## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION	C C00341396
	G coortico
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee The Spoken Hub	Date of Public Distribution/Dissemination
<u> </u>	10 23 2014
Mailing Address 50 W 17th St FI 9	Amount
City State Zip Code	4585.98
New York NY 10011	Transaction ID : SE.46865  Date of Disbursement or Obligation
Purpose of Expenditure Phones  Category/ Type	10 23 / 2014
Name of Federal Candidate Support Offic	ce Sought: House District: 00
MITCH MCCONNELL Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calcificati Total To Bato	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	4585.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4585.98
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Tom Matzzie  [Electronically Filed] Date	10 23 2014
Signature	