

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Ending Spending Action Fund

ADDRESS (number and street) 610 S. Boulevard

Check if different than previously reported. (ACC) Tampa FL 33606

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00489856

3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 11 / 06 / 2012 in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 18 / 2012 through [MM] / [DD] / [YYYY] 11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins [Electronically Filed] Date 05 / 28 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Ending Spending Action Fund**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                 | COLUMN B<br>Calendar Year-to-Date        |
|--|---|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  | <input type="text" value="1981.97"/>    | <input type="text" value="1981.97"/>     |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="4053927.88"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="760560.56"/>  | <input type="text" value="14151994.95"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="4814488.44"/> | <input type="text" value="14153976.92"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="4767407.98"/> | <input type="text" value="14106896.46"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="47080.46"/>   | <input type="text" value="47080.46"/>    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>       |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

**Ending Spending Action Fund**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 740060.56                     | 14120243.29                       |
| (ii) Unitemized .....   | 500.00                        | 1857.47                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 740560.56                     | 14122100.76                       |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 20000.00                      | 20000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 760560.56                     | 14142100.76                       |
| 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)..... | 0.00                          | 7414.19                           |
| 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                          | 2480.00                           |
| 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))..... ▶                        | 760560.56                     | 14151994.95                       |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 760560.56                     | 14151994.95                       |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | -3345861.18                   | 608114.98                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | -3345861.18                   | 608114.98                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 8063269.16                    | 1300781.48                        |
| 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 .....                                  | 50000.00                      | 150000.00                         |
| (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)).....                            | 50000.00                      | 150000.00                         |
| 29. Other Disbursements .....  | 0.00                          | 348000.00                         |
| 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)) ..      | 4767407.98                    | 14106896.46                       |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4767407.98                    | 14106896.46                       |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 760560.56                     | 14142100.76                       |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 50000.00                      | 150000.00                         |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 710560.56                     | 13992100.76                       |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | -3345861.18                   | 608114.98                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 7414.19                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | -3345861.18                   | 600700.79                         |

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

The expenditure to American Media & Advocacy Group reported on November 2, 2012 in the amount of \$427,510.00 is amended to \$177,495.03 to reflect actual media placement amounts. This vendor was prepaid for media and it reported to the committee the amounts placed as they occurred for the purchase amount ordered. However, actual placement of the entire amount was not able to be made and the adjustment in this amendment corrects to the total placement actually disseminated, as later reported to the committee. The amount originally reported was correct at the time of reporting based on all information available to the committee.

Form/Schedule:  
Transaction ID:

**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 7 OF 100                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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)  
**Ending Spending Action Fund**

**A. Dr. Miriam Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3355 Las Vegas Blvd. S.  
City Las Vegas State NV Zip Code 89109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Adelson Clinic Occupation physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **575000.00**

Date of Receipt **11 / 02 / 2012**  
**Transaction ID : SA11AI.4981**  
Amount of Each Receipt this Period **75000.00**

**B. Sheldon G. Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3355 Las Vegas Blvd. S.  
City Las Vegas State NV Zip Code 89109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Las Vegas Sands Corp. Occupation chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **575000.00**

Date of Receipt **11 / 02 / 2012**  
**Transaction ID : SA11AI.4982**  
Amount of Each Receipt this Period **75000.00**

**C. B. Darren Blanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3505 Beverly Drive  
City Dallas State TX Zip Code 75205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Colt Ventures Occupation investor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **25000.00**

Date of Receipt **11 / 01 / 2012**  
**Transaction ID : SA11AI.4959**  
Amount of Each Receipt this Period **25000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175000.00**  
**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: (check only one)       | PAGE 8 OF 100                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)  
**A. William D. Bogynska**

Mailing Address 1762 Sunset Avenue

City West Linn State OR Zip Code 97068

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

Name of Employer self-employed Occupation accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11AI.4961**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Ending Spending, Inc.**

Mailing Address 1101 Pennsylvania Ave., N.W., #700

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
168027.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11AI.5032**

Amount of Each Receipt this Period  
39344.44

In-kind - payroll & benefits/office space

Full Name (Last, First, Middle Initial)  
**c. Ending Spending, Inc.**

Mailing Address 1101 Pennsylvania Ave., N.W., #700

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175993.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11AI.5034**

Amount of Each Receipt this Period  
7966.12

In-kind - travel

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 52310.56 |
| <b>TOTAL</b> 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: (check only one)       | PAGE 9 OF 100                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Financial Education and Advisory Initiative, Inc.**

Mailing Address 1120 Connecticut Ave., N.W.

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20036    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 24 |   |   | 2012 |   |   |   |

**Transaction ID : SA11AI.4793**

Amount of Each Receipt this Period  
100000.00

Full Name (Last, First, Middle Initial)  
**B. C. Kevin Landry**

Mailing Address 250 Boylston Street, #6

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Boston | MA    | 02116    |

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

|                    |                    |
|--------------------|--------------------|
| Name of Employer   | Occupation         |
| TA Associates, LLC | investment manager |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
49000.00

Date of Receipt  

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 01 |   |   | 2012 |   |   |   |

**Transaction ID : SA11AI.4963**

Amount of Each Receipt this Period  
49000.00

Full Name (Last, First, Middle Initial)  
**C. Clyde McClymont**

Mailing Address 7611 Addison Court

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Lincoln | NE    | 68516    |

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

|                          |                     |
|--------------------------|---------------------|
| Name of Employer         | Occupation          |
| Nebraska Cattlemen, Inc. | legislative affairs |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 02 |   |   | 2012 |   |   |   |

**Transaction ID : SA11AI.5046**

Amount of Each Receipt this Period  
1000.00

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150000.00 |
| <b>TOTAL</b> 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 10 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

**A. T. Edward McClymont**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1631 Hackberry Drive  
 City Norfolk State NE Zip Code 68701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation rancher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2012  
**Transaction ID : SA11AI.5052**  
 Amount of Each Receipt this Period 500.00

**B. Lowell Minert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 68  
 City Dunning State NE Zip Code 68833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation rancher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 02 / 2012  
**Transaction ID : SA11AI.5054**  
 Amount of Each Receipt this Period 750.00

**C. Nebraska Cattlemen's NC State PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 Lincoln Mall, #101  
 City Lincoln State NE Zip Code 68503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : SA11AI.5065**  
 Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00  
**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 11 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Merlyn Nielson**

Mailing Address 1817 294th Road

City Seward                      State NE                      Zip Code 68434

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

Name of Employer University of Nebraska                      Occupation professor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.5044**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. J. Joe Ricketts**

Mailing Address 607 Upper Hoback Road

City Little Jackson Hole                      State WY                      Zip Code 82922

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

Name of Employer self-employed                      Occupation entrepreneur

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.4956**

Amount of Each Receipt this Period  
350000.00

Full Name (Last, First, Middle Initial)  
**C. William Rishel**

Mailing Address P. O. Box 1555

City North Platte                      State NE                      Zip Code 69103

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

Name of Employer self-employed                      Occupation agriculture

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.5048**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350500.00

**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 12 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Stephen Ruskamp**

Mailing Address 1747 Road W.

