

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

CE Action Committee

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00542779

3. IS THIS REPORT

☐

NEW (N)

OR

☒

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)☐ Convention (12C)☐ General (12G)☒ Special (12S)☐ Runoff (12R)

Election on

06

25

2013

in the State of

MA

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

04

11

2013

through

06

05

2013

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 Thomas Adams

Signature of Treasurer

Thomas Adams

[Electronically Filed]

Date

07

23

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

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CE Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 11 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 05 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	212220.00	
(c) Total Receipts (from Line 19)	1114850.00	1866642.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1327070.00	1866642.90
7. Total Disbursements (from Line 31)	679026.63	1218599.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	648043.37	648043.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	165304.00	



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)

Page 3

Write or Type Committee Name

CE Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 11 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 05 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1020250.00

1772042.90

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1020250.00

1772042.90

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1020250.00

1772042.90

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

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

94600.00

94600.00

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))..... ▶

1114850.00

1866642.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1114850.00

1866642.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	39019.31	153012.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39019.31	153012.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250000.00
24. Independent Expenditures (use Schedule E)	611007.32	756587.32
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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	29000.00	59000.00
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)) ..	679026.63	1218599.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	679026.63	1218599.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1020250.00	1772042.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1020250.00	1772042.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	39019.31	153012.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	39019.31	153012.21

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Update Summary Page, Schedule B, and Schedule E

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 64

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

CE Action Committee

Full Name (Last, First, Middle Initial)

A. NextGen Action

Mailing Address 351 California Street, Suite 1200

City State Zip Code
 San Francisco CA 94104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : INCA108

Amount of Each Receipt this Period

12500.00

Full Name (Last, First, Middle Initial)

B. NextGen Action

Mailing Address 351 California Street, Suite 1200

City State Zip Code
 San Francisco CA 94104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : INCA109

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. NextGen Action

Mailing Address 351 California Street, Suite 1200

City State Zip Code
 San Francisco CA 94104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : INCA110

Amount of Each Receipt this Period

6250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

20250.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : INCA108

In-kind contribution: Consulting Services

Form/Schedule: SA11AI
Transaction ID: INCA109

In-kind contribution: Consulting Services

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA110

In-kind contribution: Consulting Services

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: PAGE 10 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CE Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas F. Steyer

Mailing Address One Maritime Plaza, Suite 2100

City State Zip Code
 San Francisco CA 94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Next Generation

Co-founding Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 23 2013

Transaction ID : INCA66

Amount of Each Receipt this Period

1000000.00

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000000.00

1020250.00

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CE Action Committee

Full Name (Last, First, Middle Initial)

A. Sadler Strategic Media, Inc.

Mailing Address 12103 Viewcrest Road

City State Zip Code
 Studio City CA 91604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

39600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2013

Transaction ID : INCA57

Amount of Each Receipt this Period

39600.00

Refund

Full Name (Last, First, Middle Initial)

B. Winning Connections, Inc.

Mailing Address 317 Pennsylvania Ave., SE,
2nd Floor

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2013

Transaction ID : INCA49

Amount of Each Receipt this Period

55000.00

Refund

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

94600.00

94600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 64

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CE Action Committee

Full Name (Last, First, Middle Initial)

A. Benenson Strategy GroupMailing Address 720 South Colorado Blvd.,
Suite 500NCity State Zip Code
Denver CO 80246Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 16 2013**Transaction ID : EXPB39**

Amount of Each Disbursement this Period

27150.00

Full Name (Last, First, Middle Initial)

B. Benenson Strategy GroupMailing Address 720 South Colorado Blvd.,
Suite 500NCity State Zip Code
Denver CO 80246Purpose of Disbursement
Travel & Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 21 2013**Transaction ID : EXPB141**

Amount of Each Disbursement this Period

9092.29

Full Name (Last, First, Middle Initial)

C. Benenson Strategy GroupMailing Address 720 South Colorado Blvd.,
Suite 500NCity State Zip Code
Denver CO 80246Purpose of Disbursement
Focus Group Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 21 2013**Transaction ID : EXPB143**

Amount of Each Disbursement this Period

31615.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67857.29

<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

CE Action Committee

A. DGA Productions

Mailing Address 50 Hunt Street

City	State	Zip Code
Watertown	MA	02472

Purpose of Disbursement	Camera Rental for Press Conference
-------------------------	------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : EXPB43

