

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ending Spending Action Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="3059.03"/>	<input type="text" value="3059.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="862994.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2349066.16"/>	<input type="text" value="6771907.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3212061.15"/>	<input type="text" value="6774966.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2584431.64"/>	<input type="text" value="6147336.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="627629.51"/>	<input type="text" value="627629.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ending Spending Action Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2348877.16	6671643.16
(ii) Unitemized	189.00	264.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2349066.16	6671907.16
(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)	2349066.16	6671907.16
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	100000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	2349066.16	6771907.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2349066.16	6771907.16

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	34647.58	92278.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34647.58	92278.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E)	2549784.06	5954958.30
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	100.00
(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	100.00
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)) ..	2584431.64	6147336.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2584431.64	6147336.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2349066.16	6671907.16
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2349066.16	6671807.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34647.58	92278.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34647.58	92278.38

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial) A. Ending Spending, Inc.		Date of Receipt MM / DD / YYYY 08 / 13 / 2014 Transaction ID : SA11AI.5630
Mailing Address 815 Slaters Lane		Amount of Each Receipt this Period 5799.66
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	In-kind - fundraising consulting	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18565.66	

Full Name (Last, First, Middle Initial) B. Ending Spending, Inc.		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.5628
Mailing Address 815 Slaters Lane		Amount of Each Receipt this Period 23077.50
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	In-kind - admin	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 41643.16	

Full Name (Last, First, Middle Initial) C. Michael J. Jandernoa		Date of Receipt MM / DD / YYYY 08 / 12 / 2014 Transaction ID : SA11AI.5542
Mailing Address 8805 Olive Shore Avenue		Amount of Each Receipt this Period 200000.00
City West Olive	State MI	Zip Code 49460
FEC ID number of contributing federal political committee. C		
Name of Employer 42 North Partners	Occupation chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200000.00	

SUBTOTAL of Receipts This Page (optional).....▶	228877.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. John C. Kennedy III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4150 East Paris Avenue, S.E.
 City Kentwood State MI Zip Code 49512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Autocam Medical Occupation president/c.e.o.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt **08 / 13 / 2014**
Transaction ID : SA11AI.5538
 Amount of Each Receipt this Period **100000.00**

B. J. Joe Ricketts
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Upper Hoback Road
 City Little Jackson Hole State WY Zip Code 82922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation entrepreneur
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1400000.00**

Date of Receipt **08 / 13 / 2014**
Transaction ID : SA11AI.5543
 Amount of Each Receipt this Period **750000.00**

C. J. Joe Ricketts
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Upper Hoback Road
 City Little Jackson Hole State WY Zip Code 82922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation entrepreneur
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1420000.00**

Date of Receipt **08 / 19 / 2014**
Transaction ID : SA11AI.5564
 Amount of Each Receipt this Period **20000.00**

SUBTOTAL of Receipts This Page (optional).....	870000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial) A. Marlene Ricketts		Date of Receipt MM / DD / YYYY 08 / 11 / 2014
Mailing Address P. O. Box 31519		Transaction ID : SA11AI.5525
City Omaha	State NE	Zip Code 68131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000000.00
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500000.00	

Full Name (Last, First, Middle Initial) B. Richard E. Uihlein		Date of Receipt MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1396 N. Waukegan Road		Transaction ID : SA11AI.5514
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer Uline	Occupation c.e.o.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name (Last, First, Middle Initial) C. Ronald Weiser		Date of Receipt MM / DD / YYYY 08 / 18 / 2014
Mailing Address 320 N. Main Street Suite 200		Transaction ID : SA11AI.5562
City Ann Arbor	State MI	Zip Code 48101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150000.00
Name of Employer McKinley Associates, Inc.	Occupation c.e.o.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250000.00
TOTAL This Period (last page this line number only).....▶	2348877.16

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Clark Hill, PLC

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
legal services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	12	/	2014

Transaction ID : SB21B.5537

Amount of Each Disbursement this Period

2890.50

Full Name (Last, First, Middle Initial)

B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - fundraising consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2014

Transaction ID : SB21B.5631

Amount of Each Disbursement this Period

5799.66

Full Name (Last, First, Middle Initial)

C. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - admin

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SB21B.5629

Amount of Each Disbursement this Period

23077.50

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

31767.66

TOTAL This Period (last page this line number only)..... ▶

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**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Greener and Hook

Mailing Address 2101 Wilson Blvd., Suite 402

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
media production-not disseminated

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2014

Transaction ID : SB21B.5528

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City State Zip Code
Tampa FL 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : SB21B.5486

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City State Zip Code
Tampa FL 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : SB21B.5487