City State Zip Code  
 Dodge NE 68633

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

Name of Employer Occupation  
 self-employed rancher

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11AI.5042**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Michael Simmonds**

Mailing Address 11125 Pierce Plaza

City State Zip Code  
 Omaha NE 68144

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

Name of Employer Occupation  
 Simmonds Holdings, LLC chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11AI.5050**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. Dale Spencer**

Mailing Address 43500 E. North Loup Road

City State Zip Code  
 Brewster NE 68821

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11AI.4980**

Amount of Each Receipt this Period  
 500.00

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6000.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 740060.56 |

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

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

FOR LINE NUMBER: PAGE 13 OF 100  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

**A. Nebraska Farm Bureau Federation Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 80299  
 City Lincoln State NE Zip Code 68501  
 FEC ID number of contributing federal political committee. **C** C00444752  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012  
**Transaction ID : SA11C.4926**  
 Amount of Each Receipt this Period  
 20000.00

**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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 20000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 20000.00 |

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2012 |   |   |   |

Transaction ID : **SB21B.4559**

Amount of Each Disbursement this Period

|           |
|-----------|
| -69225.00 |
|-----------|

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2012 |   |   |   |

Transaction ID : **SB21B.4560**

Amount of Each Disbursement this Period

|           |
|-----------|
| -23075.00 |
|-----------|

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 24 |   |   | 2012 |   |   |   |

Transaction ID : **SB21B.4627**

Amount of Each Disbursement this Period

|            |
|------------|
| -446076.75 |
|------------|

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

|            |
|------------|
| -538376.75 |
|------------|

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

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**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB21B.4628**

Amount of Each Disbursement this Period

-148692.25

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB21B.4777**

Amount of Each Disbursement this Period

500000.00

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
research-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB21B.4640**

Amount of Each Disbursement this Period

-2180.80

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

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

349126.95

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
literature-See Line 24

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  
10 / 25 / 2012

Transaction ID : SB21B.4641

Amount of Each Disbursement this Period

-73668.24

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
research-See Line 24

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  
10 / 25 / 2012

Transaction ID : SB21B.4644

Amount of Each Disbursement this Period

-25079.20

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
literature-See Line 24

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  
10 / 25 / 2012

Transaction ID : SB21B.4645

Amount of Each Disbursement this Period

-847184.76

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

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

-945932.20

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2012 |   |   |   |

**Transaction ID : SB21B.4683**

Amount of Each Disbursement this Period

|           |
|-----------|
| -26683.50 |
|-----------|

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2012 |   |   |   |

**Transaction ID : SB21B.4684**

Amount of Each Disbursement this Period

|            |
|------------|
| -306860.25 |
|------------|

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media-literature/See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2012 |   |   |   |

**Transaction ID : SB21B.4710**

Amount of Each Disbursement this Period

|          |
|----------|
| -4727.73 |
|----------|

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

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

|            |
|------------|
| -338271.48 |
|------------|

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**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement media-literature/See Line 24

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB21B.4711**

Amount of Each Disbursement this Period

-54368.92

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement media placement-See Line 24

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B.4778**

Amount of Each Disbursement this Period

-250000.00

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement media placement-See Line 24

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B.4779**

Amount of Each Disbursement this Period

-124950.00

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

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

-429318.92

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

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  
10 / 26 / 2012

Transaction ID : **SB21B.4780**

Amount of Each Disbursement this Period

-124950.00

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

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  
10 / 31 / 2012

Transaction ID : **SB21B.4823**

Amount of Each Disbursement this Period

-250000.00

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

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  
10 / 31 / 2012

Transaction ID : **SB21B.4909**

Amount of Each Disbursement this Period

-187500.00

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

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

-562450.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement/production-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 31 |   |   | 2012 |   |   |   |

**Transaction ID : SB21B.4913**

Amount of Each Disbursement this Period

|           |
|-----------|
| -59163.40 |
|-----------|

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement/production-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 31 |   |   | 2012 |   |   |   |

**Transaction ID : SB21B.4914**

Amount of Each Disbursement this Period

|          |
|----------|
| -3113.86 |
|----------|

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 31 |   |   | 2012 |   |   |   |

**Transaction ID : SB21B.4919**

Amount of Each Disbursement this Period

|           |
|-----------|
| -62500.00 |
|-----------|

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

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

|            |
|------------|
| -124777.26 |
|------------|

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**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.5011**

Amount of Each Disbursement this Period

-177495.03

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B.4550**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B.4552**

Amount of Each Disbursement this Period

20.00

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

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

-177455.03

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 10    |   | 18    |   | 2012      |

**Transaction ID : SB21B.4553**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 10    |   | 22    |   | 2012      |

**Transaction ID : SB21B.4616**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 10    |   | 23    |   | 2012      |

**Transaction ID : SB21B.4621**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

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

|       |
|-------|
| 60.00 |
|-------|

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

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**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

**Transaction ID : SB21B.4623**

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB21B.4624**

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

**Transaction ID : SB21B.4719**

Amount of Each Disbursement this Period

20.00

Category/  
Type

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

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

60.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : SB21B.4714

Amount of Each Disbursement this Period

20.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : SB21B.4720

Amount of Each Disbursement this Period

20.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

Transaction ID : SB21B.4799

Amount of Each Disbursement this Period

20.00

Category/Type

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

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

60.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : SB21B.4805**

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : SB21B.4830**

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : SB21B.4847**

Amount of Each Disbursement this Period

20.00

Category/  
Type

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

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

60.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.4857**

Amount of Each Disbursement this Period

20.00

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.4858**

Amount of Each Disbursement this Period

20.00

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.4859**

Amount of Each Disbursement this Period

20.00

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

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

60.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 01    |   | 2012      |

Transaction ID : SB21B.4927

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 01    |   | 2012      |

Transaction ID : SB21B.4928

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 01    |   | 2012      |

Transaction ID : SB21B.4929

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

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

|       |
|-------|
| 55.00 |
|-------|

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

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**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 01    |   | 2012      |

**Transaction ID : SB21B.4930**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 01    |   | 2012      |

**Transaction ID : SB21B.4953**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 01    |   | 2012      |

**Transaction ID : SB21B.4954**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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|-------|
| 60.00 |
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**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.4955**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.4983**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.4984**

Amount of Each Disbursement this Period

15.00

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

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

45.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 02    |   | 2012      |

**Transaction ID : SB21B.4985**

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 02    |   | 2012      |

**Transaction ID : SB21B.5007**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

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 |
| 11    |   | 02    |   | 2012      |

**Transaction ID : SB21B.5008**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.00 |
|-------|

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

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

|       |
|-------|
| 55.00 |
|-------|

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|  |
|--|

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.5009**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.5010**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
bank adjustment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.5072**

Amount of Each Disbursement this Period

0.30

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

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

40.30

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

**Transaction ID : SB21B.5015**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

**Transaction ID : SB21B.5069**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

**Transaction ID : SB21B.5058**

Amount of Each Disbursement this Period

10.00

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

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

45.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

**Transaction ID : SB21B.5059**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2012

**Transaction ID : SB21B.5068**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
online advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B.4554**

Amount of Each Disbursement this Period

12500.00

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

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

12540.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
online advertising-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

10 / 31 / 2012

**Transaction ID : SB21B.4869**

Amount of Each Disbursement this Period

-12500.00

Full Name (Last, First, Middle Initial)

**B. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
web services-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

11 / 03 / 2012

**Transaction ID : SB21B.5036**

Amount of Each Disbursement this Period

-12500.00

Full Name (Last, First, Middle Initial)

**C. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
web services-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

11 / 03 / 2012

**Transaction ID : SB21B.5037**

Amount of Each Disbursement this Period

-12500.00

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

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

-37500.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Clark Hill, PLC**

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington State DC Zip Code 20004

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  
10 / 30 / 2012

**Transaction ID : SB21B.4798**

Amount of Each Disbursement this Period

3597.50

Full Name (Last, First, Middle Initial)

**B. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
direct mail services-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

**Transaction ID : SB21B.4582**

Amount of Each Disbursement this Period

-212000.00

Full Name (Last, First, Middle Initial)

**C. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
telephone calls-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2012

**Transaction ID : SB21B.4610**

Amount of Each Disbursement this Period

-73171.00

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

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

-281573.50

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
direct mail services-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B.4660**