Amount of Each Disbursement this Period

1351.13

Full Name (Last, First, Middle Initial)

B. HSC, Inc.

Mailing Address 360 Grand Avenue, Suite 138

City	State	Zip Code
Oakland	CA	94610

Purpose of Disbursement
Campaign Research & Expenses

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

05 / 21 / 2013

Transaction ID : EXPB58

Amount of Each Disbursement this Period

23003.01

Full Name (Last, First, Middle Initial)

C. Jane Kleeb

Mailing Address 1010 North Denver Avenue

City	State	Zip Code
Hastings	NE	68901

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : EXPB59

Amount of Each Disbursement this Period

3223.50

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

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

27577.64

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)

PAGE 14 OF 64

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CE Action Committee

Full Name (Last, First, Middle Initial)

A. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

Purpose of Disbursement
 Legal & Reporting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 15 2013

Transaction ID : EXPB32

Amount of Each Disbursement this Period

12865.92

Full Name (Last, First, Middle Initial)

B. Olson Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

Purpose of Disbursement
 Legal & Reporting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 05 15 2013

Transaction ID : EXPB50

Amount of Each Disbursement this Period

7970.63

Full Name (Last, First, Middle Initial)

C. Sadler Strategic Media, Inc.

Mailing Address 12103 Viewcrest Road

City State Zip Code
 Studio City CA 91604

Purpose of Disbursement
 Offset for independent expenditure paid in prior period; disseminated in
 current period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 15 2013

Transaction ID : EXPB21

Amount of Each Disbursement this Period

-49700.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

-28863.45

<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

CE Action Committee

A. Sadler Strategic Media, Inc.

Mailing Address 12103 Viewcrest Road

City	State	Zip Code
Studio City	CA	91604

Purpose of Disbursement	Aerial Banner
1. To inform the public of the availability of the program	
2. To inform the public of the benefits of the program	
3. To inform the public of the location of the program	
4. To inform the public of the cost of the program	
5. To inform the public of the eligibility requirements for the program	
6. To inform the public of the application process for the program	
7. To inform the public of the contact information for the program	
8. To inform the public of the deadline for the program	
9. To inform the public of the results of the program	
10. To inform the public of the feedback process for the program	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : EXPB81

Amount of Each Disbursement this Period

22000.00

Full Name (Last, First, Middle Initial)

B. Tigercomm

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement	
Travel Expenses	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays showing the date 05/21/2013 in MM/DD/YYYY format. The first display shows '05' with 'M' indicators above it. The second display shows '21' with 'D' indicators above it. The third display shows '2013' with 'Y' indicators above it.

Transaction ID : EXPB166

Amount of Each Disbursement this Period

2247.83

Full Name (Last, First, Middle Initial)

C. Tigercomm

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement	Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : EXPB170

Amount of Each Disbursement this Period

3200.00

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

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

27447.83

<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

CE Action Committee

A. Winning Connections, Inc.

Mailing Address 317 Pennsylvania Ave., SE,
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in current period
Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : EXPB25

Amount of Each Disbursement this Period

-55000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length. The vertical supports are represented by short vertical lines connecting the top and bottom beams.

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

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

-55000.00

39019.31

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

CE Action Committee

A. American Values Network

012

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

29000.00

B.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

C.

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

29000.00

29000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 64

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Adams , ThomasNature of Debt (Purpose):
Consulting Services

Mailing Address 176 Valdeflores Drive

City State

Zip Code

Burlingame

CA

94010

Outstanding Balance Beginning This Period

7500.00

Transaction ID : PAYD17

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barnes Mosher Whitehurst Lauter & Partners, Inc.Nature of Debt (Purpose):
Consulting ServicesMailing Address 660 Mission St., 2nd Floor,
Ste 200

City State

Zip Code

San Francisco

CA

94105

Outstanding Balance Beginning This Period

6250.00

Transaction ID : PAYD33

Amount Incurred This Period

0.00

Payment This Period

6250.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barnes Mosher Whitehurst Lauter & Partners, Inc.Nature of Debt (Purpose):
Consulting ServicesMailing Address 660 Mission St., 2nd Floor,
Ste 200

City

State

Zip Code

San Francisco

CA

94105

Outstanding Balance Beginning This Period

3125.00

Transaction ID : PAYD145

Amount Incurred This Period

0.00

Payment This Period

3125.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Benenson Strategy GroupNature of Debt (Purpose):
PollingMailing Address 720 South Colorado Blvd.,
Suite 500N
City State Zip Code
Denver CO 80246

