

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Ending Spending, Inc.		3. FEC Identification Number <b>C</b> C90014697
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 817 Slater's Lane		
(c) City, State and ZIP Code Alexandria VA 22314		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☒ 24-Hour Report  
☐ October 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

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	187227.16

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

Nancy H. Watkins

SIGNATURE

Nancy H. Watkins

DATE

[Electronically Filed]

11/25/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Ending Spending, Inc.

Full Name (Last, First, Middle Initial) of Payee

DDC Advocacy

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 24 / 2014

Mailing Address 805 15th Street, N.W.

Suite 300

Amount

187227.16

Transaction ID : F57.4197

Purpose of Expenditure  
direct voter contactCategory/  
Type

Office Sought:

☐ House

State: LA

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Mary L. LandrieuCalendar Year-To-Date Per Election  
for Office Sought

187227.16

Disbursement For: 2014

☐ Primary☐ General☒ Other (specify) ▶

Runoff

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

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

187227.16

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

187227.16

(carry total from last page forward to Line 7)