Amount of Each Disbursement this Period

-106000.00

Full Name (Last, First, Middle Initial)

**B. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
direct mail services-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B.4661**

Amount of Each Disbursement this Period

-106000.00

Full Name (Last, First, Middle Initial)

**C. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
telephone calls-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2012

**Transaction ID : SB21B.4786**

Amount of Each Disbursement this Period

-36585.50

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

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

-248585.50

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
telephone calls-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2012

**Transaction ID : SB21B.4787**

Amount of Each Disbursement this Period

-36585.50

Full Name (Last, First, Middle Initial)

**B. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : SB21B.4800**

Amount of Each Disbursement this Period

3200.00

Full Name (Last, First, Middle Initial)

**C. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
political strategy consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

**Transaction ID : SB21B.4801**

Amount of Each Disbursement this Period

15000.00

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

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

-18385.50

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. eDonations**

Mailing Address 118 St. Asaphs Street

City Alexandria State VA Zip Code 22314

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

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : SB21B.5066**

Amount of Each Disbursement this Period

88.20

Full Name (Last, First, Middle Initial)

**B. Ending Spending, Inc.**

Mailing Address 1101 Pennsylvania Ave., N.W., #700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
In-kind - payroll & benefits/office space

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.5033**

Amount of Each Disbursement this Period

39344.44

Full Name (Last, First, Middle Initial)

**C. Ending Spending, Inc.**

Mailing Address 1101 Pennsylvania Ave., N.W., #700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
In-kind - travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.5035**

Amount of Each Disbursement this Period

7966.12

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

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

47398.76

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Fabrizio Ward, LLC**

Mailing Address 11 Castle Harbor Isle Drive

City Fort Lauderdale State FL Zip Code 33308

Purpose of Disbursement  
polling

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : **SB21B.4547**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Nahigian Strategies, LLC**

Mailing Address 331 Cameron Station Blvd.

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
political strategy consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

Transaction ID : **SB21B.4620**

Amount of Each Disbursement this Period

30198.00

Full Name (Last, First, Middle Initial)

**C. Nahigian Strategies, LLC**

Mailing Address 331 Cameron Station Blvd.

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2012

Transaction ID : **SB21B.4600**

Amount of Each Disbursement this Period

-2475.00

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

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

31723.00

**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 |

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NAME OF COMMITTEE (In Full)

**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Nahigian Strategies, LLC**

Mailing Address 331 Cameron Station Blvd.

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 24    |   | 2012      |

**Transaction ID : SB21B.4601**

Amount of Each Disbursement this Period

|         |
|---------|
| -825.00 |
|---------|

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Patton Boggs, LLP**

Mailing Address 2550 M Street, N.W.

City Washington State DC Zip Code 20037

Purpose of Disbursement  
legal fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 30    |   | 2012      |

**Transaction ID : SB21B.4804**

Amount of Each Disbursement this Period

|          |
|----------|
| 48425.95 |
|----------|

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Strategic Information Consultants**

Mailing Address 4100 Biltmore Avenue

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement  
research

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 18    |   | 2012      |

**Transaction ID : SB21B.4549**

Amount of Each Disbursement this Period

|         |
|---------|
| 4700.00 |
|---------|

Category/  
Type

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

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

|          |
|----------|
| 52300.95 |
|----------|

|  |
|--|
|  |
|--|

**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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B.4563**

Amount of Each Disbursement this Period

-48000.00

Full Name (Last, First, Middle Initial)

**B. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B.4564**

Amount of Each Disbursement this Period

-16000.00

Full Name (Last, First, Middle Initial)

**C. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B.4725**

Amount of Each Disbursement this Period

-10000.00

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

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

-74000.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : SB21B.4727**

Amount of Each Disbursement this Period

-10000.00

Full Name (Last, First, Middle Initial)

**B. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2012

**Transaction ID : SB21B.4738**

Amount of Each Disbursement this Period

-10000.00

Full Name (Last, First, Middle Initial)

**C. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2012

**Transaction ID : SB21B.4739**

Amount of Each Disbursement this Period

-10000.00

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

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

-30000.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
web videos-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.4893**

Amount of Each Disbursement this Period

-9693.75

Full Name (Last, First, Middle Initial)

**B. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
web videos-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.4894**

Amount of Each Disbursement this Period

-3231.25

Full Name (Last, First, Middle Initial)

**C. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : SB21B.4897**

Amount of Each Disbursement this Period

-15000.00

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

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

-27925.00

**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 |

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NAME OF COMMITTEE (In Full)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

**A. Victory Film Group, LLC**

Mailing Address 2800 Olympic Blvd., 2nd Floor

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
media production-See Line 24

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  
10 / 31 / 2012

**Transaction ID : SB21B.4898**

Amount of Each Disbursement this Period

-5000.00

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)..... ▶

-5000.00

-3345861.18

# 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 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 checked="" 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)  
**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

### A. J. Joe Ricketts

Mailing Address 607 Upper Hoback Road

City Little Jackson Hole State WY Zip Code 82922

Purpose of Disbursement  
contribution refund

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    |   | 06    |   | 2012        |

Transaction ID : SB28A.5061

Amount of Each Disbursement this Period

|          |
|----------|
| 50000.00 |
|----------|

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 M | / | D 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 M | / | D 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)..... ▶

|          |
|----------|
| 50000.00 |
|----------|

|          |
|----------|
| 50000.00 |
|----------|



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Axiom Corporation</b>         |                                 | Date<br>MM / DD / YYYY<br><b>10 / 30 / 2012</b>  |
| Mailing Address <b>244 Madison Avenue, #292</b>                                      |                                 | Amount<br><b>18590.16</b>  |
| City<br><b>New York</b>  | State<br><b>NY</b>              |  |
| Zip Code<br><b>10016</b>   | <b>Transaction ID : SE.4831</b> |  |
| Purpose of Expenditure<br>email deployment   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>7197175.94</b>            |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Axiom Corporation</b>        |                                 | Date<br>MM / DD / YYYY<br><b>10 / 30 / 2012</b>  |
| Mailing Address <b>244 Madison Avenue, #292</b>                                     |                                 | Amount<br><b>572.38</b>  |
| City<br><b>New York</b>   | State<br><b>NY</b>              |  |
| Zip Code<br><b>10016</b>  | <b>Transaction ID : SE.4832</b> |  |
| Purpose of Expenditure<br>email deployment  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>AZ</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Jeff Flake</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>288822.38</b>            |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>19162.54</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| (c) <b>TOTAL</b> 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.

*Nancy H. Watkins*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Axiom Corporation</b>                 |                                 | Date<br>MM / DD / YYYY<br><b>10 / 30 / 2012</b>  |
| Mailing Address <b>244 Madison Avenue, #292</b>  |                                 | Amount<br><b>662.78</b>  |
| City<br><b>New York</b>  | State<br><b>NY</b>              |  |
| Zip Code<br><b>10016</b>   | <b>Transaction ID : SE.4835</b> |  |
| Purpose of Expenditure<br>email deployment   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>IN</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Richard E. Mourdock</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought   |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |
| <b>662.78</b>  |                                 | <b>2012</b>  |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Axiom Corporation</b>         |                                 | Date<br>MM / DD / YYYY<br><b>10 / 30 / 2012</b>  |
| Mailing Address <b>244 Madison Avenue, #292</b>                                      |                                 | Amount<br><b>1372.80</b>   |
| City<br><b>New York</b>  | State<br><b>NY</b>              |  |
| Zip Code<br><b>10016</b>   | <b>Transaction ID : SE.4837</b> |  |
| Purpose of Expenditure<br>email deployment   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>FL</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Connie Mack</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought                                 |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |
| <b>1372.80</b>   |                                 | <b>2012</b>  |

|  |                |
|--|----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <b>2035.58</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ |                |
| (c) <b>TOTAL</b> 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.