Outstanding Balance Beginning This Period

27150.00

Transaction ID : PAYD31

Amount Incurred This Period

0.00

Payment This Period

27150.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Benenson Strategy GroupNature of Debt (Purpose):
Travel & ExpensesMailing Address 720 South Colorado Blvd.,
Suite 500N
City State Zip Code
Denver CO 80246

Outstanding Balance Beginning This Period

9092.29

Transaction ID : PAYD139

Amount Incurred This Period

0.00

Payment This Period

9092.29

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Benenson Strategy GroupNature of Debt (Purpose):
Focus Group ManagementMailing Address 720 South Colorado Blvd.,
Suite 500N
City State Zip Code
Denver CO 80246

Outstanding Balance Beginning This Period

31615.00

Transaction ID : PAYD140

Amount Incurred This Period

0.00

Payment This Period

31615.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign Industries, LLC

Nature of Debt (Purpose):

Consulting Services; 3/22 - 4/24

Mailing Address 1501 Dempster Street

City State

Zip Code

Evanston

IL

60201

Outstanding Balance Beginning This Period

15000.00

Transaction ID : PAYD127

Amount Incurred This Period

0.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign Industries, LLC

Nature of Debt (Purpose):

Poster production for press event

Mailing Address 1501 Dempster Street

City State

Zip Code

Evanston

IL

60201

Outstanding Balance Beginning This Period

45.15

Transaction ID : PAYD128

Amount Incurred This Period

0.00

Payment This Period

45.15

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign Industries, LLC

Nature of Debt (Purpose):

Shipping

Mailing Address 1501 Dempster Street

City

State

Zip Code

Evanston

IL

60201

Outstanding Balance Beginning This Period

194.46

Transaction ID : PAYD129

Amount Incurred This Period

0.00

Payment This Period

194.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign Industries, LLCNature of Debt (Purpose):
Travel Expenses

Mailing Address 1501 Dempster Street

City State
EvanstonZip Code
IL 60201

Outstanding Balance Beginning This Period

141.20

Transaction ID : PAYD130

Amount Incurred This Period

0.00

Payment This Period

141.20

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DGA ProductionsNature of Debt (Purpose):
Camera Rental for Press Conference

Mailing Address 50 Hunt Street

City State
WatertownZip Code
MA 02472

Outstanding Balance Beginning This Period

1351.13

Transaction ID : PAYD34

Amount Incurred This Period

0.00

Payment This Period

1351.13

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSC, Inc.Nature of Debt (Purpose):
Campaign Research

Mailing Address 360 Grand Avenue, Suite 138

City State Zip Code
Oakland CA 94610

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD116

Amount Incurred This Period

20000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

20000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lehane, ErinNature of Debt (Purpose):
Press Consulting

Mailing Address 2247 Clay Street

City State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

2500.00

Transaction ID : PAYD172

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lehane, ErinNature of Debt (Purpose):
Travel Expenses

Mailing Address 2247 Clay Street

City State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

1860.00

Transaction ID : PAYD173

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1860.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lehane, ErinNature of Debt (Purpose):
Press Consulting

Mailing Address 2247 Clay Street

City

State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

2500.00

Transaction ID : PAYD174

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6860.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 64

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lehane, ErinNature of Debt (Purpose):
Travel Expenses

Mailing Address 2247 Clay Street

City State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

492.00

Transaction ID : PAYD175

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

492.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mark Fabiani, LLCNature of Debt (Purpose):
Consulting Services

Mailing Address 939 Coast Blvd., Suite 4D

City State

Zip Code

La Jolla

CA

92037

Outstanding Balance Beginning This Period

12500.00

Transaction ID : PAYD46

Amount Incurred This Period

0.00

Payment This Period

12500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Markham Group, LLCNature of Debt (Purpose):
Consulting Services

Mailing Address 1000 West 3rd Street

City

State

Zip Code

Little Rock

AR

72201

Outstanding Balance Beginning This Period

38100.00

Transaction ID : PAYD15

Amount Incurred This Period

0.00

Payment This Period

38100.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

492.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Markham Group, LLC

Nature of Debt (Purpose):

Lawn sign creation & distribution

Mailing Address 1000 West 3rd Street

City State

Zip Code

Little Rock

AR

72201

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD113

Amount Incurred This Period

60000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sadler Strategic Media, Inc.

