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

Schedule E)					PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)						
MOVEON.ORG POLITICAL ACTION					C C00341396	
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Influental Data					of Public Distribution/Dissemination	
					10 31 2014	
Malling Addre	ess 600 Pennsylvania Ave.	SE		Amou	unt	
City		State	Zip Code		1307.40	
Washington	Washington DC		20003	003 Transaction ID : SE.46909 Date of Disbursement or Obligation		
Purpose of E Phone Calls	rpose of Expenditure hone Calls		Category/ Type		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office S					nt: House District: 00	
MITCH MCCONNELL			X Oppose	Presid		
	r Year-To-Date tion for Office Sought		94635.57	Disbursemer 2014	nt For: Primary X General  Other (specify) ▶	
Full Name of	Payee			Date	of Public Distribution/Dissemination	
					M M / D D / Y Y Y Y	
Mailing Addre	ess			Amou	unt	
025		Chata	7. 0.4.			
City		State	Zip Code			
Purpose of E	xnenditure		12: /	Date	of Disbursement or Obligation	
			Category/ Type		M   M   / D   D   / Y   Y   Y   Y   Y	
Name of Fed	leral Candidate		Support	Office Sough	ht:	
			Oppose	Presid		
	r Year-To-Date ction for Office Sought			Disbursemen	nt For: Primary General  Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				. •	1307.40	
(b) SUBTOTAL of Unitemized Independent Expenditures				· •	7 7 7	
(c) TOTAL Independent Expenditures				· •	1307.40	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	om Matzzie	[Electron	nically Filed] Date	9 10	31 2014	
Signature						