

HAND DELIVERED

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 EC MAIL CENTER

PROTECT AMERICA TODAY

ADDRESS (number and street)

1701 PENNSYLVANIA AVENUE NW

SUITE 300

Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00512012

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

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

in the State of

(d) 30-Day POST-Election Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y
07 / 01 / 2014

through

M M M / D D D / Y Y Y Y
09 / 30 / 2014

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

Type or Print Name of Treasurer Mr. Robert Herold Brockhaus Jr.

Signature of Treasurer

Mr. Robert Herold Brockhaus Jr.

Date

M M M / D D D / Y Y Y Y
10 / 15 / 2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PROTECT AMERICA TODAY

Report Covering the Period: From:

/ /

To:

/ /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="10552.07"/>	<input type="text" value="10552.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10930.13"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="1750.00"/>	<input type="text" value="2850.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12680.13"/>	<input type="text" value="13402.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3900.97"/>	<input type="text" value="4622.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8779.16"/>	<input type="text" value="8779.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="10000.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PROTECT AMERICA TODAY

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2014 To: MM / DD / YYYY 09 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1600.00	2100.00
(ii) Unitemized.....	150.00	750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1750.00	2850.00
(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).....▶	1750.00	2850.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1750.00	2850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1750.00	2850.00

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	700.97	1422.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	700.97	1422.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	3200.00	3200.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3900.97	4622.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3900.97	4622.91

NON-FEDERAL

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1750.00	2850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1750.00	2850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	700.97	1422.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	700.97	1422.91

FORM 101-0001

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PROTECT AMERICA TODAY

Full Name (Last, First, Middle Initial)

A. Rebecca Lathe

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
07	11	2014

Mailing Address

City State Zip Code

Transaction ID : SB21B.4500

Purpose of Disbursement
Summer Intern

001
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

500.00

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

500.00

FROM THE BUREAU

SCHEDULE C (FEC FORM 3X)

LOANS

NAME OF COMMITTEE (In Full) **PROTECT AMERICA TODAY** Transaction ID : SC/10.4466

LOAN SOURCE Full Name (Last, First, Middle Initial) Jeffrey D Gordon	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1701 Pennsylvania Ave, NW Suite 300	
City Washington State DC ZIP Code 20006	

Original Amount of Loan <input type="text" value="10000.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="10000.00"/>
--	---	--

TERMS

Date Incurred MM / DD / YYYY <input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>	Date Due MM / DD / YYYY <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="14"/>	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="10000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="10000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FROM FIRST QUARTER

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C00512012
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City Arlington	State VA	Zip Code <input type="text"/>
Purpose of Expenditure KY-Sen Ad Design	Category/Type <input type="text"/>	Transaction ID : SE.4556
Name of Federal Candidate Supported or Opposed by Expenditure: Mitch McConnell		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City Arlington	State VA	Zip Code <input type="text"/>
Purpose of Expenditure KY House Ad Design	Category/Type <input type="text"/>	Transaction ID : SE.4557
Name of Federal Candidate Supported or Opposed by Expenditure: Andy Barr		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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

Signature Mr. Robert Herold Brockhaus Jr. Date / /

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C00512012
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 09 / 01 / 2014
Mailing Address		Amount <input type="text"/> 75.00
City Arlington	State VA	Zip Code <input type="text"/>
Purpose of Expenditure NH- Ad Design	Category/Type <input type="text"/> 004	Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 75.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <input type="text"/> / <input type="text"/> / <input type="text"/> 09 / 01 / 2014
Mailing Address		Amount <input type="text"/> 75.00
City Arlington	State VA	Zip Code <input type="text"/>
Purpose of Expenditure NH - House Online Ads	Category/Type <input type="text"/> 004	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Marilinda Garcia		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 75.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Mr. Robert Herold Brockhaus Jr.

Signature

Date / /

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512012 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75.00 </div>
City Arlington	State Zip Code VA	
Purpose of Expenditure VA Online Ad Design	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>	Office Sought: State: VA <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District:
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Gillespie		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75.00 </div>
City Arlington	State Zip Code VA	
Purpose of Expenditure VA Online Ad Design	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>	Office Sought: State: VA <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Comstock		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 150.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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

Signature Mr. Robert Herold Brockhaus Jr.

Date MM / DD / YYYY

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512012 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / 2014 </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75.00 </div>
City State Zip Code Arlington VA	Transaction ID : SE.4566
Purpose of Expenditure LA Online Ads Design	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Scalise	Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / 2014 </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75.00 </div>
City State Zip Code Arlington VA	Transaction ID : SE.4567
Purpose of Expenditure LA Online Ad Design	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Cassidy	Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 150.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 150.00 </div>

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

Mr. Robert Herold Brockhaus Jr.

Signature _____ Date MM / DD / YYYY

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C C00512012
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City Arlington	State VA	Zip Code <input type="text"/>
Purpose of Expenditure AR Online Ad Design	Category/Type <input type="text"/>	Transaction ID : SE.4568
Name of Federal Candidate Supported or Opposed by Expenditure: French Hill		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City Arlington	State VA	Zip Code <input type="text"/>
Purpose of Expenditure AR Online Ad Design	Category/Type <input type="text"/>	Transaction ID : SE.4569
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cotton		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Mr. Robert Herold Brockhaus Jr.

