REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported 1438 U Street NW Site 20 (c) City, State and ZIP Code DC 20009 Washington DC 20009 2. Occupation and Name of Employer (for Individual Filers Only) C 050014978 2. Occupation and Name of Employer (for Individual Filers Only) C 050014978 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report X 24 Hour Report (a) April 15 Quarterly Report 48-Hour Report January 31 Year-End Report (b) Is this Report an amendment? No Yes, it amends the report filed on (a)	1. (a) Name of Individual, Organization or Corporation Food Policy Action			
Washington DC 20009 3. FEC Identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C G00014078 C G00014078 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report X 24-Hour Report (a) April 15 Quarterly Report X 24-Hour Report October 15 Quarterly Report 48-Hour Report (b) Is this Report an amendment? X No Yes, it amends the report filed on Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1436 U Street NW	usly reported		
Washington DC 20009 2. Occupation and Name of Employer (for Individual Filers Only) C C 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24 Hour Report 9. July 15 Quarterly Report 24 Hour Report 0 Cotober 15 Quarterly Report 48-Hour Report 9. July 15 Quarterly Report 48-Hour Report 9 (a) 7 (a) 9. July 15 Quarterly Report 9 (a) 9 (a) 9 (a) 9. July 15 Quarterly Report 9 (a) 9 (a) 9 (a) 9. July 15 Quarterly Report 9 (a) 9 (a) 9 (a) 9. July 15 Quarterly Report 9 (a) 9 (a) 9 (a) 9. July 15 Quarterly Report 9 (b) 9 (a) 9 (a) 9. Junuary 31 Year-End Report 9 (a) 9 (a) 9 (a) 9. ScovERING PERIOD: FROM 10 (a) 9 (a) 9 (a) 9. THROUGH 10 (a) 10 (a) 9 (a) 9 (a) 9 (a) 9. TOTAL CONTRIBUTIONS 9 (a) 9 (a) 9 (a) 9 (a) 9 (a) 9 (a) 10/22 contidate or authorized committice or agent of either, or any political pary committice or aconse	(c) City, State and ZIP Code		0. EEC Identification Number	
2. Occupation and Name of Employer (for Individual Filers Only) C C00014976 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report X 24-Hour Report 3. July 15 Quarterly Report X 24-Hour Report October 15 Quarterly Report 3. October 15 Quarterly Report 48-Hour Report Image: Colored and Co	Washington	DC 20009	3. FEC Identification Number	
			C C90014978	
(a) April 15 Quarterly Report X 24-Hour Report (a) U/U 15 Quarterly Report X 24-Hour Report (b) Cotober 15 Quarterly Report 48-Hour Report (c) January 31 Year-End Report (c) (c) (c) (c)	2. Occupation and Name of Employer (for Individual Filers Only)			
August 15 Quarterly Report August 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report January 31 Year-End Report Jo is this Report an amendment? No Yes, it amends the report filed on Y	4. TYPE OF REPORT (check appropriate boxes):			
Claire Benjamin Clair	(a) April 15 Quarterly Report			
I danuary 31 Year-End Report (a) January 31 Year-End Report (b) Is this Report an amendment? (c) Is this Report and the integer and the int	July 15 Quarterly Report	24-Hour Report		
b) Is this Report an amendment? No • Discretion • Ois () • Ses, it amends the report filed on) • Ois ()	October 15 Quarterly Report 48-Hour Report			
b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM Yes, it amends the report filed on THROUGH Yes, it amends the report of the report	January 31 Year-End Report			
7. TOTAL INDEPENDENT EXPENDITURES 34260.00 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 any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Claire Benjamin 10/22/2014	b) Is this Report an amendment? X No Yes, it amends the report filed on 5. COVERING PERIOD: FROM FROM / DD / YYYYYY			
of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Claire Benjamin Claire Benjamin 10/22/2014				
Claire Benjamin [Electronically Filed] 0/22/2014 10/22/2014				
10/22/2014	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	[E		
	Claire Benjamin	Claire Benjamin	10/22/2014	
	NOTE: Submission of false, erroneous or incomplete information ma	y subject the person signing this report		

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E PAGE OF 2 2 **ITEMIZED INDEPENDENT EXPENDITURES** FOR LINE 7 OF FORM 5 NAME OF FILER (In Full) Food Policy Action Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Facebook, Inc 10 21 2014 Mailing Address 1601 Menlo Park Amount Zip Code City State 20000.00 Menlo Park CA 94025 Transaction ID : F57.4112 FL Purpose of Expenditure Office Sought: X House Category/ State: 004 Digital Advertising Туре Senate 02 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Steve Southerland X Oppose Check One: Support **Disbursement For:** Primary General Calendar Year-To-Date Per Election 2014 20000.00 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Global Strategy Group 10 21 2014 Mailing Address 1001 G Street NW 6th Floor Amount City State Zip Code 7500.00 Washington DC 20001 Transaction ID : F57.4113 FL Purpose of Expenditure Office Sought: House Category/ State: 004 **Communications Consulting** Туре Senate 02 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Steve Southerland Check One: X Oppose Support Disbursement For: X General Primary Calendar Year-To-Date Per Election 27500.00 2014 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Stones' Phones 2014 10 27 Mailing Address 41-750 Rancho Las Palamas Drive Amount Suite E-3 State Zip Code City 6760.00 CA 92270 Rancho Mirage Transaction ID : F57.4114 Purpose of Expenditure Office Sought: FL House Category/ State: 004 Telephone Townhall/Automated Phone Calls Туре Senate 02 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Steve Southerland X Support Check One: Oppose Disbursement For: 2014 Primary General Calendar Year-To-Date Per Election 27500.00 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 34260.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 34260.00 (carry total from last page forward to Line 7)

Image# 14951895189