Nature of Debt (Purpose):

Aerial Banners & Production

Mailing Address 12103 Viewcrest Road

City State

Zip Code

Studio City

CA

91604

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD159

Amount Incurred This Period

40200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Social Stream Media

Nature of Debt (Purpose):

Banner ads and website production

Mailing Address 268 Bush Street, #3335

City

State

Zip Code

San Francisco

CA

94104

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD114

Amount Incurred This Period

20500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

120700.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):

Consulting Services; 3/1 - 3/31

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State

Arlington

Zip Code

VA

22209

Outstanding Balance Beginning This Period

32000.00

Transaction ID : PAYD148

Amount Incurred This Period

0.00

Payment This Period

32000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):

Consulting Services; 4/1 - 4/30

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State

Arlington

Zip Code

VA

22209

Outstanding Balance Beginning This Period

20800.00

Transaction ID : PAYD151

Amount Incurred This Period

0.00

Payment This Period

20800.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):

Travel Expenses

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City

Arlington

State

VA

Zip Code

22209

Outstanding Balance Beginning This Period

2247.83

Transaction ID : PAYD152

Amount Incurred This Period

0.00

Payment This Period

2247.83

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TigercommNature of Debt (Purpose):
Consulting

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code
Arlington VA 22209

Outstanding Balance Beginning This Period

3200.00

Transaction ID : PAYD163

Amount Incurred This Period

0.00

Payment This Period

3200.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TigercommNature of Debt (Purpose):
Consulting Services; 4/1 - 4/30

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code
Arlington VA 22209

Outstanding Balance Beginning This Period

8000.00

Transaction ID : PAYD178

Amount Incurred This Period

0.00

Payment This Period

8000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TigercommNature of Debt (Purpose):
Consulting

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code
Arlington VA 22209

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD107

Amount Incurred This Period

6552.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6552.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6552.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):

Consulting for Press Announcement

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State

Zip Code

Arlington

VA

22209

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD176

Amount Incurred This Period

10700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

10700.00

2) TOTALS This Period (last page this line number only)..... ►

165304.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

165304.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Adams , Thomas		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 16 / 2013 </div>
Mailing Address 176 Valdeflores Drive		Amount <div style="border: 1px solid black; padding: 2px;"> 7500.00 </div>
City State Zip Code Burlingame CA 94010	Transaction ID : PDTE8	
Purpose of Expenditure Consulting Services	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

Full Name (Last, First, Middle Initial) of Payee Adams , Thomas		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 21 / 2013 </div>
Mailing Address 176 Valdeflores Drive		Amount <div style="border: 1px solid black; padding: 2px;"> 7500.00 </div>
City State Zip Code Burlingame CA 94010	Transaction ID : PDTE14	
Purpose of Expenditure Consulting Services	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

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

Thomas Adams

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SE
Transaction ID : PDTE8

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Adams , Thomas		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 </div>
Mailing Address 176 Valdeflores Drive		Amount <div style="border: 1px solid black; padding: 2px;"> 1500.00 </div>
City State Zip Code Burlingame CA 94010		
Purpose of Expenditure Consulting	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 338785.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff

Transaction ID : EDTEALC23

Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 16 / 2013 </div>
Mailing Address 660 Mission St., 2nd Floor, Ste 200		Amount <div style="border: 1px solid black; padding: 2px;"> 6250.00 </div>
City State Zip Code San Francisco CA 94105		
Purpose of Expenditure Consulting Services	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

Transaction ID : PDTE51

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 7750.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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.

Thomas Adams

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

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Form/Schedule: SE
Transaction ID : EDTEALC23

Payment for expenditure is an in-kind contribution from NextGen Action

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 64
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00542779
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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc.		Date M M / D D / Y Y Y Y Y Y 04 / 16 / 2013
Mailing Address 660 Mission St., 2nd Floor, Ste 200		Amount 3125.00
City San Francisco	State CA	Zip Code 94105
Purpose of Expenditure Consulting Services	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Transaction ID : EDTEALC32

Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc.		Date M M / D D / Y Y Y Y Y Y 05 / 21 / 2013
Mailing Address 660 Mission St., 2nd Floor, Ste 200		Amount 3125.00
City San Francisco	State CA	Zip Code 94105
Purpose of Expenditure Consulting Services	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Transaction ID : PDTE27

