| Image# 13941273515  |  |  | PAGE                                       | 1/24   |
|---|--|--|--|--|
| FEC AI  | EPORT OF IND DISBURS                                       | SEMENTS  | Office Use Only                            | Г  |
| 1. NAME OF TYP<br>COMMITTEE (in full)   | Pe or print ▼  | Example: If typing, typ<br>over the lines.   | e 12FE4M5                                  |  |
| CE Action Committee   |  |  |  |  |
|   |  |  |  |  |
| ADDRESS (number and street)   | 555 Capitol Mall, Suite 1425                               |  |  |  |
| Check if different than previously  | Sacramento   |  | CA95814                                    |  |
| reported. (ACC)   |  |  |  |  |
| 2. FEC IDENTIFICATION NUME  | BER V CITY   |  | STATE ZIP CODE                             |  |
| C C00542779   | 3. IS<br>RE  | THIS<br>PORT X (N)   | OR AMENDED (A)                             |  |
| <ul> <li>4. TYPE OF REPORT<br/>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15<br/>Quarterly Report (Q1)</li> <li>July 15<br/>Quarterly Report (Q2)</li> <li>October 15</li> </ul> | Report Due On: Mar 2                                       | 0 (M2) May 20<br>0 (M3) Jun 20<br>0 (M4) Jul 20<br>Primary (12P)<br>Convention (12C) | (M6) Sep 20 (M9) D<br>(M7) Oct 20 (M10) J  | ov 20 (M11)<br>lon-Election<br>ar Only)<br>ec 20 (M12)<br>lon-Election<br>aar Only)<br>an 31 (YE)<br>unoff (12R) |
| Quarterly Report (Q3)January 31Year-End Report (YE)July 31 Mid-YearReport (Non-election<br>Year Only) (MY)Termination Report<br>(TER)   | (d) 30-Day<br>POST-Election<br>Report for the:<br>Election | General (30G)  | Runoff (30R)                               | Decial (30S)   |
| 5. Covering Period 06   | / D D / Y Y Y<br>06 2013                                   | through  | M M / D D / Y Y Y Y<br>07 15 2013          |  |
| I certify that I have examined this F<br>Type or Print Name of Treasurer  | Report and to the best of r<br>Thomas Adams                | ny knowledge and belief i  | t is true, correct and complete.           |  |
| Signature of Treasurer Thomas A   | dams   | [Electronically Filed]   |  | 2013   |
| NOTE: Submission of false, erroneous  | , or incomplete information                                | may subject the person sig   | ning this Report to the penalties of 2 U.S | S.C. §437g.  |
| Office<br>Use<br>Only   |  |  | FEC FORM<br>Rev. 12/2004                   |  |

07/25/2013 17 : 45

| FEC Form 3X (Rev. 02/2003)   | SUMMARY PAGE<br>OF RECEIPTS AND DISBURSEMENTS | Page <b>2</b>                     |
|--|---|-----------------------------------|
| Write or Type Committee Name   |   |                                   |
| CE Action Committee  |   |                                   |
| Report Covering the Period: From:  | 06 / 06 / YEYEYEY<br>06 06 / 2013             | To: 07 15 2013                    |
|  | COLUMN A<br>This Period                       | COLUMN B<br>Calendar Year-to-Date |
| 6. (a) Cash on Hand<br>January 1, 2013   |   | 0.00                              |
| (b) Cash on Hand at<br>Beginning of Reporting Period   |   |                                   |
| (c) Total Receipts (from Line 19)  | 46250.00                                      | 1912892.90                        |
| <ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul> |   | 1912892.90                        |
| 7. Total Disbursements (from Line 31)  |   | 1774101.58                        |
| <ol> <li>Cash on Hand at Close of<br/>Reporting Period<br/>(subtract Line 7 from Line 6(d))</li> </ol>                         |   | 138791.32                         |
| <ol> <li>Debts and Obligations Owed <b>TO</b><br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D)</li> </ol>   |   |                                   |
| 0. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on   | -   |                                   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Schedule C and/or Schedule D) .....

#### For further information contact:

67112.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

# **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## **CE** Action Committee

| Report Covering the Period: From: 06                          | 06 2013 To                    | o: 07 15 2013                     |
|---|-------------------------------|-----------------------------------|
| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| Contributions (other than loans) From:                        |                               |                                   |
| (a) Individuals/Persons Other                                 |                               |                                   |
| Than Political Committees                                     | 21250.00                      | 1793292.90                        |
| (i) Itemized (use Schedule A)                                 | 7 7 7                         |                                   |
| (ii) Unitemized   | 0.00                          | 0.00                              |
| (iii) TOTAL (add  | 7 7 0.00                      |                                   |
| Lines 11(a)(i) and (ii)                                       | 21250.00                      | 1793292.90                        |
|   |                               |                                   |
| (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)▶                                   | 21250.00                      | 1793292.90                        |
| Transfers From Affiliated/Other                               |                               |                                   |
| Party Committees  | 0.00                          | 0.00                              |
|   | 0.00                          | 0.00                              |
| All Loans Received  |                               |                                   |
|   | 0.00                          |                                   |
| Loan Repayments Received                                      | 0.00                          | 0.00                              |
| Offsets To Operating Expenditures                             |                               |                                   |
| (Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5) | 0.00                          | 0.00                              |
| Refunds of Contributions Made                                 | 7 7 7                         |                                   |
| to Federal Candidates and Other                               |                               |                                   |
| Political Committees  | 0.00                          | 0.00                              |
| Other Federal Receipts  |                               |                                   |
| (Dividends, Interest, etc.)                                   | 25000.00                      | 119600.00                         |
| Transfers from Non-Federal and Levin Funds                    | 7 7 7                         |                                   |
| (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                              |
| Total Receipts (add Lines 11(d),                              | 46250.00                      | 1912892.90                        |
| 12, 13, 14, 15, 16, 17, and 18(c)) ►                          | 40230.00                      |                                   |

D. Total Federal Receipts
 (subtract Line 18(c) from Line 19).......

Page 3

# DETAILED SUMMARY PAGE

of Disbursements

|             | FEC Form 3X (Rev. 02/2003)   | of Disbursements              | Page 4                            |
|-------------|--|-------------------------------|-----------------------------------|
|             | II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| 1. O<br>(a  | perating Expenditures:<br>) Allocated Federal/Non-Federal<br>Activity (from Schedule H4) |                               | Calendar Year-to-Date             |
|             | (i) Federal Share  | 0.00                          | 0.00                              |
|             | (ii) Non-Federal Share   | 0.00                          | 0.00                              |
| (b          | , 1 5  | 56684.55                      | 209696.76                         |
| (c          | Expenditures<br>) Total Operating Expenditures   | 30004.33                      | 209030.70                         |
| 、 <b>-</b>  | (add 21(a)(i), (a)(ii), and (b))►  | 56684.55                      | 209696.76                         |
|             | ansfers to Affiliated/Other Party ommittees  | 0.00                          | 0.00                              |
| 3. Co<br>Fe | ontributions to<br>ederal Candidates/Committees<br>nd Other Political Committees         | 250000.00                     | 500000.00                         |
|             | dependent Expenditures   |                               |                                   |
| ), (u       | se Schedule E)<br>oordinated Party Expenditures  | 270817.50                     | 1027404.82                        |
| (2<br>(u    | U.S.C. §441a(d))<br>se Schedule F)   | 0.00                          | 0.00                              |
| 5. Lo       | oan Repayments Made  | 0.00                          | 0.00                              |
| 7. 10       | pans Made  | 0.00                          | 0.00                              |
| 3. R        | efunds of Contributions To:<br>Individuals/Persons Other<br>Than Political Committees    | 0.00                          | 0.00                              |
|             |  |                               |                                   |
| (b<br>(c    | ,  | 0.00                          | 0.00                              |
| (0          | (such as PACs)   | 0.00                          | 0.00                              |
| (d          | ) Total Contribution Refunds   |                               |                                   |
|             | (add Lines 28(a), (b), and (c))►   | 0.00                          | 0.00                              |
| 9. O        | ther Disbursements   | -22000.00                     | 37000.00                          |
| ). Fe       | ederal Election Activity (2 U.S.C. §431(20))   |                               |                                   |
| (a          | <ul> <li>Allocated Federal Election Activity<br/>(from Schedule H6)</li> </ul>           |                               |                                   |
|             | (i) Federal Share  | 0.00                          | 0.00                              |
|             | (ii) "Levin" Share   | 0.00                          | 0.00                              |
| (b          | ) Federal Election Activity Paid Entirely<br>With Federal Funds                          | 0.00                          | 0.00                              |
| (c          |  |                               |                                   |
|             | Lines 30(a)(i), 30(a)(ii) and 30(b))►  | 0.00                          | 0.00                              |
|             | otal Disbursements (add Lines 21(c), 22,   |                               |                                   |
| 23          | 3, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 555502.05                     | 1774101.58                        |
|             | tal Federal Disbursements  |                               |                                   |
|             | ubtract Line 21(a)(ii) and Line 30(a)(ii)<br>om Line 31)                                 | 555502.05                     | 1774101.58                        |
|             |  |                               |                                   |

