Grand Avenue, Suite 138 | |
| City State Zip Code Oakland CA 94610 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : PAYD116 | |
| Amount Incurred This Period 20000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20000.00 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 20000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 22 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lehane, Erin | Nature of Debt (Purpose): Press Consulting |
| Mailing Address 2247 Clay Street | |
| City State Zip Code San Francisco CA 94115 | |

| | | |
|--|---------------------------------|--|
| Outstanding Balance Beginning This Period 2500.00 | Transaction ID : PAYD172 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2500.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lehane, Erin | Nature of Debt (Purpose): Travel Expenses |
| Mailing Address 2247 Clay Street | |
| City State Zip Code San Francisco CA 94115 | |

| | | |
|--|---------------------------------|--|
| Outstanding Balance Beginning This Period 1860.00 | Transaction ID : PAYD173 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1860.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lehane, Erin | Nature of Debt (Purpose): Press Consulting |
| Mailing Address 2247 Clay Street | |
| City State Zip Code San Francisco CA 94115 | |

| | | |
|--|---------------------------------|--|
| Outstanding Balance Beginning This Period 2500.00 | Transaction ID : PAYD174 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2500.00 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 6860.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 23 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lehane, Erin | Nature of Debt (Purpose): Travel Expenses |
| Mailing Address 2247 Clay Street | |
| City State Zip Code San Francisco CA 94115 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 492.00 | Transaction ID : PAYD175 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 492.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark Fabiani, LLC | Nature of Debt (Purpose): Consulting for Media, Field Campaign and General Campaign Strategy |
| Mailing Address 939 Coast Blvd., Suite 4D | |
| City State Zip Code La Jolla CA 92037 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 12500.00 | Transaction ID : PAYD46 | |
| Amount Incurred This Period 0.00 | Payment This Period 12500.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Markham Group, LLC | Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management |
| Mailing Address 1000 West 3rd Street | |
| City State Zip Code Little Rock AR 72201 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 38100.00 | Transaction ID : PAYD15 | |
| Amount Incurred This Period 0.00 | Payment This Period 38100.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 492.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 24 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Markham Group, LLC | Nature of Debt (Purpose): Lawn sign creation & distribution |
| Mailing Address 1000 West 3rd Street | |
| City State Zip Code Little Rock AR 72201 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : PAYD113 | |
| Amount Incurred This Period 60000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 60000.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sadler Strategic Media, Inc. | Nature of Debt (Purpose): Aerial Banners & Production |
| Mailing Address 12103 Viewcrest Road | |
| City State Zip Code Studio City CA 91604 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : PAYD159 | |
| Amount Incurred This Period 40200.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 40200.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Social Stream Media | Nature of Debt (Purpose): Banner ads and website production |
| Mailing Address 268 Bush Street, #3335 | |
| City State Zip Code San Francisco CA 94104 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : PAYD114 | |
| Amount Incurred This Period 20500.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20500.00 |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 120700.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 25 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management, and Website Content; 3/1 - 3/31 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="32000.00"/> | Transaction ID : PAYD148 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="32000.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management, and Website Content; 4/1 - 4/30 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="20800.00"/> | Transaction ID : PAYD151 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="20800.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Travel Expenses for Press Events |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="2247.83"/> | Transaction ID : PAYD152 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="2247.83"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 26 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management, and Website Content |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|--|---------------------------------|---|
| Outstanding Balance Beginning This Period 3200.00 | Transaction ID : PAYD163 | |
| Amount Incurred This Period 0.00 | Payment This Period 3200.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Consulting for Aerial banners design & pitch |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|--|---------------------------------|---|
| Outstanding Balance Beginning This Period 8000.00 | Transaction ID : PAYD210 | |
| Amount Incurred This Period 0.00 | Payment This Period 8000.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Consulting for Press Announcement |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|---|---------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : PAYD107 | |
| Amount Incurred This Period 6552.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6552.00 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 6552.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 27 OF 61 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
CE Action Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tigercomm | Nature of Debt (Purpose): Consulting for Press Announcement |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | |
| City State Zip Code Arlington VA 22209 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : PAYD176 | |
| Amount Incurred This Period <input type="text" value="10700.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="10700.00"/> |

| | |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |
|---|---|---|---|

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |
|---|---|---|---|

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="10700.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="165304.00"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="165304.00"/> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE8

Payment for independent expenditure disseminated in prior period

Form/Schedule:

Transaction ID:

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : EDTEALC23

Payment for expenditure is an in-kind contribution from NextGen Action

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc. | | Date MM / DD / YYYY 04 / 16 / 2013 |
| Mailing Address 660 Mission St., 2nd Floor, Ste 200 | | Amount 3125.00 |
| City San Francisco State CA Zip Code 94105 | Transaction ID : EDTEALC32 | |
| Purpose of Expenditure Consulting for Campaign Field Work & General Campaign Strategy | Category/Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | 435914.32 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc. | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 660 Mission St., 2nd Floor, Ste 200 | | Amount 3125.00 |
| City San Francisco State CA Zip Code 94105 | Transaction ID : PDTE27 | |
| Purpose of Expenditure Consulting for Campaign Field Work | Category/Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | 435914.32 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 6250.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland [Electronically Filed] Date MM / DD / YYYY
12 / 03 / 2013

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : EDTEALC32

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE27

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc. | | Date MM / DD / YYYY 06 / 01 / 2013 |
| Mailing Address 660 Mission St., 2nd Floor, Ste 200 | | Amount 6250.00 |
| City San Francisco State CA Zip Code 94105 | Transaction ID : EDTEALC24 | |
| Purpose of Expenditure Consulting for Campaign Field Work & General Campaign Strategy | Category/Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | 338785.00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General |

| | | |
|---|--------------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC | | Date MM / DD / YYYY 05 / 24 / 2013 |
| Mailing Address 1501 Dempster Street | | Amount 194.46 |
| City Evanston State IL Zip Code 60201 | Transaction ID : PDTE23 | |
| Purpose of Expenditure Shipping | Category/Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | 435914.32 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 6444.46 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland [Electronically Filed] Date **12 / 03 / 2013**

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : EDTEALC24

Payment for expenditure is an in-kind contribution from NextGen Action

Form/Schedule: SE

Transaction ID: PDTE23

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC | | Date MM / DD / YYYY 05 / 24 / 2013 |
| Mailing Address 1501 Dempster Street | | Amount 15000.00 |
| City Evanston | State IL | Zip Code 60201 |
| Purpose of Expenditure Consulting Services for Campaign Field Work; 3/22 - 4/24 | Category/ Type 24A | Transaction ID : PDTE24 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC | | Date MM / DD / YYYY 05 / 24 / 2013 |
| Mailing Address 1501 Dempster Street | | Amount 45.15 |
| City Evanston | State IL | Zip Code 60201 |
| Purpose of Expenditure Poster production for press event | Category/ Type 24A | Transaction ID : PDTE25 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 15045.15 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 03 / 2013**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE24

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE25

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC | | Date MM / DD / YYYY 05 / 24 / 2013 |
| Mailing Address 1501 Dempster Street | | Amount 141.20 |
| City Evanston | State IL | Zip Code 60201 |
| Purpose of Expenditure Travel Expenses | Category/ Type 24A | Transaction ID : PDTE26 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC | | Date MM / DD / YYYY 06 / 04 / 2013 |
| Mailing Address 1501 Dempster Street | | Amount 80867.50 |
| City Evanston | State IL | Zip Code 60201 |
| Purpose of Expenditure Field program for GOTV | Category/ Type 24E | Transaction ID : EDTEALC12 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey | | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 338785.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special General</u> |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 81008.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 03 / 2013**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE26

Payment for independent expenditure disseminated in prior period

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 M M M / D D D / Y Y Y Y Y Y | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Lehane, Erin | | Date M M / D D / Y Y Y Y 04 / 17 / 2013 |
| [MEMO ITEM] | | Amount 492.00 |
| Mailing Address 2247 Clay Street | | |
| City San Francisco | State CA | Zip Code 94115 |
| Purpose of Expenditure Travel Expenses | Category/ Type 24A | Transaction ID : PDTE50 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC | | Date M M / D D / Y Y Y Y 04 / 16 / 2013 |
| Mailing Address 939 Coast Blvd., Suite 4D | | Amount 12500.00 |
| City La Jolla | State CA | |
| Purpose of Expenditure Consulting for Media, Field Campaign and General Campaign Strategy | Category/ Type 24A | Transaction ID : PDTE52 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 12500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature [Electronically Filed] Date M M / D D / Y Y Y Y
12 / 03 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC | | Date MM / DD / YYYY 04 / 16 / 2013 |
| Mailing Address 939 Coast Blvd., Suite 4D | | Amount 12500.00 |
| City La Jolla | State CA | |
| Zip Code 92037 | Transaction ID : EDTEALC22 | |
| Purpose of Expenditure Consulting for Media, Field Campaign and General Campaign Strategy | Category/Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary |

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC | | Date MM / DD / YYYY 06 / 01 / 2013 |
| Mailing Address 939 Coast Blvd., Suite 4D | | Amount 12500.00 |
| City La Jolla | State CA | |
| Zip Code 92037 | Transaction ID : EDTEALC25 | |
| Purpose of Expenditure Consulting for Media, Field Campaign and General Campaign Strategy | Category/Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 338785.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 25000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland
Signature

