24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION		FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION		C C00341396
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New re	eport Amends report	
Full Name of Payee Amazon.com		Date of Public Distribution/Dissemination
		09 08 2014
Mailing Address PO Box 81226		Amount
City State	Zip Code	97.94
Seattle WA	96108	Transaction ID : SE.45725 Date of Disbursement or Obligation
Purpose of Expenditure Supplies	Category/ Type	09 08 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
JONI K ERNST	Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Carter Printing		09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1739 East Grand Ave		Amount
City State	Zip Code	218.36
Des Moines IA	50316	Transaction ID : SE.45729 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	09 / 08 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
JONI K ERNST	X Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) CURTOTAL of Hamizad Indopendent Evpanditures		316.30
(a) SUBTOTAL of Itemized Independent Expenditures		310.30
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.	•	·
	ronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	TOTIES	PAGE 2 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLÍTICAL ACTION		C C00341396
Check if 24-hour report X 48-hour report New repo	ort Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Change Corps		09 09 2014
Mailing Address 1543 Wazee Street Suite 300		Amount
	Zip Code	12086.99
Denver CO	80202	Transaction ID : SE.45735 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type	09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District: 00
BRUCE L. BRALEY	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Disb 2014	ursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Fairfield inn & Suites		09 08 2014
Mailing Address 8661 Plum Dr.		Amount
City State	Zip Code	123.14
Urbandale IA	50322	Transaction ID : SE.45728 Date of Disbursement or Obligation
Purpose of Expenditure Lodging	Category/ Type	09 / 08 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
JONI K ERNST	∑ Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	29562.96 Disb 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		12210.13
(4)		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Wes Boyd [Electroni	77 77:7 77	09 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		للتنتيا لنا ل

Schedule E)	XI LIVDI	TOTILO		PAGE 3 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN Full) MOVEON.ORG POLITICAL ACTION			F	EC IDENTIFICATION NUMBER ▼
WOVEON.ORG POLITICAL ACTION				C C00341396
Check if 24-hour report X 48-hour report	New repo	rt Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee FedexKinko's			M	
Mailing Address P.O. Box 672085			Amount	9 08 2014
City Stat	te 2	Zip Code		131.43
Dallas TX		75267		ction ID : SE.45730 Disbursement or Obligation
Purpose of Expenditure Shipping		Category/ Type	0	
Name of Federal Candidate	ı	Support	Office Sought:	House District:00
JONI K ERNST		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	2	9912.75	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee FedexKinko's			Date of	Public Distribution/Dissemination
Moiling Address			0	
Mailing Address P.O. Box 672085			Amount	
City	te	Zip Code		79.28
Dallas T>	X	75267		tion ID : SE.45734 Disbursement or Obligation
Purpose of Expenditure Shipping		Category/ Type	0	
Name of Federal Candidate	•	Support	Office Sought:	House District: 00
JONI K ERNST		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		30293.33	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· []	210.71
(b) SUBTOTAL of Unitemized Independent Expenditures				
				4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1
(c) TOTAL Independent Expenditures			-	7 7 7
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.				
Wes Boyd	[Electronic	ally Filed] Date	M M /	10 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	1 271 2112			PAGE 4 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION				C C00341396
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Moonlight Design				of Public Distribution/Dissemination
Mailing Address 1324 Palms Blvd.			L	09 08 2014
JULY I AIIIIS DIVU.			Amoui	nt
City	State	Zip Code		200.00
Venice	CA	90291		action ID : SE.45726 of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		09
Name of Federal Candidate		Support	Office Sough	t: House District: 00
JONI K ERNST		X Oppose	Preside	ent State: IA
Calendar Year-To-Date Per Election for Office Sought		26939.82	Disbursement 2014 O	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
The Spoken Hub			M	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 50 W 17th St Fl 9			Amou	
City	State	Zip Code	Transa	600.00
New York	NY	10011		ction ID : SE.45723 of Disbursement or Obligation
Purpose of Expenditure Phones		Category/ Type	M	09 / 03 / 2014
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
BRUCE L. BRALEY		Oppose	Preside	ent X Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7	26032.68	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	÷S		. •	800.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(2) TOTAL Independent Europeditures				
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Wes Boyd	[Electron	nically Filed] Date	M M M /	10 / Y Y Y Y Y Y Y
Signature		_ · · · · · · · · · · · ·	, III	

Schedule E)	TIES	PAGE 5 OF 7 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION		FEC IDENTIFICATION NUMBER ▼		
MOVEON.ORG POLITICAL ACTION		C C00341396		
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y		
Full Name of Payee The Spoken Hub		of Public Distribution/Dissemination		
Mailing Address 50 W 17th St FI 9	Amou	09 10 2014 nt		
City State Zip	Code	8000.00		
New York NY 100	O11 Trans	action ID : SE.45736 of Disbursement or Obligation		
Purpose of Expenditure Phones Ca	ategory/ Type	09 10 / 2014		
Name of Federal Candidate	X Support Office Sough	t: House District:00		
BRUCE L. BRALEY	Oppose Preside	ent Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 624	Disbursement 2014 O	t For: Primary		
Full Name of Payee United Airlines		of Public Distribution/Dissemination		
Mailing Address PO Box 66100		09 08 2014		
1 0 23/103/103	Amou	nt		
City State Zip	Code	609.20		
		ction ID : SE.45724 f Disbursement or Obligation		
Purpose of Expenditure Travel	ategory/ Type	09 / 08 / 2014		
Name of Federal Candidate	Support Office Sough	t: District: 00		
JONI K ERNST	∑ Oppose Preside			
Calendar Year-To-Date Per Election for Office Sought	26641.88 Disbursemen 2014 O	t For:		
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	8609.20		
(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.				
Wes Boyd [Electronically	y Filed] Date 09	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

Schedule E)	I EXI END	THORIES		PAGE 6 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN Full) MOVEON.ORG POLITICAL ACTION			FEC	IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION			С	C00341396
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee United Cab Des Moines			М = М	blic Distribution/Dissemination
Mailing Address			09 Amount	08 2014
City	State	Zip Code		50.00
Des Moines	IA	50310		n ID : SE.45733 sbursement or Obligation
Purpose of Expenditure Travel		Category/ Type	09 09	08 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
JONI K ERNST		X Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	, , ,	30214.05	Disbursement For 2014 Other	: Primary X General
Full Name of Payee Matt Walsh			M = M	blic Distribution/Dissemination
Mailing Address 10210 Hickory Lane			Amount	08 2014
City	State	Zip Code		2500.00
Urbandale	IA	50322		n ID : SE.45727 sbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type	09 ^M	08 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
JONI K ERNST		X Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	29439.82	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditure	·s		•	2550.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			•	7 7 7
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.				
Wes Boyd Signature	[Electron	nically Filed] Date	9 09 10	
g. id.di 0				

Schedule E)	EXI END	TOTILO		PAGE 7 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION				C C00341396
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Dan Welk				09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amour	nt
City	State	Zip Code		190.70
Des Moines	IA	50310		action ID : SE.45731 of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type	M	09 08 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
JONI K ERNST		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		30103.45	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Yellow Cab Des Moines			М	09
Mailing Address 1550 E Army Post Rd			Amou	nt
City	State	Zip Code		60.60
Des Moines	IA	50320		ction ID : SE.45732 of Disbursement or Obligation
Purpose of Expenditure Travel		Category/ Type		09 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
JONI K ERNST		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	30164.05	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				251.30
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	res			7 7 7
(c) TOTAL Independent Expenditures			•	24947.64
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.				
Wes Boyd	[Electron	ically Filed] Date	M M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				