

# 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 <b>Ending Spending, Inc.</b>		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  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  0.00  
 7. TOTAL INDEPENDENT EXPENDITURES .....  2876657.51

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Nancy H. Watkins	<i>Nancy H. Watkins</i> [Electronically Filed]	10/29/2014

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**

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 10 / 28 / 2014	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 119704.98	
City Washington	State DC	Zip Code 20005	Transaction ID : F57.4150
Purpose of Expenditure telephone calls	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2014 166804.36	

Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1850 M Street, N.W. Suite 325		Amount 3434.77	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.4148
Purpose of Expenditure media production	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2014 2920322.13	

Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1850 M Street, N.W. Suite 325		Amount 3434.76	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.4149
Purpose of Expenditure media production	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mark E. Udall		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2014 2923756.89	

(a) SUBTOTAL of Itemized Independent Expenditures.....	126574.51
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Ending Spending, Inc.

Full Name (Last, First, Middle Initial) of Payee Red Eagle Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 Slaters Lane		Amount 1375041.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.4146
Purpose of Expenditure media placement	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mark E. Udall		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2916887.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Red Eagle Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 815 Slaters Lane		Amount 1375041.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.4147
Purpose of Expenditure media placemet	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1541845.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....	2750083.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2876657.51