10/22/2014 20 : 18

Image# 14952375159 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)	PAGE 1 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
Check if 🔀 24-hour report 🗌 48-hour report 🕅 A	Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Buying Time	10 22 2015
Mailing Address 650 Massachusetts Ave NW	Amount
Ste 210	
City State Zip Code	7 7 7
Washington DC 20001-372	Transaction ID : VN7BA9WFYC7 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category Type	y/ M _ M / D _ D / Y _ Y _ Y _ Y
Name of Federal Candidate	Support Office Sought: House District:
Mike Rounds	
Calendar Year-To-Date Per Election for Office Sought 1043649.15	Disbursement For: Primary X General
	□ Other (specify) ►
Full Name of Payee Buying Time	Date of Public Distribution/Dissemination
Mailing Address 650 Massachusetts Ave NW	10 22 2014
Ste 210	Amount
City State Zip Code	167700.00
WashingtonDC20001-37	
Purpose of Expenditure Television Advertising Category Type	
Name of Federal Candidate	Support Office Sought: House District:
Mike Rounds	Oppose President X Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	.15 Disbursement For: Primary X General 2014 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 h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
David Donnelly [Electronically Filed]	Date 10 22 2014
Signature	

Image# 14952375160 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)					PAGE 2	OF 7 FORM 24/48			
NA	ME OF COMMITTEE (In Full)				FEC ID					
E	very Voice Action				_					
					С	C00566208				
Che	eck if 🗙 24-hour report 🗌 48-hour report	New rep	ort Amends repo		/ /	D D /	Y Y Y Y			
Т	Full Name of Payee			Date	of Public	Distribution	/Dissemination			
	Buying Time			N	10	22 /	Y Y Y Y 2014			
	Mailing Address 650 Massachusetts Ave NW									
	Ste 210			Amou	Amount					
	City	State	Zip Code				110000.00			
	Washington	DC	20001-3728			D: VN7BA9				
	Purpose of Expenditure Television Advertising		Category/ Type 004		10 /	22 /	2014			
	Name of Federal Candidate		Support	Office Sough	nt:	House	District:			
	Mike Rounds		X Oppose	Preside	ent 🔰	K Senate	State: SD			
	Calendar Year-To-Date Per Election for Office Sought	, 10	043649.15	Disbursemen 2014	nt For: Other (sp	Primary	General			
	Full Name of Payee	-		Date	of Public	c Distribution	/Dissemination			
	Mack Sumner Communications			N	10 /	21 /	2014			
	Mailing Address 2001 N Beauregard St			L	10	21	2014			
	Ste 420			Amou	ınt					
	City	State	Zip Code				26637.44			
	Alexandria	VA	22311-1750			D: VN7BA9X				
	Purpose of Expenditure Mail		Category/ Type 004		10 ^{//}	21	Y Y Y Y Y 2014			
	Name of Federal Candidate		Support	Office Sough	nt:	K House	District: 02			
	Marilinda Garcia		X Oppose	Presid	ent	Senate	State: <u>NH</u>			
	Calendar Year-To-Date Per Election for Office Sought		104801.87	Disbursemer 2014	nt For:	Primary	/ X General			
ᆜ		J J		C	Other (sp	oecify) ►				
	(a) SUBTOTAL of Itemized Independent Expenditure	es		•	-7-		136637.44			
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		•						
	c) TOTAL Independent Expenditures									
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized								
	David Donnelly	(1) 1	:	M _ M /	DDD		Y Y			
	Signature	[Electron	<i>ically Filed]</i> Date	9 10	22	201	4			

Image# 14952375161 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)		PAGE 3 OF 7 FOR SE OF FORM 24/48
NA	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
E	very Voice Action		
			C C00566208
Ch	eck if 🗙 24-hour report 🗌 48-hour report 🔀 New	report Amends repor	t filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mack Sumner Communications		10 / D D / Y Y Y Y 10 21 2014
	Mailing Address 2001 N Beauregard St	Amount	
	Ste 420		
	City State	Zip Code	23991.18
	Alexandria VA	22311-1750	Transaction ID : VN7BA9X2CQ7 Date of Disbursement or Obligation
	Purpose of Expenditure Mail	Category/ Type 004	10 / D D / Y Y Y Y 21 / 2014
	Name of Federal Candidate	Support	Office Sought: X House District: 24
	John Katko	X Oppose	President Senate State: <u>NY</u>
	Calendar Year-To-Date Per Election for Office Sought	48744.92	Disbursement For: Primary General 2014 General Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mack Sumner Communications		10 / Y Y Y Y 10 22 2014
	Mailing Address 2001 N Beauregard St		
	Ste 420		Amount
	City State	Zip Code	41825.36
	Alexandria VA	22311-1750	Transaction ID : VN7BA9X0CM8 Date of Disbursement or Obligation
	Purpose of Expenditure Mail	Category/ Type 004	10 / D D / Y Y Y Y 2014
	Name of Federal Candidate	Support	Office Sought: House District:
	Mitch McConnell	X Oppose	President X Senate State: KY
	Calendar Year-To-Date	240749.50	Disbursement For: Primary X General
	Per Election for Office Sought	240749.50	Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		65816.54
	(b) SUBTOTAL of Unitemized Independent Expenditures		►
	(c) TOTAL Independent Expenditures		
,	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	David Donnelly [Elec	tronically Filed] Date	10 22 2014
	Signature		