*Nancy H. Watkins*
[Electronically Filed]
Date

Signature **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00489856       </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>Axiom Corporation</b>  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em;">10 / 30 / 2012</span> </div> |
| Mailing Address 244 Madison Avenue, #292  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;">435.13</span> </div>   |
| City State Zip Code<br>New York NY 10016  | <b>Transaction ID : SE.4838</b>  |
| Purpose of Expenditure<br>email deployment  | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;">434295.32</span> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Axiom Corporation</b>   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em;">10 / 30 / 2012</span> </div> |
| Mailing Address 244 Madison Avenue, #292   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;">189.71</span> </div>   |
| City State Zip Code<br>New York NY 10016   | <b>Transaction ID : SE.4842</b>  |
| Purpose of Expenditure<br>email deployment   | Office Sought: <input type="checkbox"/> House    State: <u>NV</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Dean Heller  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;">189.71</span> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;">624.84</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;"> </span> </div>      |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 1.2em;"> </span> </div>      |

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.

*Nancy H. Watkins*  
 Signature \_\_\_\_\_ [Electronically Filed]    Date 
M M / D D / Y Y Y Y Y Y  
05 / 28 / 2013





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b>  | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">18</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 815 Slaters Lane  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">23075.00</span> </div>   |
| City Alexandria      State VA      Zip Code 22314   | <b>Transaction ID : SE.4562</b>  |
| Purpose of Expenditure<br>media placement   | Category/Type <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President   |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">4114136.16</span> </div> | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  | 2012 <input type="checkbox"/> Other (specify) ▶ _____  |

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|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b>  | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">24</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 815 Slaters Lane  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">446076.75</span> </div>  |
| City Alexandria      State VA      Zip Code 22314   | <b>Transaction ID : SE.4629</b>  |
| Purpose of Expenditure<br>media placement   | Category/Type <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama  | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President   |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">4933380.63</span> </div> | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  | 2012 <input type="checkbox"/> Other (specify) ▶ _____  |

|   |   |
|---|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">469151.75</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>         |
| <b>(c) TOTAL</b> Independent Expenditures.....▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>         |

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.

*Nancy H. Watkins*
[Electronically Filed]
Date 

05 / 
 28 / 
 2013

Signature \_\_\_\_\_











**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> |  |

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b>   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span><br><b>10 / 26 / 2012</b> |
| Mailing Address <b>815 Slaters Lane</b>  | Amount<br><span style="border: 1px solid black; padding: 2px;">124950.00</span>  |
| City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>   |  |
| Purpose of Expenditure<br>media placement  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Office Sought: <input type="checkbox"/> House State:<br><input type="checkbox"/> Senate District:<br><input checked="" type="checkbox"/> President |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>  |  |
| Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6759776.28</span>                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |

**Transaction ID : SE.4723**

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b>   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span><br><b>10 / 26 / 2012</b> |
| Mailing Address <b>815 Slaters Lane</b>  | Amount<br><span style="border: 1px solid black; padding: 2px;">124950.00</span>  |
| City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>   |  |
| Purpose of Expenditure<br>media placement  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Office Sought: <input type="checkbox"/> House State: <b>VA</b><br><input checked="" type="checkbox"/> Senate District:<br><input type="checkbox"/> President |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Timothy Michael Kaine</b>   |  |
| Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">124950.00</span>                                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |

**Transaction ID : SE.4724**

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">249900.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>         |

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.

*Nancy H. Watkins*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
**05 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b> |               | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /            <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">31</span> /            <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 815 Slaters Lane   |               | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">62500.00</div>  |
| City Alexandria      State VA      Zip Code 22314  |               |  |
| Purpose of Expenditure<br>media placement  | Category/Type | Office Sought: <input type="checkbox"/> House      State: _____<br><input type="checkbox"/> Senate      District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney                  |               | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought   |               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">7484135.82</div>        |               | 2012   |

**Transaction ID : SE.4912**

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b> |               | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /            <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">31</span> /            <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 815 Slaters Lane   |               | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">59163.40</div>  |
| City Alexandria      State VA      Zip Code 22314  |               |  |
| Purpose of Expenditure<br>media placement/production   | Category/Type | Office Sought: <input type="checkbox"/> House      State: _____<br><input type="checkbox"/> Senate      District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama                 |               | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought   |               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">7543299.22</div>        |               | 2012   |

**Transaction ID : SE.4915**

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; text-align: right;">121663.40</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>         |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>         |

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.

*Nancy H. Watkins*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 05 / 
 28 / 
 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address <b>815 Slaters Lane</b>  |                                 | Amount<br><b>768016.40</b>   |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>   | <b>Transaction ID : SE.5013</b> |  |
| Purpose of Expenditure<br>media placement  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b>           |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>8776189.51</b>                      |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address <b>815 Slaters Lane</b>  |                                 | Amount<br><b>694500.00</b>   |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>   | <b>Transaction ID : SE.5014</b> |  |
| Purpose of Expenditure<br>media placement  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>          |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>9470689.51</b>                      |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                   |
|--|-------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>1462516.40</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                   |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 04 / 2012</b>  |
| Mailing Address <b>815 Slaters Lane</b>  |                                 | Amount<br><b>102109.42</b>   |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>   | <b>Transaction ID : SE.5020</b> |  |
| Purpose of Expenditure<br>media placement  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>          |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>9637798.93</b>                      |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 04 / 2012</b>  |
| Mailing Address <b>815 Slaters Lane</b>  |                                 | Amount<br><b>5374.18</b>   |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>   | <b>Transaction ID : SE.5021</b> |  |
| Purpose of Expenditure<br>media placement  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b>           |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>9643173.11</b>                      |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>107483.60</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |                  |

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*Nancy H. Watkins*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b>   | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">04</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 815 Slaters Lane   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">4750.00</span> </div>  |
| City Alexandria      State VA      Zip Code 22314  | <b>Transaction ID : SE.5022</b>  |
| Purpose of Expenditure<br>media production   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">9647923.11</span> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

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|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>American Media &amp; Advocacy Group</b>   | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">04</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 815 Slaters Lane   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">250.00</span> </div>   |
| City Alexandria      State VA      Zip Code 22314  | <b>Transaction ID : SE.5023</b>  |
| Purpose of Expenditure<br>media production   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">9648173.11</span> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">5000.00</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>       |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>       |

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.

*Nancy H. Watkins*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 05 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

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|--|---|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>  | Date<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 18 / 2012   |
| Mailing Address P. O. Box 1877   | Amount<br><span style="border: 1px solid black; padding: 2px;">12500.00</span>  |
| City State Zip Code<br>Alexandria VA 22313   |   |
| Purpose of Expenditure<br>online advertising   | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey   | Office Sought: <input type="checkbox"/> House State: NE<br><input checked="" type="checkbox"/> Senate District:<br><input type="checkbox"/> President<br>Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">255706.60</span> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶  |

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|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   | Date<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 18 / 2012  |
| Mailing Address P. O. Box 1877  | Amount<br><span style="border: 1px solid black; padding: 2px;">2500.00</span>  |
| City State Zip Code<br>Alexandria VA 22313  |  |
| Purpose of Expenditure<br>online advertising  | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   | Office Sought: <input type="checkbox"/> House State:<br><input type="checkbox"/> Senate District:<br><input checked="" type="checkbox"/> President<br>Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4019336.16</span> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |

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|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">15000.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

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.