FE6AN026

L

# **DETAILED SUMMARY PAGE**

of Disbursements

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| <ol> <li>Total Contributions (other than loans)<br/>(from Line 11(d), page 3)</li> </ol>     | 21250.00                      | 1793292.90                        |
| <ol> <li>Total Contribution Refunds<br/>(from Line 28(d))</li> </ol>                         | 0.00                          | 0.00                              |
| <ol> <li>Net Contributions (other than loans)<br/>(subtract Line 34 from Line 33)</li> </ol> | 21250.00                      | 1793292.90                        |
| 6. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))►               | 56684.55                      | 209696.76                         |
| <ol> <li>Offsets to Operating Expenditures<br/>(from Line 15, page 3)</li> </ol>             | 0.00                          | 0.00                              |
| 8. Net Operating Expenditures<br>(subtract Line 37 from Line 36)                             | 56684.55                      | 209696.76                         |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
|---|---|---|
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na |   |   |
| NAME OF COMMITTEE (In Full)<br>CE Action Committee  |   |   |
| Full Name (Last, First, Middle Initial) A. NextGen Action   |   | Date of Receipt   |
| Mailing Address 351 California Street, Suite 1200   |   | M M / D D / Y Y Y Y Y<br>06 11 2013   |
| City  | State Zip Code                                    | Transaction ID : INCA121  |
| San Francisco   | CA 94104  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С   | 6250.00   |
| Name of Employer C  | Occupation  |   |
|   | Aggregate Year-to-Date ▼                          |   |
| Primary General<br>Other (specify) ▼  | 41500.00  | ]   |
| Full Name (Last, First, Middle Initial) B. NextGen Action   |   | Date of Receipt   |
| Mailing Address 351 California Street, Suite 1200   |   | 06 11 _2013 _   |
| City  | State Zip Code                                    | Transaction ID : INCA122  |
| San Francisco   | CA 94104  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 12500.00  |
| Name of Employer C  | Occupation  |   |
| Receipt For:  | Aggregate Year-to-Date ▼                          |   |
| Primary General<br>Other (specify) ▼  | 41500.00  | ]   |
| Full Name (Last, First, Middle Initial)   |   | Date of Receipt   |
| Mailing Address 351 California Street, Suite 1200   |   | 06 30 Y Y Y Y Y<br>2013   |
| City<br>San Francisco   | State Zip Code<br>CA 94104                        | Transaction ID : NONA204  |
|   | GA 94104  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 2500.00   |
| Name of Employer C  | Decupation  |   |
|   | Aggregate Year-to-Date ▼                          |   |
| Other (specify) ▼   | 41500.00  | ]   |
| SUBTOTAL of Receipts This Page (optional)   |   | 21250.00  |
| TOTAL This Period (last page this line number only  | /)  | ▶ 21250.00  |

## :97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: SA11AI Transaction ID : INCA121

In-kind contribution: Consulting Services

Form/Schedule: SA11AI Transaction ID: INCA122 In-kind contribution: Consulting Services

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$                                      |
|--|--|--|
|  | nd Statements may not be sold or used by any p<br>g the name and address of any political committe | person for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)<br>CE Action Committee   |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Mark Fabiani, LLC<br>Mailing Address 939 Coast Blvd., Suite 41<br>City<br>La Jolla   | D<br>State Zip Code<br>CA 92037  | Date of Receipt<br>06 24 2013 Transaction ID : INCA182<br>Amount of Each Receipt this Period |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>Receipt For:  | C<br>Occupation<br>Aggregate Year-to-Date ▼  | 25000.00<br>Consulting; Void Check   |
| Cother (specify) ▼<br>Full Name (Last, First, Middle Initial)<br>B.<br>Mailing Address   | 25000.00   | Date of Receipt  |
| City<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>Receipt For:<br>□ Primary □ General<br>Other (specify) ▼  | State     Zip Code       C     Occupation       Aggregate Year-to-Date ▼                           | Amount of Each Receipt this Period   |
| Full Name (Last, First, Middle Initial)         C.         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼ | State     Zip Code       C     Occupation       Aggregate Year-to-Date ▼                           | Date of Receipt  |
|  | ıl)  | 25000.00   |

