

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Senior Votes Count**

ADDRESS (number and street) **777 S. Figueroa Street, Suite 4050**  
Check if different than previously reported. (ACC) **Los Angeles** **CA** **90017**

2. FEC IDENTIFICATION NUMBER ▼ **C C00560730** CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **04** /  **2014** in the State of  **CA**

5. Covering Period  **10** /  **01** /  **2014** through  **11** /  **24** /  **2014**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Tony Fazio**

Signature of Treasurer **Tony Fazio** [Electronically Filed] Date  **12** /  **04** /  **2014**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Senior Votes Count**

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

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="0.00"/>    | <input type="text" value="0.00"/>    |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="3003.88"/> |                                      |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="3115.00"/> | <input type="text" value="6733.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="6118.88"/> | <input type="text" value="6733.00"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="3624.05"/> | <input type="text" value="4238.17"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="2494.83"/> | <input type="text" value="2494.83"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="6717.29"/> |                                      |

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

Write or Type Committee Name

**Senior Votes Count**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 3110.00                       | 4905.00                           |
| (ii) Unitemized .....   | 5.00                          | 1818.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 3115.00                       | 6723.00                           |
| (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) .....  | 3115.00                       | 6723.00                           |
| 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.).....   | 0.00                          | 10.00                             |
| 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))..... ▶                        | 3115.00                       | 6733.00                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 3115.00                       | 6733.00                           |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 624.05                        | 1238.17                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 624.05                        | 1238.17                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 3000.00                       | 3000.00                           |
| 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 .....  | 0.00                          | 0.00                              |
| 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)) ..      | 3624.05                       | 4238.17                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3624.05                       | 4238.17                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 3115.00                       | 6723.00                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 3115.00                       | 6723.00                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 624.05                        | 1238.17                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 624.05                        | 1238.17                           |

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

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

FOR LINE NUMBER: PAGE 6 OF 14  
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)  
**Senior Votes Count**

Full Name (Last, First, Middle Initial)  
**A. Susan Mayer**

Mailing Address 20 Sawyer Rd

City Lee State NH Zip Code 03861-6433

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

Name of Employer N/A Occupation Not-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3110.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : VNVRVD9TVF4**

Amount of Each Receipt this Period  
3110.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3115.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : VNVRVD9TVF4E**

Amount of Each Receipt this Period  
3110.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3110.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 3110.00 |

**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)  
**Senior Votes Count**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
PAC Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : VNTSK9QS6V5

Amount of Each Disbursement this Period

1.00

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
PAC Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2014

Transaction ID : VNTSK9QS6M0

Amount of Each Disbursement this Period

122.85

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement  
PAC Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2014

Transaction ID : VNTSK9QS6N8

Amount of Each Disbursement this Period

0.20

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

124.05

**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)  
**Senior Votes Count**

Full Name (Last, First, Middle Initial)

**A. PowerThru, LLC**

Mailing Address 3205 Lincoln St

City Columbia State SC Zip Code 29201-1205

Purpose of Disbursement  
Website

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2014

**Transaction ID : VNTSK9QS6K2**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

500.00

624.05



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 9 OF 14  |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Senior Votes Count**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Expenses |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="22.96"/> | <b>Transaction ID : VNRV39H60N2</b>                      |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="22.96"/> |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Fees |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|   |  |   |
|---|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="2214.00"/> | <b>Transaction ID : VNRV39H60P0</b>                      |   |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2214.00"/> |

|  |  |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Expenses |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="118.92"/> | <b>Transaction ID : VNRV39H6H78</b>                      |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="118.92"/> |

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="2355.88"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text"/>                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text"/>                 |
| 4) <b>ADD 2) and 3)</b> 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 10 OF 14   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Senior Votes Count**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Fees |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|   |                                     |   |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period<br>432.00 | <b>Transaction ID : VNRV39H6H86</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>432.00 |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Expenses |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|   |                                     |   |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period<br>5.15 | <b>Transaction ID : VNRV39H6H61</b> |   |
| Amount Incurred This Period<br>0.00               | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>5.15 |

|  |  |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Fees |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|   |                                     |   |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period<br>947.00 | <b>Transaction ID : VNRV39H6H94</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>947.00 |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 1384.15 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |         |
| 4) <b>ADD 2) and 3)</b> 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 11 OF 14   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Senior Votes Count**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Fees |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="635.50"/> | <b>Transaction ID : VNRV39H6HA2</b>                      |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="635.50"/> |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Fees |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : VNRV39H6P88</b>                      |  |
| Amount Incurred This Period<br><input type="text" value="613.00"/>             | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="613.00"/> |

|  |  |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Expenses |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : VNRV39H6P96</b>                      |  |
| Amount Incurred This Period<br><input type="text" value="3.18"/>               | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="3.18"/> |