Nancy H. Watkins

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>10 / 18 / 2012</b> |
| Mailing Address <b>P. O. Box 1877</b>   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">2500.00</span>  |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>  |  |
| Zip Code<br><b>22313</b>  |   | <b>Transaction ID : SE.4557</b>  |
| Purpose of Expenditure<br>online advertising  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>                                       |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4021836.16</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

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|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><b>10 / 27 / 2012</b> |
| Mailing Address <b>P. O. Box 1877</b>  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">25000.00</span>   |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>  |  |
| Zip Code<br><b>22313</b>   |   | <b>Transaction ID : SE.4752</b>  |
| Purpose of Expenditure<br>online advertising   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House State: <b>AZ</b><br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Richard Carmona</b>                                   |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">288250.00</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

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|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">27500.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

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.

*Nancy H. Watkins*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

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|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 27 / 2012  |
| Mailing Address P. O. Box 1877  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">2000.00</span>  |
| City<br>Alexandria  | State<br>VA   |  |
| Zip Code<br>22313   | <b>Transaction ID : SE.4753</b>   |  |
| Purpose of Expenditure<br>online advertising  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama  |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6906913.78</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                   |

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|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 27 / 2012  |
| Mailing Address P. O. Box 1877  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">23000.00</span>   |
| City<br>Alexandria  | State<br>VA   |  |
| Zip Code<br>22313   | <b>Transaction ID : SE.4757</b>   |  |
| Purpose of Expenditure<br>online advertising  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6929913.78</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                   |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">25000.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

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.

*Nancy H. Watkins*

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address P. O. Box 1877   |                                 | Amount<br><b>12500.00</b>  |
| City<br>Alexandria   | State<br>VA                     |  |
| Zip Code<br>22313  | <b>Transaction ID : SE.4870</b> |  |
| Purpose of Expenditure<br>online advertising                                       | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>NE</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>494560.32</b>           |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>           |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address P. O. Box 1877  |                                 | Amount<br><b>3700.00</b>   |
| City<br>Alexandria  | State<br>VA                     |  |
| Zip Code<br>22313   | <b>Transaction ID : SE.4873</b> |  |
| Purpose of Expenditure<br>email deployment                                    | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>7200875.94</b>     |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>16200.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins  
Signature

[Electronically Filed]    Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> |  |

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>  | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span><br><b>10 / 31 / 2012</b> |
| Mailing Address <b>P. O. Box 1877</b>  | Amount<br><span style="border: 1px solid black; padding: 2px;">7000.00</span>  |
| City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22313</b>   |  |
| Purpose of Expenditure<br>online advertising   | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Jeff Flake</b>  | Office Sought: <input type="checkbox"/> House State: <b>AZ</b><br><input checked="" type="checkbox"/> Senate District:<br><input type="checkbox"/> President   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">563822.38</span>   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span> |  |

**Transaction ID : SE.4874**

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>  | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span><br><b>10 / 31 / 2012</b> |
| Mailing Address <b>P. O. Box 1877</b>  | Amount<br><span style="border: 1px solid black; padding: 2px;">7000.00</span>  |
| City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22313</b>   |  |
| Purpose of Expenditure<br>online advertising   | Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Richard Carmona</b>   | Office Sought: <input type="checkbox"/> House State: <b>AZ</b><br><input checked="" type="checkbox"/> Senate District:<br><input type="checkbox"/> President   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">570822.38</span>   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span> |  |

**Transaction ID : SE.4875**

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">14000.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

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.

Signature Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y  
**05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00489856         </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em;">10 / 31 / 2012</span> </div> |  |             |
| Mailing Address P. O. Box 1877  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">334.88</span> </div>  |  |             |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City<br/>Alexandria</td> <td style="width:33%;">State<br/>VA</td> <td style="width:34%;">Zip Code<br/>22313</td> </tr> </table>                            |   | City<br>Alexandria   | State<br>VA |
| City<br>Alexandria  | State<br>VA   | Zip Code<br>22313  |             |
| Purpose of Expenditure<br>website services  | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>  | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |             |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |             |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em;">7201210.82</span> </div> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                   |             |

**Transaction ID : SE.4879**

|  |   |  |             |
|--|---|--|-------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>  | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em;">10 / 31 / 2012</span> </div> |  |             |
| Mailing Address P. O. Box 1877   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1161.28</span> </div>   |  |             |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City<br/>Alexandria</td> <td style="width:33%;">State<br/>VA</td> <td style="width:34%;">Zip Code<br/>22313</td> </tr> </table>                           |   | City<br>Alexandria   | State<br>VA |
| City<br>Alexandria   | State<br>VA   | Zip Code<br>22313  |             |
| Purpose of Expenditure<br>website services   | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>  | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |             |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey   |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |             |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em;">495721.60</span> </div> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |             |

**Transaction ID : SE.4880**

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1496.16</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>       |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>       |

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.

*Nancy H. Watkins*
[Electronically Filed]
Date 
M M / D D / Y Y Y Y Y Y  
05 / 28 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                       |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address <b>P. O. Box 1877</b>   |                                 | Amount<br><b>5000.00</b>   |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22313</b>  | <b>Transaction ID : SE.4884</b> |  |
| Purpose of Expenditure<br>online advertising  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>NE</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Debra S. Fischer</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>500721.60</b>                  |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                       |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address <b>P. O. Box 1877</b>   |                                 | Amount<br><b>5000.00</b>   |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22313</b>  | <b>Transaction ID : SE.4886</b> |  |
| Purpose of Expenditure<br>online advertising  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>NE</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>J. Robert Kerrey</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>505721.60</b>                  |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>10000.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins  
Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                      |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address <b>P. O. Box 1877</b>  |                                 | Amount<br><b>15000.00</b>  |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22313</b>   | <b>Transaction ID : SE.4936</b> |  |
| Purpose of Expenditure<br>online advertising   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>AZ</b><br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Richard Carmona</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>585822.38</b>                 |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                       |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address <b>P. O. Box 1877</b>   |                                 | Amount<br><b>5000.00</b>   |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22313</b>  | <b>Transaction ID : SE.4971</b> |  |
| Purpose of Expenditure<br>online advertising  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>NE</b><br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Debra S. Fischer</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>994078.79</b>                  |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>20000.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins  
Signature

[Electronically Filed]    Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address P. O. Box 1877   |                                 | Amount<br><b>5000.00</b>   |
| City<br>Alexandria   | State<br>VA                     |  |
| Zip Code<br>22313  | <b>Transaction ID : SE.4972</b> |  |
| Purpose of Expenditure<br>online advertising                                       | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>999078.79</b>           |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                |                                 | Date<br>MM / DD / YYYY<br><b>11 / 03 / 2012</b>  |
| Mailing Address P. O. Box 1877   |                                 | Amount<br><b>12575.00</b>  |
| City<br>Alexandria   | State<br>VA                     |  |
| Zip Code<br>22313  | <b>Transaction ID : SE.4933</b> |  |
| Purpose of Expenditure<br>online advertising                                       | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>1337258.79</b>          |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <b>17575.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ |                 |
| (c) <b>TOTAL</b> 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.

Signature Nancy H. Watkins      *[Electronically Filed]*      Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|   |   |
|---|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 <div style="float: right; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div> |   |

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>   |
| Mailing Address P. O. Box 1877  | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">11 / 03 / 2012</div>  |
| City State Zip Code<br>Alexandria VA 22313  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">12575.00</div>   |
| Purpose of Expenditure<br>online advertising  | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer  | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President<br>Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1349833.79</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

**Transaction ID : SE.4935**

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>   |
| Mailing Address P. O. Box 1877  | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">11 / 03 / 2012</div>  |
| City State Zip Code<br>Alexandria VA 22313  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">12500.00</div>   |
| Purpose of Expenditure<br>web services  | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President<br>Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">9523189.51</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

**Transaction ID : SE.5038**

|   |  |
|---|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">25075.00</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>        |
| <b>(c) TOTAL</b> Independent Expenditures.....▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>        |

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.

