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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
NEA Advocacy Fund	C C00489815	
	O de les	
Check if X 24-hour report 48-hour report X New report X Amends report filed on X		
Full Name of Payee Gumbinner Davies and Simpson	Date of Public Distribution/Dissemination	
<u> </u>	10 28 7 2014	
Mailing Address 2001 S Street Suite 301	Amount	
City State Zip Code	22791.00	
Washington DC 20009	Transaction ID : B538412 Date of Disbursement or Obligation	
Purpose of Expenditure Design, printing and postage for mail Category/ Type	004 10 / 27 / 2014	
Name of Federal Candidate Suppo	ort Office Sought: X House District: 01	
Lee Zeldin Oppos	Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 45582.00	Disbursement For: Primary X General 2014 Other (specify) ▶	
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination	
	10 28 2014	
Mailing Address 3050 K Street NW Suite 100	Amount	
City State Zip Code	551855.00	
Washington DC 20007	Transaction ID : B538414 Date of Disbursement or Obligation	
Purpose of Expenditure Time Buy for TV Ad Category/ Type	004 10 / 28 / 2014	
Name of Federal Candidate Suppo	ort Office Sought: House District:	
Joni Ernst Oppos	se President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 595396.49	Disbursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	574646.00	
	7 7 7	
(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.		
Michael Edwards [Electronically Filed]	Date 10 28 2014	
Signature		

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

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) NEA Advocacy Fund		
NEA Advocacy Fund	C C00489815	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Divon/Davis Modia Group LLC	Date of Public Distribution/Dissemination	
Dixon/Davis Media Group LLC	10 28 2014	
Mailing Address 1028 33rd Street NW Suite 300	Amount	
City State Zip Code	7501.00	
Washington DC 20007	Transaction ID : B538415 Date of Disbursement or Obligation	
Purpose of Expenditure Production and shipping of TV ad Category/ Type 004	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	ce Sought: House District:	
Joni Ernst Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought Dist	oursement For: Primary General Other (specify)	
Full Name of Payee	Date of Public Distribution/Dissemination	
Mailing Address	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support Office	ce Sought: House District:	
	President Senate State:	
	pursement For: Primary General	
. S. E.SS. I.O. S. IIIOS SSUGIN	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures		
(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.		
Michael Edwards [Electronically Filed] Date	10 28 2014	
Signature		

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