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="1251.68"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text"/>                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text"/>                 |
| 4) <b>ADD 2) and 3)</b> 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 12 OF 14   |
|   | FOR LINE NUMBER: (check only one)<br><input type="checkbox"/> 9<br><input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Senior Votes Count**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Fees |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : VNRV39H6PA4</b>                      |  |
| Amount Incurred This Period<br><input type="text" value="755.50"/>             | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="755.50"/> |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Kaufman Legal Group</b> | Nature of Debt (Purpose):<br>Legal and Treasury Expenses |
| Mailing Address 777 S Figueroa St<br>Ste 4050  |  |
| City State Zip Code<br>Los Angeles CA 90017-5864   |  |

|  |  |   |
|--|--|---|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> | <b>Transaction ID : VNRV39H6PB2</b>                      |   |
| Amount Incurred This Period<br><input type="text" value="45.08"/>              | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="45.08"/> |

|  |   |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NGP Van, Inc.</b> | Nature of Debt (Purpose):<br>Database Expense |
| Mailing Address 1101 15th St NW<br>Ste 500   |   |
| City State Zip Code<br>Washington DC 20005-5006  |   |

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="125.00"/> | <b>Transaction ID : VNRV39H60M5</b>                      |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="125.00"/> |

|  |                                     |
|--|-------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | <input type="text" value="925.58"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | <input type="text"/>                |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | <input type="text"/>                |
| 4) <b>ADD 2) and 3)</b> 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 13 OF 14                          |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
**Senior Votes Count**

|  |   |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NGP Van, Inc.</b> | Nature of Debt (Purpose):<br>Database Expense |
| Mailing Address 1101 15th St NW<br>Ste 500   |   |
| City State Zip Code<br>Washington DC 20005-5006  |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period<br>250.00 | <b>Transaction ID : VNRV39H60K7</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>250.00 |

|  |   |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>NGP Van, Inc.</b> | Nature of Debt (Purpose):<br>Database Expense |
| Mailing Address 1101 15th St NW<br>Ste 500   |   |
| City State Zip Code<br>Washington DC 20005-5006  |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period<br>550.00 | <b>Transaction ID : VNRV39H6H53</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00         | Outstanding Balance at Close of This Period<br>550.00 |

|  |                           |
|--|---------------------------|
| 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 |                     |   |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |
|   |                     |   |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 800.00  |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | 6717.29 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | 0.00    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 6717.29 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Senior Votes Count
FEC IDENTIFICATION NUMBER C C00560730
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mount Washington Radio
Mailing Address 2 Common Ct Unit A30
City North Conway State NH Zip Code 03860-5400
Purpose of Expenditure Radio Advertisement Category/Type 004
Date of Public Distribution/Dissemination 10/29/2014
Amount 2000.00
Transaction ID : VNTSK9QS6Q4
Date of Disbursement or Obligation 10/29/2014
Name of Federal Candidate Carol Shea-Porter Support
Office Sought: House District: 01 State: NH
Calendar Year-To-Date Per Election for Office Sought 3000.00
Disbursement For: General 2014

Full Name of Payee Winnepesaukee Network, Inc.
Mailing Address 73 Varney Road Unit A
City Wolfeboro State NH Zip Code 03894-4351
Purpose of Expenditure Radio Advertisement Category/Type 004
Date of Public Distribution/Dissemination 10/29/2014
Amount 1000.00
Transaction ID : VNTSK9QS6P6
Date of Disbursement or Obligation 10/29/2014
Name of Federal Candidate Carol Shea-Porter Support
Office Sought: House District: 01 State: NH
Calendar Year-To-Date Per Election for Office Sought 3000.00
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 3000.00

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.
Signature Tony Fazio [Electronically Filed] Date 12/04/2014