(a) SUBTOTAL of Itemized Independent Expenditures.....	6250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Thomas Adams

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
07 / 23 / 2013

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Form/Schedule: SE

Transaction ID : EDTEALC32

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE27

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 </div>
Mailing Address 660 Mission St., 2nd Floor, Ste 200		Amount <div style="border: 1px solid black; padding: 2px;"> 6250.00 </div>
City State Zip Code San Francisco CA 94105		
Purpose of Expenditure Consulting	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 338785.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>2013 Runoff</u>

Transaction ID : EDTEALC24

Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 24 / 2013 </div>
Mailing Address 1501 Dempster Street		Amount <div style="border: 1px solid black; padding: 2px;"> 194.46 </div>
City State Zip Code Evanston IL 60201		
Purpose of Expenditure Shipping	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Transaction ID : PDTE23

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 6444.46 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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.

Thomas Adams

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

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Form/Schedule: SE
Transaction ID : EDTEALC24

Payment for expenditure is an in-kind contribution from NextGen Action

Form/Schedule: SE
Transaction ID: PDTE23

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 1501 Dempster Street		Amount <div style="border: 1px solid black; padding: 2px;"> 15000.00 </div>
City Evanston	State IL	
Purpose of Expenditure Consulting Services; 3/22 - 4/24		Category/ Type 24A
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Calendar Year-To-Date Per Election for Office Sought 435914.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Transaction ID : PDTE24

Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 1501 Dempster Street		Amount <div style="border: 1px solid black; padding: 2px;"> 45.15 </div>
City Evanston	State IL	
Purpose of Expenditure Poster production for press event		Category/ Type 24A
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Calendar Year-To-Date Per Election for Office Sought 435914.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Transaction ID : PDTE25

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 15045.15 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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.

Thomas Adams

[Electronically Filed]

Date

Signature

MM / DD / YYYY

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Form/Schedule: SE
Transaction ID : PDTE24

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE25

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC			Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1501 Dempster Street			Amount <div style="border: 1px solid black; padding: 2px;"> 141.20 </div>	
City Evanston	State IL	Zip Code 60201	Transaction ID : PDTE26	
Purpose of Expenditure Travel Expenses		Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 435914.32			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>	

Full Name (Last, First, Middle Initial) of Payee Campaign Industries, LLC			Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1501 Dempster Street			Amount <div style="border: 1px solid black; padding: 2px;"> 80867.50 </div>	
City Evanston	State IL	Zip Code 60201	Transaction ID : EDTEALC12	
Purpose of Expenditure Field program for GOTV		Category/ Type 24E	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 338785.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>2013 Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 81008.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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.

Thomas Adams

[Electronically Filed]

Date

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

Signature

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Form/Schedule: SE
Transaction ID : PDTE26

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee HSC, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 360 Grand Avenue, Suite 138		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11501.51 </div>
City State Zip Code Oakland CA 94610		
Purpose of Expenditure Campaign Research & Expenses	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

Transaction ID : EDTEALC31

Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 939 Coast Blvd., Suite 4D		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12500.00 </div>
City State Zip Code La Jolla CA 92037		
Purpose of Expenditure Consulting Services	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

Transaction ID : EDTEALC22

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24001.51 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Thomas Adams

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 939 Coast Blvd., Suite 4D		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 12500.00 </div>
City La Jolla	State CA	
Purpose of Expenditure Consulting Services	Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 435914.32 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Transaction ID : PDTE52

Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 939 Coast Blvd., Suite 4D		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 12500.00 </div>
City La Jolla	State CA	
Purpose of Expenditure Consulting	Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 338785.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>2013 Runoff</u>

Transaction ID : EDTEALC25

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

Thomas Adams

[Electronically Filed]

Date

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

Signature

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Form/Schedule: SE
Transaction ID : PDTE52

Independent expenditure disseminated on 4/16/13

Form/Schedule: SE
Transaction ID: EDTEALC25

Payment for expenditure is an in-kind contribution from NextGen Action

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Markham Group, LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 1000 West 3rd Street		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 04 / 16 / 2013 </div>
City Little Rock	State AR	Zip Code 72201
Purpose of Expenditure Consulting Services		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 38100.00 </div>
Category/Type 24A		Transaction ID : PDTE7
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 435914.32 </div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		2013 <input type="checkbox"/> Special 2013

Full Name (Last, First, Middle Initial) of Payee Markham Group, LLC [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 1000 West 3rd Street		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 06 / 05 / 2013 </div>
City Little Rock	State AR	Zip Code 72201
Purpose of Expenditure Lawn sign creation and distribution		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 30000.00 </div>
Category/Type 24A		Transaction ID : PDTE72
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 338785.00 </div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		2013 <input type="checkbox"/> 2013 Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 38100.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 00000.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 38100.00 </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.

