

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation ENDING SPENDING INC.		3. FEC Identification Number C C90014697
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 817 SLATER'S LANE		
(c) City, State and ZIP Code ALEXANDRIA VA 22314		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. 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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Nancy Watkins	<i>Nancy Watkins</i>	12/18/2013

[Electronically Filed]

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ENDING SPENDING INC.

Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Whalen		Date MM / DD / YYYY 12 / 16 / 2013
Mailing Address 1850 M Street, NW Suite 235		Amount 14299.25 Transaction ID : F57.000001
City Washington	State DC	
Zip Code 20036		
Purpose of Expenditure media production (Like Your Senator)	Category/ Type	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: Jeanne Shaheen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14299.25		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 American Media & Advocacy Group		Date MM / DD / YYYY 12 / 16 / 2013
Mailing Address 815 Slaters Lane		Amount 61448.00 Transaction ID : F57.000002
City Alexandria	State VA	
Zip Code 22314		
Purpose of Expenditure media placement (Like Your Senator)	Category/ Type	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: Jeanne Shaheen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75747.25		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		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	75747.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	75747.25