*Nancy H. Watkins*
[Electronically Filed]
Date 

M M M / D D D / Y Y Y Y Y Y

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>CD, Inc.</b>                            | Date<br>MM / DD / YYYY<br><b>11 / 03 / 2012</b>  |
| Mailing Address <b>P. O. Box 1877</b>  | Amount<br><b>12500.00</b>  |
| City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22313</b>                                   |  |
| Purpose of Expenditure<br><b>web services</b>  | Category/Type  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>          | Office Sought: <input type="checkbox"/> House      State: _____<br><input type="checkbox"/> Senate      District: _____<br><input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought<br><b>9535689.51</b>                      | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 2012 <input type="checkbox"/> Other (specify) ▶ _____  |

**Transaction ID : SE.5039**

|  |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>                        | Date<br>MM / DD / YYYY<br><b>10 / 19 / 2012</b>  |
| Mailing Address <b>174 Waterfront Street, Suite 500</b>  | Amount<br><b>212000.00</b>   |
| City <b>National Harbor</b> State <b>MD</b> Zip Code <b>20745</b>                              |  |
| Purpose of Expenditure<br><b>direct mail services</b>  | Category/Type  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b>           | Office Sought: <input type="checkbox"/> House      State: _____<br><input type="checkbox"/> Senate      District: _____<br><input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought<br><b>4390136.16</b>                      | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | 2012 <input type="checkbox"/> Other (specify) ▶ _____  |

**Transaction ID : SE.4583**

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <b>224500.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ |                  |
| (c) <b>TOTAL</b> 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.

Signature Nancy H. Watkins      [Electronically Filed]      Date **05 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00489856       </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span><br/>         10 / 26 / 2012       </div> |
| Mailing Address 174 Waterfront Street, Suite 500   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">106000.00</span> </div>   |
| City: National Harbor    State: MD    Zip Code: 20745  | <b>Transaction ID : SE.4663</b>   |
| Purpose of Expenditure: direct mail services    Category/Type:   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought: <span style="border: 1px solid black; padding: 2px;">6634826.28</span> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶  |

|  |   |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span><br/>         10 / 29 / 2012       </div> |
| Mailing Address 174 Waterfront Street, Suite 500   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">36585.50</span> </div>  |
| City: National Harbor    State: MD    Zip Code: 20745  | <b>Transaction ID : SE.4788</b>   |
| Purpose of Expenditure: telephone calls    Category/Type:  | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought: <span style="border: 1px solid black; padding: 2px;">6966499.28</span> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶  |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">142585.50</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;"> </span> </div>         |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;"> </span> </div>         |

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.

*Nancy H. Watkins*  
 Signature \_\_\_\_\_ [Electronically Filed]    Date 
M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>               |   | Date<br>MM / DD / YYYY<br><b>10 / 29 / 2012</b>  |
| Mailing Address <b>174 Waterfront Street, Suite 500</b>                               |   | Amount<br><b>36585.50</b>  |
| City<br><b>National Harbor</b>  | State      Zip Code<br><b>MD            20745</b> |  |
| Purpose of Expenditure<br>telephone calls   | Category/<br>Type                                 | <b>Transaction ID : SE.4789</b>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b> |   | Office Sought:    House      State: _____<br>Senate      District: _____<br><input checked="" type="checkbox"/> President                          |
| Calendar Year-To-Date Per Election for Office Sought<br><b>7003084.78</b>             |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
|   |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |

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|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>              |   | Date<br>MM / DD / YYYY<br><b>10 / 30 / 2012</b>  |
| Mailing Address <b>174 Waterfront Street, Suite 500</b>                              |   | Amount<br><b>87750.50</b>  |
| City<br><b>National Harbor</b>   | State      Zip Code<br><b>MD            20745</b> |  |
| Purpose of Expenditure<br>door-to-door GOTV field operations                         | Category/<br>Type                                 | <b>Transaction ID : SE.4811</b>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |   | Office Sought:    House      State: _____<br>Senate      District: _____<br><input checked="" type="checkbox"/> President                          |
| Calendar Year-To-Date Per Election for Office Sought<br><b>7090835.28</b>            |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
|  |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <b>124336.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ |                  |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYY **05 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>11 / 01 / 2012  |
| Mailing Address 174 Waterfront Street, Suite 500  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">211094.00</span>  |
| City<br>National Harbor   | State<br>MD   | Zip Code<br>20745  |
| Purpose of Expenditure<br>direct mail services  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | <b>Transaction ID : SE.4806</b>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |   | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7757507.08</span> |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
|   |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>11 / 01 / 2012  |
| Mailing Address 174 Waterfront Street, Suite 500  |   | Amount<br><span style="border: 1px solid black; padding: 2px;">36585.50</span>   |
| City<br>National Harbor   | State<br>MD   | Zip Code<br>20745  |
| Purpose of Expenditure<br>telephone calls   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | <b>Transaction ID : SE.4807</b>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |   | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7794092.58</span> |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
|   |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">247679.50</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>         |

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Nancy H. Watkins

[Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>  | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">01</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 174 Waterfront Street, Suite 500   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">36585.50</span> </div>   |
| City National Harbor      State MD      Zip Code 20745   | <b>Transaction ID : SE.4808</b>  |
| Purpose of Expenditure<br>telephone calls  | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">7830678.08</span> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>   | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">02</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 174 Waterfront Street, Suite 500  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">47765.00</span> </div>   |
| City National Harbor      State MD      Zip Code 20745  | <b>Transaction ID : SE.4866</b>  |
| Purpose of Expenditure<br>direct mail services  | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">833803.79</span> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

|   |  |
|---|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">84350.50</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>        |
| <b>(c) TOTAL</b> Independent Expenditures.....▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>        |

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.

*Nancy H. Watkins*
[Electronically Filed]
Date

05 / 
 28 / 
 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>   | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em; font-weight: bold;">11 / 03 / 2012</span> </div> |  |       |          |                 |    |
| Mailing Address 174 Waterfront Street, Suite 500  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">15000.00</span> </div>  |  |       |          |                 |    |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>National Harbor</td> <td>MD</td> <td>20745</td> </tr> </table> |  | City   | State | Zip Code | National Harbor | MD |
| City  | State  | Zip Code   |       |          |                 |    |
| National Harbor   | MD   | 20745  |       |          |                 |    |
| Purpose of Expenditure<br>telephone calls   | Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>   | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |       |          |                 |    |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |       |          |                 |    |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</span>  |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |       |          |                 |    |

**Transaction ID : SE.5003**

|   |  |  |       |          |                 |    |
|---|--|--|-------|----------|-----------------|----|
| Full Name (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>   | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em; font-weight: bold;">11 / 03 / 2012</span> </div> |  |       |          |                 |    |
| Mailing Address 174 Waterfront Street, Suite 500  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">15000.00</span> </div>  |  |       |          |                 |    |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>National Harbor</td> <td>MD</td> <td>20745</td> </tr> </table> |  | City   | State | Zip Code | National Harbor | MD |
| City  | State  | Zip Code   |       |          |                 |    |
| National Harbor   | MD   | 20745  |       |          |                 |    |
| Purpose of Expenditure<br>telephone calls   | Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>   | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |       |          |                 |    |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |       |          |                 |    |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</span>  |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |       |          |                 |    |

**Transaction ID : SE.5004**

|   |   |
|---|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">30000.00</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>        |
| <b>(c) TOTAL</b> Independent Expenditures.....▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>        |

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*Nancy H. Watkins*
[Electronically Filed]
Date 05 / 28 / 2013