Image# 14952375162 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)	PAGE 4 OF 7 FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
E	ivery Voice Action	C C00566208				
		C COUSTON				
Ch	neck if 🔀 24-hour report 🗌 48-hour report 🔀 New report 🗌 Amends report file	ed on				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Mission Control, Inc.	10 / Y Y Y Y 10 22 2014				
	Mailing Address 114 Mansfield Hollow Rd	Amount				
	# A					
	City State Zip Code	25442.84				
	Mansfield Center CT 06250-1316	Transaction ID : VN7BA9X2C49 Date of Disbursement or Obligation				
	Purpose of Expenditure Category/ Mail 004	M M / D D / Y Y Y Y 10 21 / 2014				
	Name of Federal Candidate Support Offi	ce Sought: X House District: 07				
	Doug Ose Oppose	President Senate State: CA				
		bursement For: Primary X General				
	Per Election for Office Sought 125610.64 201	⁴ Other (specify) ►				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Mission Control, Inc.	10 / Y Y Y Y 22 2014				
	Mailing Address 114 Mansfield Hollow Rd	Amount				
	# A	Amount				
	City State Zip Code	26300.00				
	Mansfield Center CT 06250-1316	Transaction ID : VN7BA9X2C80 Date of Disbursement or Obligation				
	Purpose of Expenditure Mail Category/ Type 004	M 10 / D D / Y Y Y Y 2014				
	Name of Federal Candidate Support Offi	ce Sought: X House District: 26				
	Carlos Curbelo Oppose	President Senate State:				
		bursement For: Primary X General				
	Per Election for Office Sought	Other (specify)				
	(a) SUBTOTAL of Itemized Independent Expenditures	51742.84				
	(b) SUBTOTAL of Uniternized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
	Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.					
	David Donnelly					
	[Electronically Filed] Date	10 22 2014				

Image# 14952375163 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)					PAGE 5	OF 7 F FORM 24/48		
NA	ME OF COMMITTEE (In Full)				FEC II				
E	very Voice Action								
					С	C00566208			
Ch	eck if 🗙 24-hour report 🗌 48-hour report	New rep	ort Amends repo		/ M /		Y Y Y Y Y		
	Full Name of Payee			Date	of Publi	c Distribution	/Dissemination		
	Mission Control, Inc.			- P	10 / D D / Y Y Y Y 10 22 2014				
	Mailing Address 114 Mansfield Hollow Rd				unt .				
	# A			Amot	Amount				
	City	State	Zip Code		7		26089.66		
	Mansfield Center	CT	06250-1316			ID: VN7BA9 ursement or 0			
	Purpose of Expenditure Mail		Category/ Type 004		10	/ <u>21</u> /	2014 Y		
	Name of Federal Candidate		Support	Office Sough	nt:	K House	District: 18		
	NAN HAYWORTH		X Oppose	Presid		Senate	State: <u>NY</u>		
	Calendar Year-To-Date			Disbursemer	nt For:	Primary			
	Per Election for Office Sought	yy	99912.37	2014	Other (sp	 becify) ►			
	Full Name of Payee			Date	of Publi	c Distributior	n/Dissemination		
	Revolution Media Enterprises				10 ^M	/ D D /	2014		
	Mailing Address 1306 Pennsylvania Ave SE					21	2014		
	Apt 101			Amo	unt				
	City	State	Zip Code				6000.00		
	Washington	DC	20003-3156			D: VN7BA9) ursement or			
	Purpose of Expenditure Online Advertising Production		Category/ 004		M M	/ D D /	YYYYY		
	Online Adventising Froduction		Туре	L	10	21	2014		
	Name of Federal Candidate		Support	Office Soug	ht:	House	District:		
	Mitch McConnell		X Oppose	Presic	lent	X Senate	State: KY		
	Calendar Year-To-Date			Disburseme	nt For:	Primar	y 🗙 General		
	Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	240749.50	2014	Other (sp	oecify) ►			
	(a) SUBTOTAL of Itemized Independent Expenditures	S			-7-	7	32089.66		
	(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	-7-				
	(c) TOTAL Independent Expenditures				-7-				
	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized							
	David Donnelly			M M /	DD	/ Y Y	YY		
	Signature	[Electron	<i>ically Filed]</i> Date	10	22	20			

