

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
2014 JUL 21 AM 11:20
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation JOHN E WADE II		3. FEC Identification Number C90010588
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1225 SECOND STREET		
(c) City, State and ZIP Code NEW ORLEANS , LA 70130		
2. Occupation and Name of Employer (for Individual Filers Only) SELF-EMPLOYED		

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

04

D

D

01

Y

Y

Y

Y

Y

Y

2014

THROUGH

M

M

06

D

D

30

Y

Y

Y

Y

Y

Y

2014

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

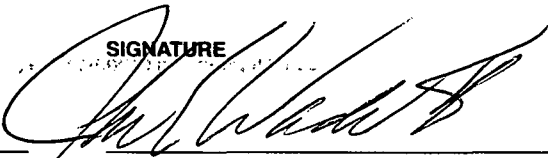
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

JOAN E. WADE II



7/12/2014

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-A
ITEMIZED RECEIPTS

N/A

PAGE OF

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 FILER (In Full)

A. 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

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Date of Receipt

M M / D D / 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

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

D. 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

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

JOHN EVAN WADE II

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

CHARLOTTE LIVINGSTON

Mailing Address

500 JEFFERSON AVENUE

City

METAIRIE

State

LA

Zip Code

70001

Date of Public Distribution/Dissemination

04 / 03 / 2014

Amount

6,750.00

Purpose of Expenditure

WEB SITE MANAGEMENT FOR BLOGS

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL CASSIDY

Calendar Year-To-Date Per Election
for Office Sought

6,750.00

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

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

CHARLOTTE LIVINGSTON

Mailing Address

500 JEFFERSON AVENUE

City

METAIRIE

State

LA

Zip Code

70001

Date of Public Distribution/Dissemination

05 / 01 / 2014

Amount

6,750.00

Purpose of Expenditure

WEBSITE MANAGEMENT FOR BLOGS

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL CASSIDY

Calendar Year-To-Date Per Election
for Office Sought

13,560.00

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

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

CHARLOTTE LIVINGSTON

Mailing Address

500 JEFFERSON AVENUE

City

METAIRIE

State

LA

Zip Code

70001

Date of Public Distribution/Dissemination

06 / 05 / 2014

Amount

6,750.00

Purpose of Expenditure

WEBSITE MANAGEMENT FOR BLOGS

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL CASSIDY

Calendar Year-To-Date Per Election
for Office Sought

20,250.00

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

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

20,250.00

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

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

20,250.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

JOHN EVAN WADE II

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

COMPUCAST WEB

Mailing Address

6660 RIVERSIDE DR., SUITE 100

City

METairie

State

LA

Zip Code

70003

Date of Public Distribution/Dissemination

MM ' DD ' YYYY
04 ' 08 ' 2014

Amount

50,000

Purpose of Expenditure

WEBSITE HOSTING & MAINTENANCE

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL CASSIDY

Calendar Year-To-Date Per Election
for Office Sought

50,000

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

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

COMPUCAST WEB

Mailing Address

6660 RIVERSIDE DRIVE, SUITE 100

City

METairie

State

LA

Zip Code

70003

Date of Public Distribution/Dissemination

MM ' DD ' YYYY
05 ' 16 ' 2014

Amount

248,750

Purpose of Expenditure

WEBSITE HOSTING & MAINTENANCE

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL CASSIDY

Calendar Year-To-Date Per Election
for Office Sought

248,750

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

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

COMPUCAST WEB

Mailing Address

6660 RIVERSIDE DRIVE, SUITE 100

City

METairie

State

LA

Zip Code

70003

Date of Public Distribution/Dissemination

MM ' DD ' YYYY
06 ' 16 ' 2014

Amount

220,000

Purpose of Expenditure

WEBSITE HOSTING & MAINTENANCE

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL CASSIDY

Calendar Year-To-Date Per Election
for Office Sought

518,750

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

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

518,750

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

(c) TOTAL Independent Expenditures.....

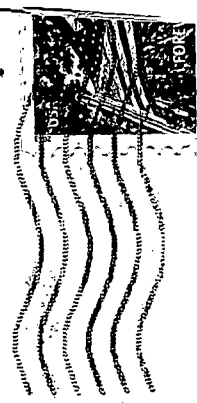
(carry total from last page forward to Line 7)

2,543,750

John E. Wade II
1225 Second Street
New Orleans, LA 70130

GULFPORT MS 395

14 JUL 2014 PM 2 T

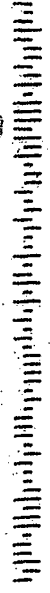


Federal Election Commission
999 E Street
Washington, DC 20463

RECEIVED

2014 JUL 21 AM 11:20

FEC MAIL CENTER



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/14/2014
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JR	7/21/2014
PREPARER (8/2013)	DATE PREPARED