Thomas Adams

[Electronically Filed]

Date

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

Signature

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Form/Schedule: SE
Transaction ID : PDTE7

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Markham Group, LLC [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 05 / 2013 </div>	
Mailing Address 1000 West 3rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30000.00 </div>	
City Little Rock	State AR		
Purpose of Expenditure Lawn sign creation and distribution	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24A </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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; display: inline-block;"> 338785.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff	

Transaction ID : PDTE73

Full Name (Last, First, Middle Initial) of Payee Portal A Limited		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 05 / 28 / 2013 </div>	
Mailing Address 520 Waller Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 33000.00 </div>	
City San Francisco	State CA		
Purpose of Expenditure Video Production	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24A </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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; display: inline-block;"> 338785.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff	

Transaction ID : EDTEALC9

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 33000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 33000.00 </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.

Thomas Adams

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Portal A Limited		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 520 Waller Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10000.00 </div>
City State Zip Code San Francisco CA 94117		
Purpose of Expenditure YouTube Video	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 338785.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff

Transaction ID : PDTE16

Full Name (Last, First, Middle Initial) of Payee Printing Unlimited		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 63 Plymouth Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5907.50 </div>
City State Zip Code Holbrook MA 02343		
Purpose of Expenditure GOTV flyers	Category/Type 24E	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 338785.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff

Transaction ID : EDTEALC21

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15907.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Thomas Adams

Signature

[Electronically Filed]

Date

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 15 / 2013 </div>
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px;"> 49700.00 </div>
City State Zip Code Studio City CA 91604	Transaction ID : EDTEALC6	
Purpose of Expenditure Aerial Banners	Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 </div>
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px;"> 153000.00 </div>
City State Zip Code Studio City CA 91604	Transaction ID : EDTEALC10	
Purpose of Expenditure Pandora Ads	Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 338785.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 202700.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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.

Thomas Adams

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 Sadler Strategic Media, Inc. [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> 06 / 05 / 2013 </div>	
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px;"> 9100.00 </div>	
City Studio City	State CA		
Purpose of Expenditure Aerial banner production	Category/ Type <div style="border: 1px solid black; padding: 2px;"> 24A </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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;"> 338785.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff	

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc. [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> 06 / 05 / 2013 </div>	
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px;"> 31100.00 </div>	
City Studio City	State CA		
Purpose of Expenditure Aerial banner production	Category/ Type <div style="border: 1px solid black; padding: 2px;"> 24A </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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;"> 338785.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 2013 Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 0.00 </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.

Thomas Adams

[Electronically Filed]

Date

07 / 23 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 Social Stream Media			Date MM / DD / YYYY 05 / 28 / 2013	
Mailing Address 268 Bush Street, #3335			Amount 25000.00	
City San Francisco	State CA	Zip Code 94104	Transaction ID : PDTE15	
Purpose of Expenditure Facebook Ads		Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 338785.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff	

Full Name (Last, First, Middle Initial) of Payee Social Stream Media [MEMO ITEM]			Date MM / DD / YYYY 06 / 05 / 2013	
Mailing Address 268 Bush Street, #3335			Amount 20500.00	
City San Francisco	State CA	Zip Code 94104	Transaction ID : PDTE64	
Purpose of Expenditure Banner ads & website production		Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 338785.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Thomas Adams

[Electronically Filed]

Date

MM / DD / YYYY
07 / 23 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 64
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00542779
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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date 05 / 21 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 4800.00
City Arlington	State VA	
Purpose of Expenditure Design & Pitching for Video Mobile Billboards	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date 05 / 21 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 8000.00
City Arlington	State VA	
Purpose of Expenditure Aerial banners design & pitch	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	12800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Thomas Adams

[Electronically Filed]

Signature

Date

07 / 23 / 2013

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Form/Schedule: SE
Transaction ID : PDTE33

