

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 NATIONAL ORGANIZATION FOR MARRIAGE			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2029 K ST., NW STE. 300			
(c) City, State and ZIP Code WASHINGTON DC 20006			3. FEC Identification Number <div> <div>C</div> <div>C90011057</div> </div>
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 2000.00

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 _____

[Electronically Filed]

Brian Stephen Brown

Brian Stephen Brown

10/26/2014

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NATIONAL ORGANIZATION FOR MARRIAGE

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

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 25 / 2014Mailing Address
5900 Fort Drive
Suite 302

Amount

2000.00

Transaction ID : F57.4342

Purpose of Expenditure
AI Calls Opposing TiseiCategory/
Type 004Office Sought: ☒ House State: MA
☐ Senate District: 06
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
RICHARD R. TISEICalendar Year-To-Date Per Election
for Office Sought 4290.09Disbursement For: ☐ Primary ☒ General
2014
☐ 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/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck 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/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ PresidentCheck 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.....▶ 2000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 2000.00
(carry total from last page forward to Line 7)