| S           | CHEDULE B (FEC Form 3X)   |  | F         | FOR LINE NUMBER: PAGE 9 OF 24 |           |   |        |           |           |      |          |        |  |  |  |  |  |
|-------------|---|--|-----------|-------------------------------|-----------|---|--------|-----------|-----------|------|----------|--------|--|--|--|--|--|
| IT          | EMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the |           | hec                           | k only    | nly one)  |        |           |           |      |          |        |  |  |  |  |  |
|             |   | Detailed Summary Page                                |           | ×                             | 21b<br>27 | 22<br>28a                                       |        | 23<br>28b | 24<br>28c |      | 25<br>29 | 26     |  |  |  |  |  |
|             | y information copied from such Reports and States<br>for commercial purposes, other than using the name |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | CE Action Committee   |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | Full Name (Last, First, Middle Initial)   |  |           | _                             |           |   |        |           |           |      |          |        |  |  |  |  |  |
| Α.          | Mark Fabiani, LLC   |  |           |                               |           | Date of Disbursement                            |        |           |           |      |          |        |  |  |  |  |  |
|             | Mailing Address 939 Coast Blvd., Suite 4D   |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | City  | State Zip Code                                       |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | La Jolla  | CA 92037   |           |                               |           | Transaction ID : EXPB183                        |        |           |           |      |          |        |  |  |  |  |  |
|             | Purpose of Disbursement<br>Consulting; Reissuance of void check for independ                            | ent expenditure previously                           | 2         | 4A                            |           | Amoun   | t of I | Each      | Dichuroo  | mont | thio     | Doriod |  |  |  |  |  |
|             | disclosed<br>Candidate Name   |  |           |                               |           | Amoun   |        | Lach      | Disburse  | nent | uns      | renou  |  |  |  |  |  |
|             |   |  | Cate<br>T | egoi<br>ype                   | ry/       | L.  |        | ,         | 7         | 2    | 25000    | 0.00   |  |  |  |  |  |
|             |   | ment For:  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | Senate  | Primary General                                      |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | State: District:  | Other (specify)                                      |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
| _           | Full Name (Last, First, Middle Initial)   |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
| в.          |   |  |           |                               |           | Date of   | f Dis  | burse     | ment      |      |          |        |  |  |  |  |  |
|             |   |  |           |                               |           | M M   | /      | D         | D / 1     | Y    | Y        | Y      |  |  |  |  |  |
|             | Mailing Address 351 California Street, Suite 1200   |  |           |                               |           | 06  |        | 3         | 0         | 20   | 013      |        |  |  |  |  |  |
|             | City<br>San Francisco   | State Zip Code<br>CA 94104                           |           | Transaction ID : NONB204      |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | Purpose of Disbursement   | 94104  |           | _                             | _         | -   |        |           |           |      |          |        |  |  |  |  |  |
|             | In-kind Contribution: Campaign finance manageme   | ent  |           |                               |           |   |        | Each      | Disburse  | ment | this     | Period |  |  |  |  |  |
|             | Candidate Name  |  | Cate<br>T | egoi<br>ype                   | ry/       | Amount of Each Disbursement this Period 2500.00 |        |           |           |      |          |        |  |  |  |  |  |
|             | Senate President  | ment For:<br>Primary General<br>Other (specify) ▼    |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | State: District:  |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
| C.          | Full Name (Last, First, Middle Initial)<br>Olson Hagel & Fishburn, LLP                                  |  |           |                               |           | Date of   | f Dis  |           |           |      |          |        |  |  |  |  |  |
|             | Mailing Address 555 Capitol Mall, Suite 1425  |  |           |                               |           | 06  | /      | D<br>14   |           |      | )13      | Y      |  |  |  |  |  |
|             | 5   | State Zip Code                                       |           |                               |           | Trans   | sactio | on ID     | : EXPB1   | 62   |          |        |  |  |  |  |  |
|             | Sacramento Purpose of Disbursement  | CA 95814   |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | Legal & Reporting Services  |  | 0         | 01                            |           | Amoun   | t of I | Each      | Dichurco  | mont | thic     | Poriod |  |  |  |  |  |
|             | Candidate Name  |  | Cate      |                               | ry/       | Amount of Each Disbursement this Period 5633.83 |        |           |           |      |          |        |  |  |  |  |  |
|             | Office Sought: House Disburser  | ment For:  |           |                               |           |   |        | 7         | 7         |      |          |        |  |  |  |  |  |
|             | Senate  | Primary General                                      |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
|             | President   | Other (specify)                                      |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
| _           | State: District:  |  |           |                               |           |   |        |           |           |      |          |        |  |  |  |  |  |
| s           | UBTOTAL of Disbursements This Page (optional)   |  |           |                               |           |   |        | ,         |           | 3    | 33133    | .83    |  |  |  |  |  |
| Т           | OTAL This Period (last page this line number only   | )  |           |                               |           |   |        | , .       | -         |      |          |        |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |   | NE NUMBER: PAGE 10 OF 2 |          |           |            |          |           |         |        |          |           |  |
|---|---|-------------------------|----------|-----------|------------|----------|-----------|---------|--------|----------|-----------|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the      |                         | eck<br>X | only o    | one)<br>22 | <br>] 2⊑ |           |         |        |          |           |  |
|   | Detailed Summary Page                                     |                         |          | 21b<br>27 | 22<br>28a  |          | 23<br>28b | 24      | .      | 25<br>29 | 26<br>30b |  |
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| NAME OF COMMITTEE (In Full)   |   |                         |          |           |            |          |           |         |        |          |           |  |
| CE Action Committee   |   |                         |          |           |            |          |           |         |        |          |           |  |
| Full Name (Last, First, Middle Initial)<br>A. Olson Hagel & Fishburn, LLP                                 |   |                         |          |           | Date of    | Disl     | bursei    | ment    |        |          |           |  |
| Mailing Address 555 Capitol Mall, Suite 1425  |   |                         |          |           | м м<br>07  | /        | D<br>15   |         |        | 013      | Y         |  |
| City<br>Sacramento  | StateZip CodeCA95814                                      |                         |          |           | Trans      | actio    | on ID     | : EXPB  | 184    |          |           |  |
| Purpose of Disbursement<br>Legal & Reporting Services   |   | 00                      | )1       |           | Amount     | of E     | Each      | Disburs | emen   | t this I | Period    |  |
| Candidate Name  |   | Cate<br>Ty              |          | /         |            |          |           |         |        | 23550    | .72       |  |
| Office Sought: House Disburse<br>Senate President   | ement For:<br>Primary General<br>Other (specify) <b>v</b> |                         | ·        |           |            |          | ,         | ,       |        |          |           |  |
| State: District:  | _   |                         |          |           |            |          |           |         |        |          |           |  |
| Full Name (Last, First, Middle Initial)<br>B.   |   |                         |          |           | Date of    | Disl     | burse     |         | N. N   | Ý        | V         |  |
| Mailing Address   |   |                         |          |           | M = M      | /        |           |         | Y = Y  | Ŷ        | Ŷ         |  |
| City  | State Zip Code  |                         |          |           |            |          |           |         |        |          |           |  |
| Purpose of Disbursement   |   |                         |          |           | Amount     | of E     | Each      | Disburs | emen   | t this I | Period    |  |
| Candidate Name  |   | Cateo<br>Ty             |          | /         |            |          | ,         |         |        |          |           |  |
| Office Sought: House Disburse<br>Senate President   | ement For:<br>Primary General<br>Other (specify)          |                         | <u> </u> |           |            |          |           |         |        |          |           |  |
| State: District:  |   |                         |          |           |            |          |           |         |        |          |           |  |
| Full Name (Last, First, Middle Initial)   |   |                         |          |           | Date of    | Disl     | burse     |         | N. N   | Ý        | V         |  |
| Mailing Address   |   |                         |          |           |            | /        |           |         | -      |          | T         |  |
| City  | State Zip Code  |                         |          |           |            |          |           |         |        |          |           |  |
| Purpose of Disbursement   | 1   | -                       | -        |           | Amount     | of       | Fach      | Diebure | amor   | t thin ! | Deriod    |  |
| Candidate Name  |   | Cate<br>Ty              |          | /         | Amount     |          |           | DISDUIS | enteri | t tins i | enou      |  |
| Senate<br>President   | ement For:<br>Primary General<br>Other (specify) ▼        |                         |          |           |            |          | ,         |         |        |          |           |  |
| State: District:  |   |                         |          |           |            |          |           |         |        |          |           |  |
| SUBTOTAL of Disbursements This Page (optional)  |   |                         |          |           |            |          | ,         | ,       | _      | 23550    | .72       |  |
| TOTAL This Period (last page this line number onl   | у)  |                         |          |           | L.         |          | 7         | 7       |        | 56684    | .55       |  |

