

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report ☒ Amends report filed on	
		MM / DD / YYYY 04 / 10 / 2014	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2014	
Mailing Address 815 Slaters Lane		Amount 198422.25	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5316
Purpose of Expenditure media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 03 / 2014	
Name of Federal Candidate J. Phillip Gingrey		☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____	
		198422.25	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2014	
Mailing Address 815 Slaters Lane		Amount 300000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5314
Purpose of Expenditure media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 04 / 2014	
Name of Federal Candidate J. Phillip Gingrey		☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶ _____	
		527506.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	498422.25
(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.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
04 / 10 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report ☒ Amends report filed on	
		MM / DD / YYYY 04 / 10 / 2014	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2014	
Mailing Address 815 Slaters Lane		Amount 49985.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5315
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2014
Name of Federal Candidate J. Phillip Gingrey		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
		577491.00	

Full Name of Payee Chris Mottola Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2014	
Mailing Address 1382 Lafayette Street		Amount 15449.00	
City Cape May	State NJ	Zip Code 08204	Transaction ID : SE.5317
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 09 / 2014
Name of Federal Candidate J. Phillip Gingrey		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	
		592940.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65434.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	563856.25

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.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
04 / 10 / 2014

Signature