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>DDC Advocacy</b>   |  | Date<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2012</div>  |
| Mailing Address 174 Waterfront Street, Suite 500  |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">12500.00</div>                                 |
| City<br>National Harbor   | State<br>MD  |  |
| Zip Code<br>20745   | <b>Transaction ID : SE.4810</b>  |  |
| Purpose of Expenditure<br>telephone calls   | Category/<br>Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">9660673.11</div> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Greener and Hook</b>  |  | Date<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2012</div>  |
| Mailing Address 2101 Wilson Blvd., Suite 402   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">18000.00</div>                                     |
| City<br>Arlington  | State<br>VA  |  |
| Zip Code<br>22201  | <b>Transaction ID : SE.4826</b>  |  |
| Purpose of Expenditure<br>media production   | Category/<br>Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> | Office Sought: <input type="checkbox"/> House    State: <u>AZ</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Jeff Flake   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">556822.38</div> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">30500.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>        |

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Nancy H. Watkins

[Electronically Filed]

Signature \_\_\_\_\_ Date 

05 / 28 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>McCarthy Hennings Media, Inc.</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 01 / 2012</b>  |
| Mailing Address 1850 M Street, N.W., #235  |                                 | Amount<br><b>9922.19</b>   |
| City<br>Washington   | State<br>DC                     |  |
| Zip Code<br>20004  | <b>Transaction ID : SE.4968</b> |  |
| Purpose of Expenditure<br>media production   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer       |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought <b>786038.79</b>                 |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>McCarthy Hennings Media, Inc.</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address 1850 M Street, N.W., #235  |                                 | Amount<br><b>2915.00</b>   |
| City<br>Washington   | State<br>DC                     |  |
| Zip Code<br>20004  | <b>Transaction ID : SE.4975</b> |  |
| Purpose of Expenditure<br>media production   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey       |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought <b>1001993.79</b>                |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>12837.19</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| (c) <b>TOTAL</b> 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.

Signature Nancy H. Watkins      [Electronically Filed]      Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>McCarthy Hennings Media, Inc.</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address 1850 M Street, N.W., #235  |                                 | Amount<br><b>2915.00</b>   |
| City<br>Washington   | State<br>DC                     |  |
| Zip Code<br>20004  | <b>Transaction ID : SE.4976</b> |  |
| Purpose of Expenditure<br>media production   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer       |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>1004908.79</b>                |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Jessica Moenning</b>        |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address 1202 Norfolk Avenue  |                                 | Amount<br><b>5000.00</b>   |
| City<br>Norfolk  | State<br>NE                     |  |
| Zip Code<br>68701  | <b>Transaction ID : SE.4993</b> |  |
| Purpose of Expenditure<br>media production   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>1009908.79</b>          |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                |
|--|----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>7915.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                |
| (c) <b>TOTAL</b> 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.

Signature Nancy H. Watkins      [Electronically Filed]      Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>Jessica Moening</b>              |               | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">02</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 1202 Norfolk Avenue   |               | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>   |
| City Norfolk      State NE      Zip Code 68701  |               |  |
| Purpose of Expenditure<br>media production  | Category/Type | Office Sought: <input type="checkbox"/> House    State: NE<br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey      |               | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought                                    |               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">1014908.79</div> |               | Transaction ID : SE.4994   |

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Nahigian Strategies, LLC</b>    |               | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">24</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div> |
| Mailing Address 331 Cameron Station Blvd.  |               | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">2475.00</div>   |
| City Alexandria      State VA      Zip Code 22304                                      |               |  |
| Purpose of Expenditure<br>media production   | Category/Type | Office Sought: <input type="checkbox"/> House    State: OH<br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Sherrod Brown        |               | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought                                   |               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">463200.00</div> |               | Transaction ID : SE.4602   |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; text-align: right;">7475.00</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>       |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>       |

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.

*Nancy H. Watkins*  
 Signature \_\_\_\_\_ [Electronically Filed]    Date 05 / 
 28 / 
 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Nahigian Strategies, LLC</b> |                                 | Date<br>MM / DD / YYYY<br><b>10 / 24 / 2012</b>  |
| Mailing Address 331 Cameron Station Blvd.   |                                 | Amount<br><b>825.00</b>  |
| City<br>Alexandria  | State<br>VA                     |  |
| Zip Code<br>22304   | <b>Transaction ID : SE.4603</b> |  |
| Purpose of Expenditure<br>media production  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>OH</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Josh Mandel       |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <b>464025.00</b>               |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Nahigian Strategies, LLC</b> |                                 | Date<br>MM / DD / YYYY<br><b>11 / 01 / 2012</b>  |
| Mailing Address 331 Cameron Station Blvd.   |                                 | Amount<br><b>18000.00</b>  |
| City<br>Alexandria  | State<br>VA                     |  |
| Zip Code<br>22304   | <b>Transaction ID : SE.4967</b> |  |
| Purpose of Expenditure<br>media production  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <u>OH</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Josh Mandel       |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <b>818972.32</b>               |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>18825.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYY **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Rick Reed Media, Inc.</b>         |                                 | Date<br>MM / DD / YYYY<br><b>10 / 26 / 2012</b>  |
| Mailing Address <b>2601-A Wilson Blvd.</b>   |                                 | Amount<br><b>13250.00</b>  |
| City<br><b>Arlington</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22201</b>   | <b>Transaction ID : SE.4706</b> |  |
| Purpose of Expenditure<br>media production   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>AZ</b><br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Richard Carmona</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>263250.00</b>                 |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>      |                                 | Date<br>MM / DD / YYYY<br><b>10 / 24 / 2012</b>  |
| Mailing Address <b>814 King Street</b>   |                                 | Amount<br><b>150206.25</b>   |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>   | <b>Transaction ID : SE.4598</b> |  |
| Purpose of Expenditure<br>media placement  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>OH</b><br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Sherrod Brown</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>410656.25</b>               |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>163456.25</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                  |
| (c) <b>TOTAL</b> 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.

Nancy H. Watkins  
Signature

[Electronically Filed]      Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>    |                                 | Date<br>MM / DD / YYYY<br><b>10 / 24 / 2012</b>  |
| Mailing Address <b>814 King Street</b>   |                                 | Amount<br><b>50068.75</b>  |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>   | <b>Transaction ID : SE.4599</b> |  |
| Purpose of Expenditure<br>media placement  | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>OH</b><br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Josh Mandel</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>460725.00</b>             |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>         |                                 | Date<br>MM / DD / YYYY<br><b>10 / 26 / 2012</b>  |
| Mailing Address <b>814 King Street</b>  |                                 | Amount<br><b>112706.25</b>   |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>  | <b>Transaction ID : SE.4692</b> |  |
| Purpose of Expenditure<br>media placement   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>NE</b><br><input checked="" type="checkbox"/> Senate    District:<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>J. Robert Kerrey</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>368412.85</b>                  |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                         |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>162775.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                  |
| (c) <b>TOTAL</b> 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.

Signature Nancy H. Watkins      [Electronically Filed]      Date **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>         |                                 | Date<br>MM / DD / YYYY<br><b>10 / 26 / 2012</b>  |
| Mailing Address <b>814 King Street</b>  |                                 | Amount<br><b>37568.75</b>  |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>  | <b>Transaction ID : SE.4693</b> |  |
| Purpose of Expenditure<br>media placement   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: <b>NE</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Debra S. Fischer</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>405981.60</b>                  |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                         |

|   |                                 |  |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>     |                                 | Date<br>MM / DD / YYYY<br><b>10 / 27 / 2012</b>  |
| Mailing Address <b>814 King Street</b>  |                                 | Amount<br><b>125137.50</b>   |
| City<br><b>Alexandria</b>   | State<br><b>VA</b>              |  |
| Zip Code<br><b>22314</b>  | <b>Transaction ID : SE.4740</b> |  |
| Purpose of Expenditure<br>media placement   | Category/<br>Type               | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>6894913.78</b>             |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>162706.25</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                  |
| (c) <b>TOTAL</b> 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.