| SCHEDULE B (FEC Form 3X)   | NE NUMBER: PAGE 11 OF 24                          |                   |   |  |  |  |  |  |  |  |
|--|---|-------------------|---|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check o          | nly one)  |  |  |  |  |  |  |  |
|  | Detailed Summary Page                             | 2                 | 1b         22         X         23         24         25         26           7         28a         28b         28c         29         30 |  |  |  |  |  |  |  |
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the |   | ed by any p       | person for the purpose of soliciting contributions  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |                   |   |  |  |  |  |  |  |  |
| CE Action Committee  |   |                   |   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |   |                   |   |  |  |  |  |  |  |  |
| A. LCV Victory Fund  |   |                   | Date of Disbursement  |  |  |  |  |  |  |  |
| Mailing Address 1920 L Street, NW, Suite 800   |   |                   | 06 / D D / Y Y Y Y<br>2013  |  |  |  |  |  |  |  |
| City   | State Zip Code                                    |                   | Transaction ID : EXPB115  |  |  |  |  |  |  |  |
| Washington<br>Purpose of Disbursement  | DC 20036  |                   |   |  |  |  |  |  |  |  |
| Contribution   |   | 011               | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |
| Candidate Name   |   | Category/         | 250000.00   |  |  |  |  |  |  |  |
| LCV Victory Fund   |   | Туре              | 230000.00   |  |  |  |  |  |  |  |
| Office Sought: House Disbur<br>Senate President  | sement For:<br>Primary General<br>Other (specify) |                   |   |  |  |  |  |  |  |  |
| State: District:   |   |                   |   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>B.  |   |                   | Date of Disbursement  |  |  |  |  |  |  |  |
|  |   |                   |   |  |  |  |  |  |  |  |
| Mailing Address  |   |                   |   |  |  |  |  |  |  |  |
| City   | State Zip Code                                    |                   |   |  |  |  |  |  |  |  |
| Purpose of Disbursement  |   |                   | Amount of Each Dishumomout this Deviad  |  |  |  |  |  |  |  |
| Candidate Name   |   | Category/         | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |
| Office Sought: House Disbur  | sement For:                                       | Туре              |   |  |  |  |  |  |  |  |
| Office Sought: House Disbur<br>Senate President  | Primary General<br>Other (specify)                |                   |   |  |  |  |  |  |  |  |
| State: District:   |   |                   |   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |   |                   | Date of Disbursement  |  |  |  |  |  |  |  |
| Mailing Address  |   |                   |   |  |  |  |  |  |  |  |
| City   | State Zip Code                                    |                   |   |  |  |  |  |  |  |  |
| Purpose of Disbursement  |   |                   | 1   |  |  |  |  |  |  |  |
| Candidate Name   |   | Category/<br>Type | Amount of Each Disbursement this Period   |  |  |  |  |  |  |  |
| Office Sought: House Disbur<br>Senate President  | sement For:<br>Primary General<br>Other (specify) |                   |   |  |  |  |  |  |  |  |
| State: District:   |   |                   |   |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optiona   | l)  |                   | 250000.00   |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number of   | nly)  |                   | 250000.00   |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X) |                |          |                                      |           |            |   |                                       |     | OR            | LIN       | ΕN                      | NUMBER: PAGE 12 OF 24                   |          |           |     |           |           |          |           |  |  |  |
|--------------------------|----------------|----------|--------------------------------------|-----------|------------|---|---------------------------------------|-----|---------------|-----------|-------------------------|---|----------|-----------|-----|-----------|-----------|----------|-----------|--|--|--|
| ITEM                     | IZED DIS       | SBU      | RSEME                                | NTS       |            | Use separate schedule(s) for each category of the | ) (                                   | che | ck or         | · -       |                         | _                                       | ] 00     | Г         |     |           | 105       |          |           |  |  |  |
|                          |                |          |                                      |           |            |   | Detailed Summary Page                 |     |               | 21l<br>27 |                         | 22<br>                                  | $\vdash$ | 23<br>28b | ┝   | 24<br>28c | ×         | 25<br>29 | 26<br>30b |  |  |  |
|                          |                |          |                                      |           |            |   | not be sold or u<br>ress of any polit |     |               | iy pe     |                         |   |          |           |     | solicitii | ng co     | ntribu   | tions     |  |  |  |
|                          | IE OF COM      |          | . ,                                  |           |            |   |                                       |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
| $\backslash$             | E Action (     |          |                                      |           |            |   |                                       |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
|                          | Name (Last,    |          |                                      |           |            |   |                                       |     |               |           |                         | Data                                    | ( D:     |           |     |           |           |          |           |  |  |  |
| A. Sa                    | dler Stra      | itegic   | : Media,                             | Inc.      |            |   |                                       |     |               |           |                         | Date o                                  | _        |           |     |           | · · · · · | Y        |           |  |  |  |
| Maili                    | ing Address    | 12103    | Viewcrest F                          | Road      |            |   |                                       |     |               |           |                         | 06                                      |          | D         | 14  |           |           | 013      | Ţ         |  |  |  |
| City                     | lio City       |          |                                      |           | ç          | State<br>CA                                       | Zip Code<br>91604                     |     |               |           | Transaction ID : EXPB91 |   |          |           |     |           |           |          |           |  |  |  |
| Purp                     | ose of Disbu   |          |                                      |           |            |   |                                       | _   | _             | _         | -                       |   |          |           |     |           |           |          |           |  |  |  |
| cur                      | set for indepe |          | expenditure                          | e paid in | prior per  | iod and dise                                      | seminated in                          |     | 24A           | · .       |                         | Amoun                                   | t of     | Each      | D   | isburse   | ment      | this     | Period    |  |  |  |
|                          | didate Name    | •        |                                      |           |            |   |                                       |     | itego<br>Type |           |                         |   |          | ,         |     | ,         | -         | 22000    | 0.00      |  |  |  |
| Offic                    | e Sought:      |          | House<br>Senate<br>President         |           | Disburser  | ment For:<br>Primary<br>Other (spe                | General<br>cify) ▼                    |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
| State                    | -              | Distr    |                                      |           |            |   |                                       |     |               |           | _                       |   |          |           |     |           |           |          |           |  |  |  |
| Full<br>B.               | Name (Last,    | , First, | Middle Initia                        | al)       |            |   |                                       |     |               |           |                         | Date o                                  | f Di     | sburs     | err | nent      |           |          |           |  |  |  |
| N.4 - 11                 |                |          |                                      |           |            |   |                                       |     |               |           | _                       | M M                                     | /        | D         | D   | /         | Y Y       | Y        | Y         |  |  |  |
| Maii                     | ing Address    |          |                                      |           |            |   |                                       |     |               |           |                         |   | 1        |           |     |           | -         |          |           |  |  |  |
| City                     |                |          |                                      |           | (          | State   | Zip Code                              |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
| Purp                     | ose of Disbu   | urseme   | nt                                   |           |            |   |                                       |     |               |           |                         | Amour                                   | t of     | Each      |     | lichurco  | mont      | thic     | Poriod    |  |  |  |
| Can                      | didate Name    | •        |                                      |           |            |   |                                       | 6   | itego         |           |                         | Amount of Each Disbursement this Period |          |           |     |           |           |          |           |  |  |  |
|                          |                |          |                                      |           |            |   |                                       |     | Туре          |           |                         |   |          |           |     |           |           |          |           |  |  |  |
| Offic                    | e Sought:      |          | House<br>Senate<br>President         |           | Disburser  | ment For:<br>Primary<br>Other (spe                | General<br>cify) ▼                    |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
| State                    | e:             | Distr    | ict:                                 |           |            |   |                                       |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
| Full<br><b>C.</b>        | Name (Last,    | First,   | Middle Initia                        | al)       |            |   |                                       |     |               |           |                         | Date o                                  | f Di     | sburs     | err | nent      |           |          |           |  |  |  |
| Mail                     | ing Address    |          |                                      |           |            |   |                                       |     |               |           |                         | M M                                     | /        | D         | D   | /         | Y Y       | Y        | Y         |  |  |  |
| City                     |                |          |                                      |           | (          | State   | Zip Code                              |     |               |           | +                       |   |          |           |     |           |           |          |           |  |  |  |
| Purp                     | oose of Disbu  | urseme   | nt                                   |           |            |   |                                       |     | _             |           | -                       |   |          | _ ·       | -   |           |           |          | Devi 1    |  |  |  |
| Can                      | didate Name    | )        |                                      |           |            |   |                                       |     | itego<br>Type |           |                         | Amoun                                   | t of     | Each      | D   | isburse   | ment      | : this   | Period    |  |  |  |
| Offic                    | e Sought:      | Distr    | House<br>Senate<br>President<br>ict: |           | Disburser  | nent For:<br>Primary<br>Other (spe                | General<br>cify) ▼                    |     |               |           |                         |   |          |           |     |           |           |          |           |  |  |  |
|                          |                | 2100     |                                      |           |            |   |                                       |     |               |           |                         | _                                       | -        | _         |     | _         | _         | _        | _         |  |  |  |
| SUBT                     | OTAL of Dis    | bursem   | nents This F                         | Page (c   | ptional)   |   |                                       |     |               | 🕨         |                         | Ŀ                                       | _        | 7         |     |           | -3        | 22000    | 0.00      |  |  |  |
| ΤΟΤΑΙ                    | L This Period  | d (last  | page this li                         | ne num    | nber only) | )   |                                       |     |               |           |                         | L.                                      |          | 7         | _   |           | -2        | 22000    | 0.00      |  |  |  |