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE34

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date MM / DD / YYYY 05 / 21 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 1600.00	
City Arlington	State VA		
Purpose of Expenditure Consulting for Blog Piece	Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013	
Calendar Year-To-Date Per Election for Office Sought 435914.32			

Transaction ID : PDTE35

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date MM / DD / YYYY 05 / 21 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 1600.00	
City Arlington	State VA		
Purpose of Expenditure Consulting for Blog Piece	Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013	
Calendar Year-To-Date Per Election for Office Sought 435914.32			

Transaction ID : PDTE36

(a) SUBTOTAL of Itemized Independent Expenditures.....	3200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Thomas Adams

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 23 / 2013

Signature

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Form/Schedule: SE
Transaction ID : PDTE35

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE36

Payment for independent expenditure disseminated in prior period

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date <div> <div>MM / DD / YYYY</div> <div>05 / 21 / 2013</div> </div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div> <div>Amount</div> <div>4800.00</div> </div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : PDTE39
Purpose of Expenditure High Noon Letter	Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>435914.32</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

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Form/Schedule: SE
Transaction ID : PDTE38

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE39

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date M M / D D / Y Y Y Y Y Y 05 / 21 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 3200.00	
City Arlington	State VA		
Purpose of Expenditure Open Letter	Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) _____ Special 2013	
Calendar Year-To-Date Per Election for Office Sought 435914.32			

Transaction ID : PDTE40

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date M M / D D / Y Y Y Y Y Y 05 / 24 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 8000.00	
City Arlington	State VA		
Purpose of Expenditure Aerial banners design & pitch	Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) _____ Special 2013	
Calendar Year-To-Date Per Election for Office Sought 435914.32			

Transaction ID : PDTE63

(a) SUBTOTAL of Itemized Independent Expenditures.....	11200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Thomas Adams

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

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Form/Schedule: SE
Transaction ID : PDTE40

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE63

Independent expenditure disseminated on 4/15/13

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date M M / D D / Y Y Y Y Y Y 05 / 24 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 8000.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : PDTE37 Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Aerial banners design & pitch		Category/ Type 24A	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch			
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date M M / D D / Y Y Y Y Y Y 05 / 24 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 9600.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : PDTE42 Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure Production & Pitch Infographic		Category/ Type 24A	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch			
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Thomas Adams

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2013

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : PDTE37

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE42

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </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 MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Tigercomm		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px;"> 3200.00 </div>
City Arlington	State VA	
Zip Code 22209	Transaction ID : PDTE43	
Purpose of Expenditure Pitch for YouTube Ads	Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special 2013</u>

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px;"> 2200.00 </div>
City Arlington	State VA	
Zip Code 22209	Transaction ID : PDTE69	
Purpose of Expenditure Consulting & design for GOTV flyer 5/1- 6/30	Category/ Type 24E	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 338785.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>2013 Runoff</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 3200.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </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.

Thomas Adams

[Electronically Filed]

Date

MM / DD / YYYY

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SE
Transaction ID : PDTE43

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00542779	
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="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4280.00 </div> </div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : PDTE70
Purpose of Expenditure Pitch gamification site and banner ads		Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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;"> <div style="display: flex; justify-content: space-between;"> 338785.00 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff	

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4220.00 </div> </div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : PDTE71
Purpose of Expenditure Planning and creation of aerial banners		Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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;"> <div style="display: flex; justify-content: space-between;"> 338785.00 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 0.00 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

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Thomas Adams

[Electronically Filed]

Date

Signature

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </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 Tigercomm [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7608.90</div>	
City Arlington	State VA		
Purpose of Expenditure Consulting for Press Announcement	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24A</div>	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		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;">338785.00</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>2013 Runoff</u>	

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">951.10</div>	
City Arlington	State VA		
Purpose of Expenditure Consulting for Press Announcement	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">24E</div>	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Edward Markey		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;">338785.00</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>2013 Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Thomas Adams

[Electronically Filed]

Signature

Date

07

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2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CE Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </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 M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Winning Connections, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 317 Pennsylvania Ave., SE, 2nd Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 55000.00 </div>
City Washington State DC Zip Code 20003		
Purpose of Expenditure Robocalls	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 435914.32		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special 2013

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
City State Zip Code		
Purpose of Expenditure	Category/Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 55000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 611007.32 </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.

Thomas Adams

Signature

[Electronically Filed]

Date

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