[Electronically Filed]

Date **12 / 03 / 2013**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : EDTEALC25

Payment for expenditure is an in-kind contribution from NextGen Action

Form/Schedule:

Transaction ID:

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE7

Payment for independent expenditure disseminated in prior period

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|--|-----------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Portal A Limited | | Date MM / DD / YYYY 06 / 01 / 2013 |
| Mailing Address 520 Waller Street | | Amount 10000.00 |
| City San Francisco | State CA | Zip Code 94117 |
| Purpose of Expenditure YouTube Video | Category/Type 24A | Transaction ID : PDTE16 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez | | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 338785.00 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special General |

| | | |
|--|-----------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Printing Unlimited | | Date MM / DD / YYYY 06 / 04 / 2013 |
| Mailing Address 63 Plymouth Street | | Amount 5907.50 |
| City Holbrook | State MA | Zip Code 02343 |
| Purpose of Expenditure GOTV flyers | Category/Type 24E | Transaction ID : EDTEALC21 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey | | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 338785.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special General |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 15907.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 03 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 M M M / D D D / Y Y Y Y Y Y | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc. | | Date M M / D D / Y Y Y Y 04 / 15 / 2013 |
| Mailing Address 12103 Viewcrest Road | | Amount 49700.00 |
| City Studio City | State CA | |
| Zip Code 91604 | Transaction ID : EDTEALC6 | |
| Purpose of Expenditure Aerial Banners | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc. | | Date M M / D D / Y Y Y Y 06 / 01 / 2013 |
| Mailing Address 12103 Viewcrest Road | | Amount 153000.00 |
| City Studio City | State CA | |
| Zip Code 91604 | Transaction ID : EDTEALC10 | |
| Purpose of Expenditure Pandora Ads | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 338785.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special General</u> |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 202700.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
12 / 03 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 4800.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE33 | |
| Purpose of Expenditure Design & Pitching for Video Mobile Billboards | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 8000.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE34 | |
| Purpose of Expenditure Aerial banners design & pitch | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 12800.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 03 / 2013**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE33

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE34

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 1600.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE35 | |
| Purpose of Expenditure Consulting for Blog Piece | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 1600.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE36 | |
| Purpose of Expenditure Consulting for Blog Piece | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 3200.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 03 / 2013

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE35

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE36

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 8000.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE38 | |
| Purpose of Expenditure Kick-off press conference | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|--|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 4800.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE39 | |
| Purpose of Expenditure High Noon Letter | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 12800.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 03 / 2013

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE38

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE39

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|--|-----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 05 / 21 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 3200.00 |
| City Arlington | State VA | Zip Code 22209 |
| Purpose of Expenditure Blog Piece - Open Letter | Category/ Type 24A | Transaction ID : PDTE40 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | | |
|--|-----------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM] | | Date MM / DD / YYYY 05 / 23 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 7608.90 |
| City Arlington | State VA | Zip Code 22209 |
| Purpose of Expenditure Consulting for Press Announcement | Category/ Type 24A | Transaction ID : PDTE66 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez | | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| 338785.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special General</u> |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 3200.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 03 / 2013

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE40

Payment for independent expenditure disseminated in prior period

Form/Schedule:

Transaction ID:

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE37

Payment for independent expenditure disseminated in prior period

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 M M M / D D D / Y Y Y Y Y Y | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 9600.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE42 | |
| Purpose of Expenditure Production & Pitch Infographic | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013 |
| Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 3200.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE43 | |
| Purpose of Expenditure Pitch for YouTube Ads | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Primary |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 12800.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2013

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : PDTE42

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE43

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CE Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00542779 |
| 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 | |

| | | |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Tigercomm | | Date MM / DD / YYYY 06 / 04 / 2013 |
| [MEMO ITEM] Mailing Address 1901 N. Fort Myer Drive, Suite 850 | | Amount 2200.00 |
| City Arlington | State VA | |
| Zip Code 22209 | Transaction ID : PDTE69 | |
| Purpose of Expenditure Consulting & design for GOTV flyer 5/1- 6/30 | Category/ Type 24E | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 338785.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special General</u> |

| | | |
|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Winning Connections, Inc. | | Date MM / DD / YYYY 04 / 16 / 2013 |
| Mailing Address 317 Pennsylvania Ave., SE, 2nd Floor | | Amount 55000.00 |
| City Washington | State DC | |
| Zip Code 20003 | Transaction ID : EDTEALC7 | |
| Purpose of Expenditure Robocalls | Category/ Type 24A | Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 435914.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special Primary</u> |

| | |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 55000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 611007.32 |

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.

Rita Copeland

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 03 / 2013**