| SCHEDULE D (FEC Form 3X)       Item of the product of the prod product of the product of the product of the prod pro |
|--|
| DEBTS AND OBLIGATIONS       It als beginning in the period i |
| Excluding Loans     for each numbered line)     (check only one)     9     10       NME OF COMMITTEE (In Full)     CE Action Committee     Nature of Debt (Purpose):     Campaign Research       A. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):     Campaign Research       Mailing Address     360 Grand Avenue, Suite 138     City     State     Zip Code       Outstanding Balance Beginning This Period     Transaction ID : PAYD116     Outstanding Balance at Close of This Period       Debt (Purpose):     Lehane, Erin     Nature of Debt (Purpose):     Campaign Research       Mailing Address     2247 Clay Street     Outstanding Balance Beginning This Period     Outstanding Balance at Close of This Period       Mailing Address     2247 Clay Street     City     State     Zip Code       San Francisco     CA     94115     Outstanding Balance at Close of This Period       Outstanding Balance Beginning This Period     0.00     Could Code     2500.00       Amount Incurred This Period     0.00     0.00     0.00     2500.00       City     State     Zip Code     0.00     2500.00       City     State     Zip Code     0.00     2500.00       Mailing Address     2247 Clay Street     Travel Expenses     Travel Expenses       City     State     Zip C  |
| NAME OF COMMITTEE (In Full)<br>CE Action Committee       Image: Committee         A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>HSC, Inc.       Nature of Debt (Purpose):<br>Campaign Research         Mailing Address       360 Grand Avenue, Suite 138         City       State         Outstanding Balance Beginning This Period       Transaction ID : PAYD116         Outstanding Balance Beginning This Period       0.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       0.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):<br>Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         0.00       0.00       0.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):<br>Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Mailing Address       2247 Clay Street </th  |
| CE Action Committee         A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>HSC, Inc.         Mailing Address       360 Grand Avenue, Suite 138         City       State       Zip Code         Oakland       CA       94610         Outstanding Balance Beginning This Period       Transaction ID : PAYD116         Outstanding Balance Beginning This Period       0.00         A. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Transaction ID : PAYD172       2500.00         Amount Incurred This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Transaction ID : PAYD172       2500.00         C. Full Name (Last, First, Middle Initial)   |
| HSC, Inc.       Campaign Research         Mailing Address       360 Grand Avenue, Suite 138         City       State       Zip Code         Outstanding Balance Beginning This Period       Transaction ID : PAYD116         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Payment This Period         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Payment This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Dutstanding Balance Beginning This Period  |
| HSC, Inc.       Campaign Research         Mailing Address       360 Grand Avenue, Suite 138         City       State       Zip Code         Outstanding Balance Beginning This Period       Transaction ID : PAYD116         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Payment This Period         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Payment This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Dutstanding Balance Beginning This Period  |
| Mailing Address       360 Grand Avenue, Suite 138         City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       0.00       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):<br>Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         City       State       Zip Code         Amount Incurred This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):<br>Travel Expenses         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173   |
| City       State       Zip Code         Odustanding Balance Beginning This Period       Transaction ID : PAYD116         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Charter of Debt (Purpose):         Lehane, Erin       Payment This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Travel Expenses         Mailing Address       2247 Clay Street       City       State       Zip Code         San Francisco       CA       94115       Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| Oakland       CA       94610         Outstanding Balance Beginning This Period       Transaction ID : PAYD116         20000.00       Amount Incurred This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       0.00       0.00       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Press Consulting         Mailing Address       2247 Clay Street       City       State       Zip Code         San Francisco       CA       94115       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Eleginning This Period       0.00       0.00       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Travel Expenses         Mailing Address       2247 Clay Street       Travel Expenses       Travel Expenses         City       State       Zip Code       State       Zip Code         San Francisco       CA       94115       Transaction ID : PAYD173   |
| Oakland       CA       94610         Outstanding Balance Beginning This Period       Transaction ID : PAYD116         20000.00       Amount Incurred This Period       Payment This Period         0.00       0.00       0.00       Outstanding Balance at Close of This Period         0.00       0.00       0.00       20000.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       0.00       2500.00         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Transaction ID : PAYD173         Mailing Address       2247 Clay Street       City       State       Zip Code         San Francisco       CA       94115       Transaction ID :   |
| Cutstanding Balance Beginning This Period       20000.00         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173   |
| Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       20000.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Press Consulting         Mailing Address       2247 Clay Street       Payment This Period       Nature of Debt (Purpose):         City       State       Zip Code       Payment This Period       Payment This Period         Outstanding Balance Beginning This Period       Catstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       0.00       2500.00         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):       Travel Expenses         Mailing Address       2247 Clay Street       Payment This Period       Travel Expenses         City       State       Zip Code       Transaction ID : PAYD173         Outstanding Balance Beginning This Period       Code       Transaction ID : PAYD173  |
| 0.00       0.00       20000.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Lehane, Erin       Nature of Debt (Purpose):<br>Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code<br>San Francisco         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       0.00       0.00         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<br>Lehane, Erin       Nature of Debt (Purpose):<br>Travel Expenses         Mailing Address       2247 Clay Street       Transaction ID : PAYD173         City       State       Zip Code<br>San Francisco       Transaction ID : PAYD173   |
| 0.00       0.00       20000.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Lehane, Erin       Nature of Debt (Purpose):<br>Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code<br>San Francisco         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       0.00       0.00         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<br>Lehane, Erin       Nature of Debt (Purpose):<br>Travel Expenses         Mailing Address       2247 Clay Street       Transaction ID : PAYD173         City       State       Zip Code<br>San Francisco       Transaction ID : PAYD173   |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Mailing Address       2247 Clay Street       Travel Expenses         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| Lehane, Erin       Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       Amount Incurred This Period       Payment This Period         0.00       0.00       0.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173   |
| Lehane, Erin       Press Consulting         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       Amount Incurred This Period       Payment This Period         0.00       0.00       0.00         C       Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):       Travel Expenses         Mailing Address       2247 Clay Street       City       State       Zip Code         San Francisco       CA       94115       Transaction ID : PAYD173  |
| City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       Amount Incurred This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       0.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Native of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173   |
| City     State     Zip Code       San Francisco     CA     94115       Outstanding Balance Beginning This Period     Transaction ID : PAYD172       2500.00     Amount Incurred This Period     Payment This Period       0.00     0.00     0.00       C. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Lehane, Erin     Nature of Debt (Purpose):       Mailing Address     2247 Clay Street       City     State     Zip Code       San Francisco     CA     94115   |
| San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       Amount Incurred This Period       Payment This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| Outstanding Balance Beginning This Period       Transaction ID : PAYD172         2500.00       Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Travel Expenses         Mailing Address       2247 Clay Street       Travel Expenses       Travel Expenses         Outstanding Balance Beginning This Period       Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| 2500.00       Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Lehane, Erin       Nature of Debt (Purpose):         Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         0.00       0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       Travel Expenses         Mailing Address       2247 Clay Street       Travel Expenses         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173   |
| 0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Lehane, Erin       Nature of Debt (Purpose):<br>Travel Expenses         Mailing Address       2247 Clay Street         City       State       Zip Code<br>San Francisco         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| 0.00       0.00       2500.00         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Lehane, Erin       Nature of Debt (Purpose):<br>Travel Expenses         Mailing Address       2247 Clay Street         City       State       Zip Code<br>San Francisco         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173  |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Lehane, Erin     Travel Expenses       Mailing Address     2247 Clay Street       City     State     Zip Code       San Francisco     CA     94115       Outstanding Balance Beginning This Period     Transaction ID : PAYD173   |
| Lehane, Erin     Travel Expenses       Mailing Address     2247 Clay Street       City     State     Zip Code       San Francisco     CA     94115       Outstanding Balance Beginning This Period     Transaction ID : PAYD173  |
| Mailing Address       2247 Clay Street         City       State       Zip Code         San Francisco       CA       94115         Outstanding Balance Beginning This Period       Transaction ID : PAYD173   |
| City     State     Zip Code       San Francisco     CA     94115       Outstanding Balance Beginning This Period     Transaction ID : PAYD173  |
| City     State     Zip Code       San Francisco     CA     94115       Outstanding Balance Beginning This Period     Transaction ID : PAYD173  |
| San Francisco     CA     94115       Outstanding Balance Beginning This Period     Transaction ID : PAYD173  |
| Outstanding Balance Beginning This Period     Transaction ID : PAYD173   |
|  |
| 1860.00  |
|  |
| Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  |
| 0.00 0.00 1860.00  |
|  |
| 1) SUBTOTALS This Period This Page (ontional)  |
| 1) SUBTOTALS This Period This Page (optional)  |
| 2) TOTALS This Period (last page this line number only)  |
|  |
|  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)  |

