

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3303009.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="386781.67"/>	<input type="text" value="29111416.16"/>
(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="3689791.19"/>	<input type="text" value="29111416.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="334252.66"/>	<input type="text" value="25755877.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3355538.53"/>	<input type="text" value="3355538.53"/>
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

Freedom Partners Action Fund, Inc.

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).....	185624.40	28176364.23
(ii) Unitemized	0.00	32651.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	185624.40	28209015.73
(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)	185624.40	28209015.73
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).....	201157.27	902400.43
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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))..... ▶	386781.67	29111416.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	386781.67	29111416.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	118084.38	1611486.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	118084.38	1611486.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	50000.00
24. Independent Expenditures (use Schedule E)	216168.28	23341876.31
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	750015.00
(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	750015.00
29. Other Disbursements	0.00	2500.00
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)) ..	334252.66	25755877.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	334252.66	25755877.63

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)	185624.40	28209015.73
34. Total Contribution Refunds (from Line 28(d))	0.00	750015.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	185624.40	27459000.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	118084.38	1611486.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	201157.27	902400.43
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-83072.89	709085.89

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MR. STANLEY S. HUBBARD

Mailing Address 3415 UNIVERSITY AVENUE WEST

City State Zip Code
ST. PAUL MN 55114-1019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBBARD BROADCASTING, INC. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11.926

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City State Zip Code
ARLINGTON VA 22201-3397

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
693288.94

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2014
Transaction ID : SA11.928

Amount of Each Receipt this Period
43557.10

CONTRIBUTION

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT SUPPORT/SERVICES,TRAVEL

Full Name (Last, First, Middle Initial)
C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City State Zip Code
ARLINGTON VA 22201-3397

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
693288.94

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11.929

Amount of Each Receipt this Period
17067.30

CONTRIBUTION

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,TRAVEL

SUBTOTAL of Receipts This Page (optional)..... ► 110624.40

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: PAGE 7 OF 16
(check only one)

<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
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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. HUBBARD BROADCASTING, INC.
Full Name (Last, First, Middle Initial)
Mailing Address 3415 UNIVERSITY AVENUE WEST
City ST. PAUL State MN Zip Code 55114-1019
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2014
Transaction ID : SA11.924
Amount of Each Receipt this Period
75000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	185624.40

**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 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
902400.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SA15.293

Amount of Each Receipt this Period

198287.27

VENDOR REFUND

B. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
902400.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SA15.294

Amount of Each Receipt this Period

290.00

VENDOR REFUND

C. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
902400.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SA15.295

Amount of Each Receipt this Period

436.00

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional).....▶	199013.27
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: PAGE 9 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. I360
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 37046
 City State Zip Code
 BALTIMORE MD 21297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 902400.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2014
Transaction ID : SA15.296
 Amount of Each Receipt this Period
 1072.00
VENDOR REFUND

B. I360
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 37046
 City State Zip Code
 BALTIMORE MD 21297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 902400.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2014
Transaction ID : SA15.297
 Amount of Each Receipt this Period
 1072.00
VENDOR REFUND

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2144.00
TOTAL This Period (last page this line number only).....▶	201157.27

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

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 Y
12 / 02 / 2014

Transaction ID : SB21B.I286

Amount of Each Disbursement this Period

55.38

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

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 Y
12 / 23 / 2014

Transaction ID : SB21B.I290

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

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 Y
12 / 15 / 2014

Transaction ID : SB21B.I289

Amount of Each Disbursement this Period

150.87

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

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

216.25

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

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 Y
12 / 02 / 2014

Transaction ID : SB21B.I282

Amount of Each Disbursement this Period

3046.72

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

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 Y
12 / 04 / 2014

Transaction ID : SB21B.I287

Amount of Each Disbursement this Period

1000.11

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD FEES

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 Y
12 / 08 / 2014

Transaction ID : SB21B.I288

Amount of Each Disbursement this Period

50.00

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

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

4096.83

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL MARKETING GROUP

Mailing Address 22780 INDIAN CREEK DRIVE
STE. 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL EXPENSE

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 Y
12 / 31 / 2014

Transaction ID : SB21B.I298

Amount of Each Disbursement this Period

53.90

Full Name (Last, First, Middle Initial)

B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

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 Y
11 / 30 / 2014

Transaction ID : SB21B.928

Amount of Each Disbursement this Period

43557.10

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT
SUPPORT/SERVICES,TRAVEL

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

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 Y
12 / 31 / 2014

Transaction ID : SB21B.929

Amount of Each Disbursement this Period

17067.30

PERSONNEL,OFFICE SPACE,OFFICE
SUPPLIES,TRAVEL

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

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

60678.30

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. I360

Mailing Address PO BOX 37046

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2014

Transaction ID : SB21B.I292

Amount of Each Disbursement this Period

35000.00

Full Name (Last, First, Middle Initial)

B. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2014

Transaction ID : SB21B.I283

Amount of Each Disbursement this Period

1875.00

Full Name (Last, First, Middle Initial)

C. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : SB21B.I284

Amount of Each Disbursement this Period

15000.00

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

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

51875.00

**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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. US POSTAL SERVICE

Mailing Address MERRIFIELD
8409 LEE HIGHWAY

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
PO BOX RENEWAL

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 Y Y
12 / 16 / 2014

Transaction ID : SB21B.I285

Amount of Each Disbursement this Period

1218.00

Full Name (Last, First, Middle Initial)

B.

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 Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

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

1218.00

118084.38

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER C C00564765
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 I360		Date of Public Distribution/Dissemination 12 / 03 / 2014	
Mailing Address PO BOX 37046		Amount 19350.00	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.279
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type	Date of Disbursement or Obligation 11 / 25 / 2014
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 1435028.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.		Date of Public Distribution/Dissemination 11 / 28 / 2014	
Mailing Address PO BOX 480		Amount 9865.39	
City ARNOLD	State MD	Zip Code 21012	Transaction ID : SE24.280
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation 11 / 26 / 2014
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 1435028.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	203415.39
(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.

THOMAS FRANCIS MAXWELL III

Signature _____ Date **12 / 31 / 2014**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
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 STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address PO BOX 480	Amount 12752.89
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate WILLIAM CASSIDY	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 26 / 2014
Name of Federal Candidate WILLIAM CASSIDY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
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) ▶ Runoff
1435028.28	

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <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..... ▶	12752.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	216168.28

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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 31 / 2014