Signature _____ Date / /

FROM: AMT: QUINCY

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C00512012
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Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date MM / DD / YYYY 09 / 01 / 2014
Mailing Address		Amount 75.00
City Arlington	State VA	
Purpose of Expenditure CO Online Ad Design	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Cory Gardner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gichelli Viento Designs		Date MM / DD / YYYY 09 / 01 / 2014
Mailing Address		Amount 75.00
City Arlington	State VA	
Purpose of Expenditure CO Online Ad Design	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Coffman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Mr. Robert Herold Brockhaus Jr.

Signature _____ Date MM / DD / YYYY

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512012 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee McClung Communication	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 09 / 18 / 2014 </div>
Mailing Address 255 East Kellogg Blvd 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Y Y Y Y 125.00 </div>
City State Zip Code Saint Paul MN 55101	
Purpose of Expenditure KY Senate Online Ads	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitch McConnell	Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y 200.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee McClung Communication	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 09 / 18 / 2014 </div>
Mailing Address 255 East Kellogg Blvd 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Y Y Y Y 125.00 </div>
City State Zip Code Saint Paul MN 55101	
Purpose of Expenditure NH Senate Online Ads	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown	Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y 200.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Y Y Y Y 250.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Y Y Y Y </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Y Y Y Y </div>

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

Mr. Robert Herold Brockhaus Jr.

Signature _____ Date M M / D D / Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512012 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee McClung Communication	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 18 / 2014 </div>
Mailing Address 255 East Kellogg Blvd 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 125.00 </div>
City State Zip Code Saint Paul MN 55101	
Purpose of Expenditure IA Senate Online Ads	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: Joni Ernst	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">200.00</div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee McClung Communication	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 18 / 2014 </div>
Mailing Address 255 East Kellogg Blvd 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 125.00 </div>
City State Zip Code Saint Paul MN 55101	
Purpose of Expenditure CO Senate Online Ads	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: Cory Gardner	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">125.00</div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;">250.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;"> </div>

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

 Signature

Date / /

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C C00512012
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55101
Purpose of Expenditure LA Senate Online Ads	Category/Type <input type="text"/>	Transaction ID : SE.4533
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Cassidy		Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55101
Purpose of Expenditure AR Senate Online Ads	Category/Type <input type="text"/>	Transaction ID : SE.4535
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Cotton		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Mr. Robert Herold Brockhaus Jr.

Signature _____

Date / /

2011-11-14 10:11:11

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C00512012
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55101
Purpose of Expenditure VA-10 Online Ads	Category/Type <input type="text"/>	Transaction ID : SE.4539
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Comstock		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55101
Purpose of Expenditure IA Onling Ads	Category/Type <input type="text"/>	Transaction ID : SE.4541
Name of Federal Candidate Supported or Opposed by Expenditure: Steve King		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Mr. Robert Herold Brockhaus Jr.

Signature _____

Date / /

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00512012 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee McClung Communication	Date <div style="border: 1px solid black; padding: 2px;"> 09 / 18 / 2014 </div>
Mailing Address 255 East Kellogg Blvd 102	Amount <div style="border: 1px solid black; padding: 2px;"> 125.00 </div>
City State Zip Code Saint Paul MN 55101	
Purpose of Expenditure NC Online Ads	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: Renee Elemers	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">200.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee McClung Communication	Date <div style="border: 1px solid black; padding: 2px;"> 09 / 18 / 2014 </div>
Mailing Address 255 East Kellogg Blvd 102	Amount <div style="border: 1px solid black; padding: 2px;"> 125.00 </div>
City State Zip Code Saint Paul MN 55101	
Purpose of Expenditure NH Online Ads	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: Marilinda Garcia	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">200.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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Mr. Robert Herold Brockhaus Jr.

Signature _____ Date

/ /

McClung Communication

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER ▼ C C00512012
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55101
Purpose of Expenditure KY - Online Ads	Category/Type <input type="text"/>	Transaction ID : SE.4547
Name of Federal Candidate Supported or Opposed by Expenditure: Andy Barr		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/>
City Saint Paul	State MN	Zip Code 55101
Purpose of Expenditure LA-01 Online Ads	Category/Type <input type="text"/>	Transaction ID : SE.4549
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Scalise		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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

Signature Mr. Robert Herold Brockhaus Jr. Date / /

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PROTECT AMERICA TODAY	FEC IDENTIFICATION NUMBER C C00512012
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> 09 / <input type="text"/> 18 / <input type="text"/> 2014
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/> 125.00 Transaction ID : SE.4551
City Saint Paul	State MN	
Purpose of Expenditure AR-02 Online Ads	Category/Type <input type="text"/> 004	Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: French Hill		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 200.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee McClung Communication		Date <input type="text"/> 09 / <input type="text"/> 18 / <input type="text"/> 2014
Mailing Address 255 East Kellogg Blvd 102		Amount <input type="text"/> 125.00 Transaction ID : SE.4553
City Saint Paul	State MN	
Purpose of Expenditure CO-6 Online Ads	Category/Type <input type="text"/> 004	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Coffman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 200.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 250.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/> 3200.00

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.

Mr. Robert Herold Brockhaus Jr.

Signature _____ Date / /

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/15/14</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

GAAP
 PREPARER

10/15/14
 DATE PREPARED

FROM: 4411 0105