| mage# 13941273528                                   |                          |                           |                           |                                    |
|---|--------------------------|---------------------------|---------------------------|------------------------------------|
| SCHEDULE D (FEC Form 3X)                            |                          | (1)                       |                           | PAGE 14 OF 24                      |
| DEBTS AND OBLIGATIONS                               |                          | se separate<br>chedule(s) |                           |                                    |
|   |                          | for each<br>nbered line)  | (check only one) 9        |                                    |
| NAME OF COMMITTEE (In Full)                         |                          |                           |                           | X 10                               |
| CE Action Committee                                 |                          |                           |                           |                                    |
|   |                          |                           |                           |                                    |
| A. Full Name (Last, First, Middle Initial) of Debt  | or or Creditor           |                           | Nature of D<br>Press Cons | ebt (Purpose):<br>sulting          |
| Lehane, Erin  |                          |                           |                           | ũ                                  |
| Mailing Address 2247 Clay Street                    |                          |                           | _                         |                                    |
| City State  | Zip Code                 |                           | _                         |                                    |
| San Francisco                                       | CA 94115                 | 5                         |                           |                                    |
| Outstanding Balance Beginning This Period           |                          |                           | Transacti                 | on ID : PAYD174                    |
| 2500.00   |                          |                           |                           |                                    |
|   |                          |                           |                           |                                    |
| Amount Incurred This Period                         | Payment This             | Period                    | Outstandi                 | ng Balance at Close of This Period |
| 0.00  |                          | 0.00                      |                           | 2500.00                            |
| B. Full Name (Last, First, Middle Initial) of Debto | r or Creditor            |                           | Nature of D               | ebt (Purpose):                     |
| Lehane, Erin  |                          |                           | Travel Exp                |                                    |
|   |                          |                           | _                         |                                    |
| Mailing Address 2247 Clay Street                    |                          |                           |                           |                                    |
| City State  | Zip Code                 |                           | _                         |                                    |
| San Francisco                                       | CA 94115                 | 5                         |                           |                                    |
| Outstanding Balance Beginning This Period           |                          |                           | Transact                  | tion ID : PAYD175                  |
| 492.00  |                          |                           |                           |                                    |
| Amount Incurred This Period                         | Payment This             | Period                    | Outstandi                 | ng Balance at Close of This Period |
|   |                          |                           |                           | 492.00                             |
| 0.00  |                          | 0.00                      |                           | 1 1 1                              |
| C. Full Name (Last, First, Middle Initial) of Debt  | or or Creditor           |                           | Nature of D               | ebt (Purpose):                     |
| Markham Group, LLC                                  |                          |                           | Lawn sign                 | creation & distribution            |
| Mailing Address 1000 West 3rd Street                |                          |                           | _                         |                                    |
| Mailing Address 1000 West 3rd Street                |                          |                           |                           |                                    |
| City  | State Zip Cod            | е                         | _                         |                                    |
| Little Rock   | AR 72201                 |                           |                           |                                    |
| Outstanding Balance Beginning This Period           |                          |                           | Transact                  | tion ID : PAYD113                  |
| 60000.00  |                          |                           |                           |                                    |
| Amount Incurred This Period                         | Payment This             | Period                    | Outstandi                 | ng Balance at Close of This Period |
| 0.00  |                          | 60000.00                  | 1                         | 0.00                               |
|   |                          |                           |                           | <u></u>                            |
|   |                          |                           | _                         | 0000.00                            |
| 1) SUBTOTALS This Period This Page (optional)       |                          | <b>&gt;</b>               |                           | 2992.00                            |
| 2) TOTALS This Period (last page this line numbe    | r only)                  |                           |                           |                                    |
|   |                          |                           |                           |                                    |
| 3) TOTAL OUTSTANDING LOANS from Schedule            | C (last page only)       |                           |                           | 5                                  |
| 4) ADD 2) and 3) and carry forward to appropriate   | line of Summary Page (la | st page only)             |                           |                                    |
|   | , , ,                    |                           |                           | 7 7 7                              |

| mage# 13941273529  |                    |          |                          |  |
|--|--------------------|----------|--------------------------|--|
| SCHEDULE D (FEC Form 3X)   |                    | (1)5     | o conarato               | PAGE 15 OF 24                              |
| DEBTS AND OBLIGATIONS  |                    |          | e separate<br>hedule(s)  | FOR LINE NUMBER:<br>(check only one) 9     |
|  |                    |          | for each<br>hbered line) |  |
| NAME OF COMMITTEE (In Full)  |                    |          |                          | X 10                                       |
| CE Action Committee  |                    |          |                          |  |
|  |                    |          |                          |  |
| A. Full Name (Last, First, Middle Initial) of Debto                        | r or Creditor      |          |                          | ebt (Purpose):<br>ners & Production        |
| Sadler Strategic Media, Inc.   |                    |          |                          |  |
| Mailing Address 12103 Viewcrest Road                                       |                    |          | 1                        |  |
| City State   | Zip Code           |          | -                        |  |
| Studio City  | CA 9160            | )4       |                          |  |
| Outstanding Balance Beginning This Period                                  |                    |          | Transacti                | on ID : PAYD159                            |
| 40200.00   |                    |          |                          |  |
|  |                    |          |                          |  |
| Amount Incurred This Period  | Payment This       | ; Period | Outstandir               | ng Balance at Close of This Period         |
| 0.00   |                    | 40200.00 |                          | 0.00                                       |
| P. Full Name (Last First Middle Initial) of Debte                          | or Craditar        |          | Noture of D              | acht (Durnaga);                            |
| B. Full Name (Last, First, Middle Initial) of Debto<br>Social Stream Media | or Creditor        |          |                          | ebt (Purpose):<br>s and website production |
|  |                    |          |                          |  |
| Mailing Address 268 Bush Street, #3335                                     |                    |          | ]                        |  |
| City State   | Zip Code           |          | -                        |  |
| San Francisco  | CA 9410            | )4       |                          |  |
| Outstanding Balance Beginning This Period                                  |                    |          | Transact                 | tion ID : PAYD114                          |
| 20500.00   |                    |          |                          |  |
|  |                    |          | <b>O I I I</b>           |  |
| Amount Incurred This Period  | Payment This       | Period   | Outstandir               | ng Balance at Close of This Period         |
| 0.00   |                    | 0.00     |                          | 20500.00                                   |
| C. Full Name (Last, First, Middle Initial) of Debte                        | or or Creditor     |          | Nature of D              | ebt (Purpose):                             |
| Tigercomm  |                    |          | Consulting               |  |
|  |                    |          |                          |  |
| Mailing Address 1901 N. Fort Myer Drive, Suite 8                           | 50                 |          |                          |  |
| City   | State Zip Co       | de       | -                        |  |
| Arlington  | VA 22209           |          |                          |  |
| Outstanding Balance Beginning This Period                                  |                    |          | Transact                 | tion ID : PAYD107                          |
| 6552.00  |                    |          |                          |  |
|  | Deument This       | Devied   | Outstandin               | na Dalance at Class of This Davied         |
| Amount Incurred This Period  | Payment This       |          | Outstandir               | ng Balance at Close of This Period         |
| 0.00   |                    | 0.00     |                          | 6552.00                                    |
|  |                    |          |                          |  |
| 1) SUBTOTALS This Period This Page (optional)                              |                    | ►        |                          | 27052.00                                   |
|  |                    |          |                          |  |
| 2) TOTALS This Period (last page this line number                          | only)              | ►        |                          |  |
| 3) TOTAL OUTSTANDING LOANS from Schedule                                   | C (last page only) | •        |                          |  |
|  |                    | ······ P |                          | 7 7  |
|  |                    |          |                          |  |