Amount of Each Disbursement this Period

20.00

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

TOTAL This Period (last page this line number only)..... ▶

2440.00

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**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SB21B.5529

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB21B.5526

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB21B.5530

Amount of Each Disbursement this Period

20.00

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

TOTAL This Period (last page this line number only)..... ▶

55.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : SB21B.5541

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : SB21B.5544

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : SB21B.5548

Amount of Each Disbursement this Period

20.00

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

TOTAL This Period (last page this line number only)..... ▶

50.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : SB21B.5563

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2014

Transaction ID : SB21B.5567

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : SB21B.5569

Amount of Each Disbursement this Period

20.00

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

TOTAL This Period (last page this line number only)..... ▶

55.00

**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

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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB21B.5571

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB21B.5572

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB21B.5573

Amount of Each Disbursement this Period

20.00

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

TOTAL This Period (last page this line number only)..... ▶

60.00

--

**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

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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
08 / 28 / 2014

Transaction ID : SB21B.5600

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
08 / 29 / 2014

Transaction ID : SB21B.5606

Amount of Each Disbursement this Period

20.00

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

Amount of Each Disbursement this Period

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

TOTAL This Period (last page this line number only)..... ▶

40.00

34467.66

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2014
Mailing Address 815 Slaters Lane	Amount 198336.00
City State Zip Code Alexandria VA 22314	Transaction ID : SE.5498 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 1150454.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 11 / 2014
Mailing Address 815 Slaters Lane	Amount 114433.00
City State Zip Code Alexandria VA 22314	Transaction ID : SE.5531 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 1337430.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	312769.00
(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 M M / D D / Y Y Y Y Y Y 09 / 19 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee American Media & Advocacy Group
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure media placement Category/Type
Name of Federal Candidate Mary Michelle Nunn Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1357142.25

Date of Public Distribution/Dissemination 08/25/2014
Amount 17012.00
Transaction ID: SE.5582
Date of Disbursement or Obligation 08/22/2014
Office Sought: House Senate State: GA
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee American Media & Advocacy Group
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure media placement Category/Type
Name of Federal Candidate Mary Michelle Nunn Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1530080.21

Date of Public Distribution/Dissemination 08/29/2014
Amount 77884.00
Transaction ID: SE.5617
Date of Disbursement or Obligation 08/29/2014
Office Sought: House Senate State: GA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 94896.00
(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.
Signature Nancy H. Watkins [Electronically Filed] Date 09/19/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 30 / 2014
Mailing Address 815 Slaters Lane	Amount 12270.00
City Alexandria State VA Zip Code 22314	Transaction ID : SE.5618 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 1542350.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 30 / 2014
Mailing Address 815 Slaters Lane	Amount 5295.00
City Alexandria State VA Zip Code 22314	Transaction ID : SE.5620 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Purpose of Expenditure outdoor advertising	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 1547645.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17565.00
(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 M M / D D / Y Y Y Y Y Y 09 / 19 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CD, Inc.
Mailing Address P. O. Box 1877
City Alexandria State VA Zip Code 22313
Purpose of Expenditure online advertising
Name of Federal Candidate Mary Michelle Nunn
Calendar Year-To-Date Per Election for Office Sought 949733.13

Date of Public Distribution/Dissemination 08 / 02 / 2014
Amount 21000.00
Transaction ID : SE.5485
Date of Disbursement or Obligation 08 / 04 / 2014
Office Sought: House District:
President Senate State: GA
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee CD, Inc.
Mailing Address P. O. Box 1877
City Alexandria State VA Zip Code 22313
Purpose of Expenditure online advertising
Name of Federal Candidate Mary Michelle Nunn
Calendar Year-To-Date Per Election for Office Sought 1171454.13

Date of Public Distribution/Dissemination 08 / 25 / 2014
Amount 21000.00
Transaction ID : SE.5579
Date of Disbursement or Obligation 08 / 04 / 2014
Office Sought: House District:
President Senate State: GA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42000.00
(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 09 / 19 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CD, Inc.
Mailing Address P. O. Box 1877
City Alexandria State VA Zip Code 22313
Purpose of Expenditure online advertising
Name of Federal Candidate Jeanne Shaheen
Calendar Year-To-Date Per Election for Office Sought 561716.11

Date of Public Distribution/Dissemination 08 / 29 / 2014
Amount 30000.00
Transaction ID : SE.5604
Date of Disbursement or Obligation 08 / 29 / 2014
Office Sought: House District:
President Senate State: NH
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee CD, Inc.
Mailing Address P. O. Box 1877
City Alexandria State VA Zip Code 22313
Purpose of Expenditure online advertising
Name of Federal Candidate Gary Peters
Calendar Year-To-Date Per Election for Office Sought 1832985.72