Signature Nancy H. Watkins      [Electronically Filed]      Date **05 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span><br><b>11 / 01 / 2012</b> |
| Mailing Address <b>814 King Street</b>   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">270395.00</span>  |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>  | Zip Code<br><b>22314</b>   |
| Purpose of Expenditure<br>media placement  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | <b>Transaction ID : SE.4861</b>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Debra S. Fischer</b>                                  |   | Office Sought: <input type="checkbox"/> House State: <b>NE</b><br><input checked="" type="checkbox"/> Senate District:<br><input type="checkbox"/> President   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">776116.60</span> |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
|  |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span><br><b>11 / 02 / 2012</b> |
| Mailing Address <b>814 King Street</b>   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">155275.00</span>  |
| City<br><b>Alexandria</b>  | State<br><b>VA</b>  | Zip Code<br><b>22314</b>   |
| Purpose of Expenditure<br>media placement  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | <b>Transaction ID : SE.4945</b>  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Debra S. Fischer</b>                                  |   | Office Sought: <input type="checkbox"/> House State: <b>NE</b><br><input checked="" type="checkbox"/> Senate District:<br><input type="checkbox"/> President   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">989078.79</span> |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
|  |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">425670.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>         |

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.

*Nancy H. Watkins*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
**05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>11 / 02 / 2012  |
| Mailing Address 814 King Street   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">109775.00</span>  |
| City<br>Alexandria  | State<br>VA   |  |
| Zip Code<br>22314   | <b>Transaction ID : SE.4998</b>   |  |
| Purpose of Expenditure<br>media placement   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>J. Robert Kerrey  |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1124683.79</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Smart Media Group, LLC</b>   |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>11 / 02 / 2012  |
| Mailing Address 814 King Street   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">20000.00</span>   |
| City<br>Alexandria  | State<br>VA   |  |
| Zip Code<br>22314   | <b>Transaction ID : SE.5000</b>   |  |
| Purpose of Expenditure<br>media placement   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House    State: <u>NE</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Debra S. Fischer  |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1324683.79</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">309775.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>         |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>         |

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.

Nancy H. Watkins  
Signature

[Electronically Filed]    Date M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00489856 |
| 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 18 / 2012  |
| Mailing Address 2800 Olympic Blvd., 2nd Floor   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">48000.00</span>   |
| City<br>Santa Monica  | State<br>CA   |  |
| Zip Code<br>90404   | <b>Transaction ID : SE.4565</b>   |  |
| Purpose of Expenditure<br>media production  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama  |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4162136.16</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>  |   | Date<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>10 / 18 / 2012  |
| Mailing Address 2800 Olympic Blvd., 2nd Floor   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">16000.00</span>   |
| City<br>Santa Monica  | State<br>CA   |  |
| Zip Code<br>90404   | <b>Transaction ID : SE.4566</b>   |  |
| Purpose of Expenditure<br>media production  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4178136.16</span> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <span style="border: 1px solid black; padding: 2px;">64000.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <span style="border: 1px solid black; padding: 2px;"> </span>        |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>        |

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.

Nancy H. Watkins

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div> |
| 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 (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>   |  | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em; font-weight: bold;">10 / 27 / 2012</span> </div> |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">10000.00</span> </div>  |
| City <b>Santa Monica</b>   | State <b>CA</b> Zip Code <b>90404</b>  |  |
| Purpose of Expenditure<br><b>media production</b>  | Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em; font-weight: bold;">6904913.78</span> </span> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

**Transaction ID : SE.4743**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>  |  | Date<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em; font-weight: bold;">10 / 27 / 2012</span> </div> |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">10000.00</span> </div>  |
| City <b>Santa Monica</b>  | State <b>CA</b> Zip Code <b>90404</b>  |  |
| Purpose of Expenditure<br><b>media production</b>   | Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> | Office Sought: <input type="checkbox"/> House    State: <b>OH</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Sherrod Brown</b>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br/> <span style="font-size: 1.2em; font-weight: bold;">599162.50</span> </span> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |

**Transaction ID : SE.4744**

|   |   |
|---|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">20000.00</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>     |
| <b>(c) TOTAL</b> Independent Expenditures.....▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">20000.00</span> </div> |

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.

*Nancy H. Watkins*  
 Signature [Electronically Filed]    Date 

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>    |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>                                  |                                 | Amount<br><b>9693.75</b>   |
| City<br><b>Santa Monica</b>   | State<br><b>CA</b>              |  |
| Zip Code<br><b>90404</b>  | <b>Transaction ID : SE.4895</b> |  |
| Purpose of Expenditure<br><b>web videos</b>   | Category/Type                   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>7210904.57</b>             |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>   |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>                                 |                                 | Amount<br><b>3231.25</b>   |
| City<br><b>Santa Monica</b>  | State<br><b>CA</b>              |  |
| Zip Code<br><b>90404</b>   | <b>Transaction ID : SE.4896</b> |  |
| Purpose of Expenditure<br><b>web videos</b>  | Category/Type                   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>7214135.82</b>            |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>12925.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| (c) <b>TOTAL</b> 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.

*Nancy H. Watkins*
[Electronically Filed]
Date

Signature **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>    |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>                                  |                                 | Amount<br><b>15000.00</b>  |
| City<br><b>Santa Monica</b>   | State<br><b>CA</b>              |  |
| Zip Code<br><b>90404</b>  | <b>Transaction ID : SE.4900</b> |  |
| Purpose of Expenditure<br><b>media production</b>                                     | Category/Type                   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b> |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <b>7229135.82</b>                |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |                                 |  |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>   |                                 | Date<br>MM / DD / YYYY<br><b>10 / 31 / 2012</b>  |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>                                 |                                 | Amount<br><b>5000.00</b>   |
| City<br><b>Santa Monica</b>  | State<br><b>CA</b>              |  |
| Zip Code<br><b>90404</b>   | <b>Transaction ID : SE.4902</b> |  |
| Purpose of Expenditure<br><b>media production</b>                                    | Category/Type                   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <b>7234135.82</b>               |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|   |                 |
|---|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶   | <b>20000.00</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ |                 |
| (c) <b>TOTAL</b> 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.

*Nancy H. Watkins*
[Electronically Filed]
Date

Signature **05 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Ending Spending Action Fund</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00489856 |
| 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 (Last, First, Middle Initial) of Payee<br><b>Victory Film Group, LLC</b>   |                                 | Date<br>MM / DD / YYYY<br><b>11 / 02 / 2012</b>  |
| Mailing Address <b>2800 Olympic Blvd., 2nd Floor</b>                                 |                                 | Amount<br><b>40000.00</b>  |
| City<br><b>Santa Monica</b>  | State<br><b>CA</b>              |  |
| Zip Code<br><b>90404</b>   | <b>Transaction ID : SE.5029</b> |  |
| Purpose of Expenditure<br><b>media production</b>                                    | Category/Type                   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><b>9510689.51</b>            |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                     |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee               |   | Date  |
| Mailing Address  |   | Amount  |
| City   | State   |   |
| Zip Code   | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |   |
| Purpose of Expenditure   |   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Name of Federal Candidate Supported or Opposed by Expenditure: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought           |   |   |

|  |                   |
|--|-------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>40000.00</b>   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                   |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | <b>8063269.16</b> |

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.

*Nancy H. Watkins*

*[Electronically Filed]*

Date

|    |   |    |   |      |
|----|---|----|---|------|
| MM | / | DD | / | YYYY |
| 05 |   | 28 |   | 2013 |

Signature