## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Every Voice Action						
	C C00566208					
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
Mack Sumner Communications	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 2001 N Beauregard St	1					
Ste 420	Amount					
City State Zip Code	12376.87					
Alexandria VA 22311-1750	Transaction ID: VN7BA9WPTP5 Date of Disbursement or Obligation					
Purpose of Expenditure Mail  Category/ Type 004	10 14 2014					
Name of Federal Candidate Support Office	e Sought: X House District: 24					
John Katko Oppose	President Senate State: NY					
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary ⊠ General  Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Mack Sumner Communications	10 15 2014					
Mailing Address 2001 N Beauregard St	10 13 2014					
Ste 420	Amount					
City State Zip Code	13318.72					
Alexandria VA 22311-1750	Transaction ID : VN7BA9WPTT7 Date of Disbursement or Obligation					
Purpose of Expenditure  Category/ Category/	M M / D D / Y Y Y					
Mail Type 004	10 14 2014					
Name of Federal Candidate Support Office	e Sought: X House District: 02					
Marilinda Garcia Oppose	President Senate State: NH					
2017	ursement For: Primary X General					
Per Election for Office Sought 26637.44 2014	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	25695.59					
(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.						
Bato	0 15 2014					
Signature						

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

Schedule E)	A ENDITORIES	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Every Voice Action		C C00566208
Check if 24-hour report X 48-hour report	New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination
· ·		10 15 2014
Mailing Address 114 Mansfield Hollow Rd	Amount	
# A City Stat	- 7'n Codo	12016 92
City State  Mansfield Center CT		13016.83 Transaction ID: VN7BA9WPR57
Purpose of Expenditure	Catagory/	Date of Disbursement or Obligation
Mail	Category/ Type 004	10 14 2014
Name of Federal Candidate	Support Offic	e Sought: X House District: 18
NAN HAYWORTH	X Oppose	President Senate State: NY
Calendar Year-To-Date	Disb 26053.66 2014	ursement For: Primary X General
Per Election for Office Sought	2000.00	Other (specify) ▶
Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination
<u> </u>		10 15 2014
Mailing Address 114 Mansfield Hollow Rd		Amount
# A	7in Codo	2290.55
City Star Mansfield Center C	'	2389.55 Transaction ID : VN7BA9WPR73
Purpose of Expenditure	Catagory	Date of Disbursement or Obligation
Mail	Category/ Type 004	10 14 2014
Name of Federal Candidate	Support Office	e Sought: House District: 07
Doug Ose	∑ Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	26901.84 Disb 2014	ursement For: Primary X General  4 Other (specify) ▶
	,	Unier (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	15406.38
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(b) SOBTOTAL OF ORIENTIZED INDEPENDENT EXPERIENCES.	•	7 7 7
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
David Donnelly	[Electronically Filed] Date	10 15 2014
Signature		

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

Sched	dule E)	1101120	_	AGE 3 OF 3 OR SE OF FORM 24/48
	OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼
Ever	y Voice Action			0566208
Check if	f 24-hour report X 48-hour report New	v report Amends repo		D D / Y Y Y Y Y
	Name of Payee ission Control, Inc.			Distribution/Dissemination
			10	15 / 2014
IViaii	iling Address 114 Mansfield Hollow Rd		Amount	
City		Zip Code		5140.84
	ansfield Center CT	06250-1316		: VN7BA9WPR81
Pur Ma	pose of Expenditure ail	Category/ Type 004	Date of Disburse	ement or Obligation  14 2014
Nan	me of Federal Candidate	Support	Office Sought:	House District: 26
Car	rlos Curbelo	Oppose		Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	27813.00	Disbursement For:	Primary General
Full	Name of Payee		Other (speci	
I un	Name of rayee		Date of Public L	Distribution/Dissemination
Mai	iling Address			
			Amount	
City	State	Zip Code		
			Date of Disburse	ement or Obligation
Pur	pose of Expenditure	Category/ Type	M = M /	D D / Y Y Y Y Y
Nar	me of Federal Candidate	Support	Office Sought:	House District:
		Oppose	President	Senate State:
	Calendar Year-To-Date		Disbursement For:	Primary General
	Per Election for Office Sought	7	Other (spec	ify) ►
(a) S	SUBTOTAL of Itemized Independent Expenditures			5140.84
ν,			7	7
(b) S	SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	7
(c) T	FOTAL Independent Expenditures		<b>•</b>	46242.81
with,	er penalty of perjury I certify that the independent expendit or at the request or suggestion of, any candidate or author committee) any political party committee or its agent.			
	<del>_</del>	ectronically Filed] Date	10 15	2014
Si	ignature			