Image# 14952375164 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)					PAGE 6	OF 7 F FORM 24/48			
NA	ME OF COMMITTEE (In Full)				FEC I	1				
E	very Voice Action									
					С	C00566208				
Ch	eck if 🗙 24-hour report 🗌 48-hour report	X New rep	ort Amends repo	ort filed on	M	/ D D /	Y Y Y Y Y			
	Full Name of Payee			Da	te of Publ	ic Distributior	n/Dissemination			
	Stones' Phones				^M 10 ^M	/ D D / 21	2014			
	Mailing Address 1309 F St NW				Amount					
	Ste 200									
	,	tate	Zip Code	- 1 L			7769.05			
		DC	20004-1183			ID: VN7BA9 oursement or				
	Purpose of Expenditure Phone Calls		Category/ Type 001		^M 10	/ 21 /	^Y 2014			
	Name of Federal Candidate		Support	Office So	ught:	X House	District: 18			
	NAN HAYWORTH		X Oppose	Pre	sident	Senate	State: <u>NY</u>			
	Calendar Year-To-Date		00010.07	Disbursen	nent For:	Primar	y 🗙 General			
	Per Election for Office Sought		99912.37	2014	Other (s	pecify) 🕨				
	Full Name of Payee Stones' Phones			Da	te of Publ	lic Distributior	n/Dissemination			
		10 / D D 21				2014				
	Mailing Address 1309 F St NW			An	nount					
	Ste 200									
	,	State DC	Zip Code	Tra	nanation l	ID : VN7BA9)	7769.05			
		DC	20004-1183			oursement or				
	Purpose of Expenditure Phone Calls		Category/ Type 001		^M 10 ^M	/ D D /	2014 Y			
	Name of Federal Candidate		Support	Office So	ught:	X House	District: 26			
	Carlos Curbelo		X Oppose	Pre	sident	Senate	State: FL			
	Calendar Year-To-Date Per Election for Office Sought		101882.05	Disburser 2014	1	Primar	y 🗙 General			
┍┛						,peeny)				
	(a) SUBTOTAL of Itemized Independent Expenditures			•			15538.10			
					-7-	-7-				
	(b) SUBTOTAL of Unitemized Independent Expenditure	s		• •						
	···									
	(c) TOTAL Independent Expenditures			•	-7					
,	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized								
	David Donnelly			M	/ D D	/ Y Y	YYY			
	Signature	[Electron	<i>ically Filed]</i> Date	10	22	20	14			
	-									

Image# 14952375165 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	chedule E)			FOR SE	7 OF 7			
NA	ME OF COMMITTEE (In Full)				ATION NUMBER V			
E	very Voice Action							
				C C005662	08			
Ch	eck if 🔀 24-hour report 🗌 48-hour report 🔀 New re	eport Amends repo		M / D D	/ Y Y Y Y Y			
	Full Name of Payee Stones' Phones		Date c	of Public Distribut	tion/Dissemination			
	Stones Phones			10 / D D 22	/ Y Y Y Y 2014			
	Mailing Address 1309 F St NW		Amour	nt				
	Ste 200							
	City State	Zip Code			2626.99			
	Washington DC	20004-1183		action ID : VN7E of Disbursement				
	Purpose of Expenditure Phone Calls	Category/ Type 001	М	10 / D D 22	/ Y Y Y Y 2014			
	Name of Federal Candidate	Support	Office Sought	: X House	District: 02			
	Marilinda Garcia	X Oppose	Preside	ent Senate	e State: <u>NH</u>			
	Calendar Year-To-Date	404004 07	Disbursement	For: Prin	nary 🗙 General			
	Per Election for Office Sought	104801.87	2014 Ot	ther (specify)				
	Full Name of Payee		Date of	of Public Distribu	tion/Dissemination			
			M	M / D D	/ Y Y Y Y			
	Mailing Address		Amou	nt				
			Amou					
	City State	Zip Code			<u></u>			
		Date of	Date of Disbursement or Obligation					
	Purpose of Expenditure	Category/ Type	M	M / D D	/ Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sough	t: House	District:			
		Oppose	Preside	ent Senat	e State:			
	Calendar Year-To-Date		Disbursemen	t For: Prin	nary General			
	Per Election for Office Sought		0	ther (specify)				
	(a) SUBTOTAL of Itemized Independent Expenditures		••		2626.99			
	(b) SUBTOTAL of Uniternized Independent Expenditures		• •					
	(c) TOTAL Independent Expenditures		••		628546.57			
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.							
	David Donnelly		M M /	D D / Y	YYYY			
	[Electro	onically Filed] Date	e 10	22	2014			
	-							