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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
NEA Advocacy Fund	C C00489815	
	g career	
Check if X 24-hour report 48-hour report X New report X Amends report filed on		
Full Name of Payee Hopkins Sachs	Date of Public Distribution/Dissemination	
	10 23 7 2014	
Mailing Address 189 Liberty Avenue NE	Amount	
City State Zip Code	15965.65	
Salem OR 97301	Transaction ID : B537031 Date of Disbursement or Obligation	
Purpose of Expenditure Design, printing and postage for mail Category/ Type	004	
Name of Federal Candidate Suppo	ort Office Sought: House District:	
Joni Ernst Oppos	Se President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 36040.49	Disbursement For: Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
Hopkins Sachs	10 23 / Y Y Y Y Y Y	
Mailing Address 189 Liberty Avenue NE	Amount	
City State Zip Code	25120.61	
Salem OR 97301	Transaction ID : B537030 Date of Disbursement or Obligation	
Purpose of Expenditure Design, printing and postage for mail Category/ Type	004 10 / 23 / 2014	
Name of Federal Candidate Suppo	ort Office Sought: House District:	
Dan Sullivan Oppos	se President X Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought 777931.98	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	41086.26	
(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.		
	Date 10 23 2014	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
NEA Advocacy Fund	C C00489815	
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Gumbinner Davies and Simpson	Date of Public Distribution/Dissemination	
Mailing Address 2001 S Street Suite 301	10 22 2014 Amount	
	-	
City State Zip Code Washington DC 20009	29933.81 Transaction ID : B537739 Date of Disbursement or Obligation	
Purpose of Expenditure Design, printing and postage for mail Category/ Type 004	10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Off	fice Sought: House District:	
Thom Tillis Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary	
Full Name of Payee Gumbinner Davies and Simpson	Date of Public Distribution/Dissemination	
Mailing Address 2001 S Street Suite 301	Amount	
City State Zip Code	29933.81	
Washington DC 20009	Transaction ID : B537740 Date of Disbursement or Obligation	
Purpose of Expenditure Design, printing and postage for mail Category/ Type O04	M 10	
Name of Federal Candidate Support Off	fice Sought: House District:	
Thom Tillis Oppose	President State: NC	
	sbursement For: Primary X General 114 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7 7	
(c) TOTAL Independent Expenditures	100953.88	
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.		
Michael Edwards [Electronically Filed] Date	10 23 2014	
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