Date of Public Distribution/Dissemination 09 / 02 / 2014
Amount 30000.00
Transaction ID : SE.5644
Date of Disbursement or Obligation 08 / 29 / 2014
Office Sought: House District:
President Senate State: MI
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60000.00
(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.
Signature Nancy H. Watkins [Electronically Filed] Date 09 / 19 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 08 / 2014
Mailing Address 174 Waterfront Street, Suite 500	Amount 47003.96
City National Harbor State MD Zip Code 20745	Transaction ID : SE.5521 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2014
Purpose of Expenditure online advertising Category/Type 	
Name of Federal Candidate Mary Michelle Nunn <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 1222997.25	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Mailing Address 174 Waterfront Street, Suite 500	Amount 47003.96
City National Harbor State MD Zip Code 20745	Transaction ID : SE.5581 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Purpose of Expenditure online advertising Category/Type 	
Name of Federal Candidate Mary Michelle Nunn <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 1404146.21	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94007.92
(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 M M / D D / Y Y Y Y Y Y
09 / 19 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee First Tuesday Partners, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 29 / 2014
Mailing Address 703 Prospect Avenue	Amount 10300.00
City State Zip Code Winnetka IL 60093	Transaction ID : SE.5614 Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1414446.21	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Greener and Hook	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2014
Mailing Address 2101 Wilson Blvd., Suite 402	Amount 2700.00
City State Zip Code Arlington VA 22201	Transaction ID : SE.5527 Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1340130.25	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13000.00
(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
Signature

[Electronically Filed]

Date **09 / 19 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Hansen Printing & Design Group, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 263 Union Square, #4	Amount 30819.00
City State Zip Code Milford NH 03055	Transaction ID : SE.5599 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 28 / 2014
Purpose of Expenditure direct mail	Category/Type
Name of Federal Candidate Jeanne Shaheen	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought 531716.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Harbinger, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 1919 M Street, N.W. Suite 200	Amount 18750.00
City State Zip Code Washington DC 20036	Transaction ID : SE.5616 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 29 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 1452196.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49569.00
(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
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y
09 / 19 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1850 M Street, N.W., #235	Amount 3048.29
City Washington State DC Zip Code 20004	Transaction ID : SE.5557 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 18 / 2014
Purpose of Expenditure media production Category/Type 	Name of Federal Candidate Gary Peters <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 1164210.49	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 1850 M Street, N.W., #235	Amount 13325.23
City Washington State DC Zip Code 20004	Transaction ID : SE.5565 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 22 / 2014
Purpose of Expenditure media production Category/Type 	Name of Federal Candidate Gary Peters <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 1322985.72	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16373.52
(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.

Signature Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y
09 / 19 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Mentzer Media Services, Inc.
Mailing Address
600 Fairmount Avenue, #306
City
Towson State
MD Zip Code
21286
Purpose of Expenditure
media placement
Category/Type
Name of Federal Candidate
Gary Peters
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
819999.22

Date of Public Distribution/Dissemination
08 / 12 / 2014
Amount
325000.00
Transaction ID : SE.5546
Date of Disbursement or Obligation
08 / 11 / 2014
Office Sought:
House
Senate
State: MI
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mentzer Media Services, Inc.
Mailing Address
600 Fairmount Avenue, #306
City
Towson State
MD Zip Code
21286
Purpose of Expenditure
media placement
Category/Type
Name of Federal Candidate
Gary Peters
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1144999.22

Date of Public Distribution/Dissemination
08 / 14 / 2014
Amount
325000.00
Transaction ID : SE.5547
Date of Disbursement or Obligation
08 / 14 / 2014
Office Sought:
House
Senate
State: MI
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 650000.00
(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
09 / 19 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 22 / 2014
Mailing Address 600 Fairmount Avenue, #306	Amount 145450.00
City State Zip Code Towson MD 21286	Transaction ID : SE.5566 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Gary Peters	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____ 1309660.49

Full Name of Payee Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 22 / 2014
Mailing Address 600 Fairmount Avenue, #306	Amount 480000.00
City State Zip Code Towson MD 21286	Transaction ID : SE.5568 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 22 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Gary Peters	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____ 1802985.72

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	625450.00
(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.

Signature Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 19 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Resonate Networks	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014
Mailing Address 11720 Plaza America Drive 3rd Floor	Amount 12500.00
City State Zip Code Reston VA 20190	Transaction ID : SE.5590 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2014
Purpose of Expenditure online advertising	Category/Type []
Name of Federal Candidate Jeanne Shaheen	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 479350.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount []
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type []
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought []	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	2549784.06

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 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2014

Signature _____