| Image# 13941273530                                  |                      |                            |  |
|---|----------------------|----------------------------|--|
| SCHEDULE D (FEC Form 3X)                            |                      | (Lies concrete             | PAGE 16 OF 24                            |
| DEBTS AND OBLIGATIONS                               |                      | (Use separate schedule(s)  |  |
|   |                      | for each<br>numbered line) | (check only one) 9<br>X 10               |
| NAME OF COMMITTEE (In Full)                         |                      | numbered inte)             | X 10                                     |
| CE Action Committee                                 |                      |                            |  |
|   |                      |                            |  |
| A. Full Name (Last, First, Middle Initial) of Debt  | or or Creditor       |                            | ebt (Purpose):<br>for Press Announcement |
| Tigercomm   |                      |                            |  |
| Mailing Address 1901 N. Fort Myer Drive, Suite      | 850                  |                            |  |
| City State  | Zip Code             |                            |  |
| Arlington   | VA 22209             |                            |  |
| Outstanding Balance Beginning This Period           |                      | Transact                   | ion ID : PAYD176                         |
| 10700.00  |                      |                            |  |
|   | December 1 This Deci |                            | na Dalaman at Olana of This David        |
| Amount Incurred This Period                         | Payment This Peri    |                            | ng Balance at Close of This Period       |
| 0.00  |                      | 0.00                       | 10700.00                                 |
| B. Full Name (Last, First, Middle Initial) of Debto | or or Creditor       | Nature of D                | Debt (Purpose):                          |
| Tigercomm   |                      | Consulting                 |  |
|   |                      |                            |  |
| Mailing Address 1901 N. Fort Myer Drive, Suite 8    | 350                  |                            |  |
| City State  | Zip Code             |                            |  |
| Arlington   | VA 22209             |                            |  |
| Outstanding Balance Beginning This Period           |                      | Transac                    | tion ID : PAYD181                        |
| 0.00  |                      |                            |  |
| Amount Incurred This Period                         | Payment This Peri    | od Outstandi               | ng Balance at Close of This Period       |
| 2008.00   |                      | 0.00                       | 2008.00                                  |
| 2006.00   |                      | 0.00                       | 2000.00                                  |
| C. Full Name (Last, First, Middle Initial) of Debt  | or or Creditor       | Nature of D                | Debt (Purpose):                          |
|   |                      |                            |  |
| Mailing Address                                     |                      |                            |  |
| ······································              |                      |                            |  |
| City  | State Zip Code       |                            |  |
|   |                      |                            |  |
| Outstanding Balance Beginning This Period           |                      |                            |  |
|   |                      |                            |  |
| Amount Incurred This Period                         | Payment This Peri    | od Outstandi               | ng Balance at Close of This Period       |
|   |                      |                            |  |
|   | 7 7 7                |                            | - /5 /5                                  |
|   |                      |                            | 10700.00                                 |
| 1) SUBTOTALS This Period This Page (optional)       |                      | ······ • •                 | 12708.00                                 |
| 2) TOTALS This Period (last page this line numbe    | r only)              | ····· I                    | 67112.00                                 |
|   |                      |                            | ,  |
| 3) TOTAL OUTSTANDING LOANS from Schedule            | C (last page only)   | •                          | 0.00                                     |
|   |                      |                            | 7 7                                      |
| 4) ADD 2) and 3) and carry forward to appropriate   |                      |                            | 67112.00                                 |

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

| ITEMIZED INDEPENDENT EXPENDITURES  | PAGE 17 OF 24<br>FOR LINE 24 OF FORM 3X                           |
|--|---|
| NAME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER V                                       |
| CE Action Committee  | C C00542779   |
| Check if 24-hour report 48-hour report New report Amends report filed of   | n /   |
| Full Name (Last, First, Middle Initial) of Payee<br>American Values Network  | Date  |
| Mailing Address 1901 North Ft. Myer Drive,   |   |
|  | Amount  |
| CityStateZip CodeArlingtonVA22209  | 17000.00  |
| T  | ransaction ID : EDTEALC26   |
| Purpose of Expenditure<br>Email campaign, Facebook ads, website Category/<br>Type 24E Office   | Sought: House State: MA<br>Senate District:                       |
| Name of Federal Candidate Supported or Opposed by Expenditure:   | President   |
| Edward Markey Check  | One: X Support Oppose   |
| 628602 50 2013   | sement For: Primary General<br>→ Other (specify) 2013 Runoff      |
|  | Date  |
| American Values Network  | 06 / 07 / Y Y Y Y<br>2013   |
| Mailing Address 1901 North Ft. Myer Drive,   |   |
|  | Amount  |
| City     State     Zip Code       Arlington     VA     22209   | 17000.00  |
| Purpose of Expenditure<br>Email campaign, Facebook ads, website     Category/<br>Type     24A     Office   | Sought: House State: MA<br>Senate District:                       |
| Name of Federal Candidate Supported or Opposed by Expenditure:   | President   |
| Gabriel Gomez Check  | One: Support X Oppose   |
| Calendal real-to-Date Fel Election 638602.50 2013  | rsement For: Primary General General Conter (specify) 2013 Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures  | 34000.00  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |   |
|  |   |
| (c) TOTAL Independent Expenditures   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mad<br>with, or at the request or suggestion of, any candidate or authorized committee or agent of either,<br>party committee) any political party committee or its agent. |   |
| Thomas Adams [Electronically Filed] Date 07  | M / D D / Y Y Y Y<br>23 2013                                      |
| Signature  |   |

FEC Schedule E (Form 3X) Rev. 07/2011

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

| ITEMIZED INDEPENDENT EXPENDITURES  | PAGE 18 OF 24<br>FOR LINE 24 OF FORM 3X                                 |
|--|---|
| NAME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼   |
| CE Action Committee  | C C00542779   |
| Check if 24-hour report 48-hour report New report Amends report  | rt filed on   |
| Full Name (Last, First, Middle Initial) of Payee<br>Barnes Mosher Whitehurst Lauter & Partners, Inc.   | Date  |
| Mailing Address 660 Mission St., 2nd Floor,  | 06 11 2013  |
| Ste 200  | Amount  |
| CityStateZip CodeSan FranciscoCA94105  | 6250.00   |
|  | Transaction ID : EDTEALC29  |
| Purpose of Expenditure<br>Consulting Services Category/<br>Type 24A  | Office Sought: House State: MA<br>Senate District:                      |
| Name of Federal Candidate Supported or Opposed by Expenditure:   | President   |
| Gabriel Gomez  | Check One: Support X Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought  | Disbursement For: Primary General<br>2013 ∑ Other (specify) 2013 Runoff |
| Full Name (Last, First, Middle Initial) of Payee<br>Campaign Industries, LLC   | Date<br>06 / 14 / 2013  |
| Mailing Address 1501 Dempster Street   | Amount  |
| CityStateZip CodeEvanstonIL60201   | 80867.50<br>Transaction ID : EDTEALC35                                  |
| Purpose of Expenditure         Category/           Field Program for GOTV         24E  | Office Sought: House State: MA<br>Senate District:                      |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Edward Markey  | Check One: Support Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought 5 638602.50  | Disbursement For: Primary General<br>2013 Other (specify) 2013 Runoff   |
| (a) SUBTOTAL of Itemized Independent Expenditures  | ▶ 87117.50  |
| (b) SUBTOTAL of Unitemized Independent Expenditures  |   |
| (c) TOTAL Independent Expenditures   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent. |   |
| Thomas Adams [Electronically Filed] Date Signature   | 07 23 2013  |
| Orginalate   |   |

FEC Schedule E (Form 3X) Rev. 07/2011

# :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SE Transaction ID : EDTEALC29

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

Form/Schedule: Transaction ID:

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

| ITEMIZED INDEPENDENT EXPENDITORES   | PAGE 20 OF 24<br>FOR LINE 24 OF FORM 3X                               |
|---|---|
| NAME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼   |
| CE Action Committee   | C C00542779   |
| Check if 24-hour report 48-hour report New report Amends report   | filed on  |
| Full Name (Last, First, Middle Initial) of Payee  |   |
| Mark Fabiani, LLC   | Date  |
| Mailing Address 939 Coast Blvd., Suite 4D   | 06 11 2013  |
|   | Amount  |
| City State Zip Code   | 12500.00  |
| La Jolla CA 92037   | Transaction ID : EDTEALC30  |
| Purpose of Expenditure<br>Consulting Services Category/<br>Type 24A   | Office Sought: House State: MA<br>Senate District:                    |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | President   |
|   | Check One: Support X Oppose   |
|   | Disbursement For: Primary General                                     |
| for Office Sought   | Other (specify) 2013 Runoff   |
| Full Name (Last, First, Middle Initial) of Payee<br>Markham Group, LLC  | Date  |
| Mailing Address 1000 West 3rd Street  | 06 13 2013  |
| Walling Address 1000 West 3rd Street  | Amount  |
| City State Zip Code   | 30000.00  |
| Little Rock AR 72201  | Transaction ID : PDTE72   |
| Purpose of Expenditure<br>Lawn sign creation and distribution     Category/<br>Type     24A   | Office Sought: House State: MA<br>Senate District:                    |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | President   |
|   | Check One: Support X Oppose   |
|   | Disbursement For: Primary General<br>2013 Other (specify) 2013 Runoff |
|   |   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | ▶ 42500.00  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |   |
| (c) TOTAL Independent Expenditures  |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were no<br>with, or at the request or suggestion of, any candidate or authorized committee or agent of e<br>party committee) any political party committee or its agent. |   |
| Thomas Adams [Electronically Filed] Date  | 07 23 2013  |
| Signature   |   |

# :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SE Transaction ID : EDTEALC30

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

Form/Schedule: Transaction ID:

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

| ITEMIZED INDEPENDENT EXPENDITURES   | PAGE 22 OF 24<br>FOR LINE 24 OF FORM 3X            |
|---|--|
| NAME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER V                        |
| CE Action Committee   | C C00542779  |
| Check if 24-hour report 48-hour report New report Amends report   | filed on   |
| Full Name (Last, First, Middle Initial) of Payee  |  |
| Markham Group, LLC  | Date   |
| Mailing Address 1000 West 3rd Street  |  |
|   | Amount   |
| City State Zip Code   | 30000.00   |
|   | Transaction ID : PDTE73                            |
| Purpose of Expenditure<br>Lawn sign creation and distribution Category/<br>Type 24A   | Office Sought: House State: MA<br>Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | President  |
| Gabriel Gomez   | Check One: Support X Oppose                        |
| Calendal teal-10-Date Fel Election  | Disbursement For: Primary General                  |
| for Office Sought 638602.50 20  | O13 Other (specify) 2013 Runoff                    |
| Full Name (Last, First, Middle Initial) of Payee<br>Sadler Strategic Media, Inc.  | Date   |
| Sadier Strategic Media, mc.   | 06 / D / Y Y Y Y<br>06 11 2013                     |
| Mailing Address 12103 Viewcrest Road  |  |
|   | Amount   |
| City State Zip Code   | 15000.00   |
| Studio City CA 91604  | Transaction ID : EDTEALC28                         |
| Online hanner ada   | Office Sought: House State: MA                     |
| Type Z4A  | Senate District:                                   |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | President  |
| Gabriel Gomez   | Check One: Support X Oppose                        |
|   | Disbursement For: Primary General                  |
| for Office Sought   | 013 Other (specify) 2013 Runoff                    |
|   | ,  |
| (a) SUBTOTAL of Itemized Independent Expenditures   | 45000.00   |
| (u)   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |  |
|   |  |
| (c) TOTAL Independent Expenditures  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent. |  |
| Thomas Adams [Electronically Filed] Date  | 07 23 2013   |
| Signature   |  |

FEC Schedule E (Form 3X) Rev. 07/2011

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

| ITEMIZED INDEPENDENT EXPENDITORES   | PAGE 23 OF 24<br>FOR LINE 24 OF FORM 3X  |
|---|--|
| NAME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼  |
| CE Action Committee   | C C00542779  |
|   | 0 00042113   |
| Check if 24-hour report 48-hour report New report Amends report   | filed on   |
| Full Name (Last, First, Middle Initial) of Payee  | Date   |
| Sadler Strategic Media, Inc.  |  |
| Mallar Addees   | 06 <sup>/</sup> <sup>D</sup> <sup>D</sup> <sup>J</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> |
| Mailing Address 12103 Viewcrest Road  |  |
|   | Amount   |
| CityStateZip CodeStudio CityCA91604   | 9100.00  |
|   | Transaction ID : PDTE74  |
| A arial hanner production   | Office Sought: House State: MA   |
| Type 24A  | Senate District:   |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | President  |
| Gabriel Gomez   | Check One: Support Oppose  |
| Calendar Year-To-Date Per Election  | Disbursement For: Primary General  |
|   | 2013 $\square$ Other (specify)   |
|   | ∑ Other (specify) ≥ 2013 Runoff  |
| Full Name (Last, First, Middle Initial) of Payee<br>Sadler Strategic Media, Inc.  | Date   |
|   | M M / D D / Y Y Y Y<br>06 14 2013  |
| Mailing Address 12103 Viewcrest Road  | 06142013   |
|   | Amount   |
| City State Zip Code   |  |
| Studio City CA 91604  | 31100.00   |
| Purpose of Expenditure Category/  | Office Sought: House State: MA   |
| Aerial banner production Category/<br>Type 24A  | Senate District:   |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | President  |
| Gabriel Gomez   | Check One: Support X Oppose  |
|   |  |
| Calendar Year-To-Date Per Election  | Disbursement For: Primary General  |
| for Office Sought   | Other (specify) 2013 Runoff  |
|   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures   | 40200.00   |
|   | 40200.00   |
|   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   | •  |
|   |  |
| (c) TOTAL Independent Expenditures  | I I I I I I I I I I I I I I I I I I I  |
|   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were no<br>with, or at the request or suggestion of, any candidate or authorized committee or agent of |  |
| 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

| ITEMIZED INDEPENDENT EXPENDITORES  | PAGE 24 OF 24<br>FOR LINE 24 OF FORM 3X |
|--|---|
| NAME OF COMMITTEE (In Full)  | FEC IDENTIFICATION NUMBER ▼             |
| CE Action Committee  |   |
|  | C C00542779                             |
| Check if 24-hour report 48-hour report New report Amends repor   | t filed on                              |
| Full Name (Last, First, Middle Initial) of Payee   | Date                                    |
| Sadler Strategic Media, Inc.   |   |
| Mailing Address  | 06 14 2013                              |
| Mailing Address 12103 Viewcrest Road   |   |
|  | Amount                                  |
| CityStateZip CodeStudio CityCA91604  | 22000.00                                |
|  | Transaction ID : EDTEALC16              |
| Purpose of Expenditure Category/<br>Aerial Banner 24A  | Office Sought: House State: MA          |
| Type Z4A   | Senate District:                        |
| Name of Federal Candidate Supported or Opposed by Expenditure:   | President                               |
| Gabriel Gomez  | Check One: Support X Oppose             |
| Calendar Year-To-Date Per Election   | Disbursement For: Primary General       |
| for Office Sought  | 2013                                    |
| Full Name (Last, First, Middle Initial) of Payee   |   |
| Full Name (Last, First, Middle Initial) of Payee   | Date                                    |
|  | M M / D D / Y Y Y Y                     |
| Mailing Address  |   |
|  | Amount                                  |
| City State Zip Code  |   |
|  | - <u>r</u> - <u>r</u> - <u>r</u>        |
| Purpose of Expenditure Category/   | Office Sought: House State:             |
| Туре   | Senate District:                        |
| Name of Federal Candidate Supported or Opposed by Expenditure:   | President                               |
|  | Check One: Support Oppose               |
| Colordan Versi Ta Data Das Election  | Disbursement For: Primary General       |
| Calendar Year-To-Date Per Election<br>for Office Sought  | Other (specify)                         |
|  |   |
|  |   |
| (a) SUBTOTAL of Itemized Independent Expenditures  | ▶ 22000.00                              |
|  |   |
| (b) SUBTOTAL of Unitemized Independent Expenditures  | ►                                       |
|  |   |
| (c) TOTAL Independent Expenditures   | 270817.50                               |
|  |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were r<br>with, or at the request or suggestion of, any candidate or authorized committee or agent of<br>party committee) any political party committee or its agent. |   |
| Thomas Adams   |   |
| [Electronically Filed] Date  | 07 23 2013                              |
| Signature  |   |