

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CE Action Committee

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

☐ Check if different  
than previously  
reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00542779

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 ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
07 16 2013 12 31 2013

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 Rita Copeland

Signature of Treasurer

Rita Copeland

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 29 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

CE Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 16 2013

To:

 M M / D D / Y Y Y Y Y  
 12 31 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	138791.32	
(c) Total Receipts (from Line 19) .....	60000.00	1972892.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	198791.32	1972892.90
7. Total Disbursements (from Line 31) .....	151178.49	1925280.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47612.83	47612.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	28249.74	



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

CE Action Committee

Report Covering the Period: From:

 M M / D D / Y Y Y Y Y  
 07 16 2013

To:

 M M / D D / Y Y Y Y Y  
 12 31 2013
**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).....

60000.00

1853292.90

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

60000.00

1853292.90

(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) ..... ▶

60000.00

1853292.90

## 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

119600.00

## 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))..... ▶

60000.00

1972892.90

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

60000.00

1972892.90

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	101566.49	311263.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	101566.49	311263.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500000.00
24. Independent Expenditures (use Schedule E) .....	49612.00	1077016.82
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	37000.00
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)) ..	151178.49	1925280.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151178.49	1925280.07

**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) .....	60000.00	1853292.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60000.00	1853292.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	101566.49	311263.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	101566.49	311263.25

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

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

FOR LINE NUMBER: PAGE 6 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

**CE Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas F. Steyer**

Mailing Address 111 Sutter Street, 22nd Floor

City State Zip Code  
 San Francisco CA 94104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fahr, LLC

Occupation

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1810000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 20 2013

Transaction ID : INCA221

Amount of Each Receipt this Period

60000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

60000.00

60000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 26

<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)

**CE Action Committee**

Full Name (Last, First, Middle Initial)

**A. HSC, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Mailing Address 360 Grand Avenue, Suite 138

City	State	Zip Code
Oakland	CA	94610

Purpose of Disbursement  
Campaign Research

005

Candidate Name

Category/  
Type**Transaction ID : EXPB193**

Amount of Each Disbursement this Period

20000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Markham Group, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Mailing Address 1000 West 3rd Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
Consulting and Creation for Lawn Signs (not distributed)

001

Candidate Name

Category/  
Type**Transaction ID : EXPB207**

Amount of Each Disbursement this Period

50300.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Olson Hagel & Fishburn, LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2013

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type**Transaction ID : EXPB205**

Amount of Each Disbursement this Period

2642.90
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

72942.90
----------

<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

## CE Action Committee

934.82

1592.19

1269.34

3796.35



<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

## CE Action Committee

6827.24

8000.00

101566.49

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 26

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Covington &amp; Burling, LLP

Nature of Debt (Purpose):

Legal &amp; Reporting Services

Mailing Address 1201 Pennsylvania Avenue, NW

City State

Zip Code

Washington

DC

20004

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD214

Amount Incurred This Period

2276.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2276.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Covington &amp; Burling, LLP

Nature of Debt (Purpose):

Legal &amp; Reporting Services

Mailing Address 1201 Pennsylvania Avenue, NW

City State

Zip Code

Washington

DC

20004

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD226

Amount Incurred This Period

22386.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

22386.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSC, Inc.

Nature of Debt (Purpose):

Campaign Research

Mailing Address 360 Grand Avenue, Suite 138

City

State

Zip Code

Oakland

CA

94610

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD116

Amount Incurred This Period

0.00

Payment This Period

20000.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

24662.28

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 26

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lehane, Erin**Nature of Debt (Purpose):  
Press Consulting

Mailing Address 2247 Clay Street

City State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

2500.00

Transaction ID : PAYD172

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lehane, Erin**Nature of Debt (Purpose):  
Travel Expenses

Mailing Address 2247 Clay Street

City State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

1860.00

Transaction ID : PAYD173

Amount Incurred This Period

0.00

Payment This Period

1860.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lehane, Erin**Nature of Debt (Purpose):  
Press Consulting

Mailing Address 2247 Clay Street

City

State

Zip Code

San Francisco

CA

94115

Outstanding Balance Beginning This Period

2500.00

Transaction ID : PAYD174

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lehane, Erin

Nature of Debt (Purpose):

Travel Expenses

Mailing Address 2247 Clay Street

City State

San Francisco

Zip Code

CA

94115

Outstanding Balance Beginning This Period

492.00

Transaction ID : PAYD175

Amount Incurred This Period

0.00

Payment This Period

492.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Olson Hagel &amp; Fishburn, LLP

Nature of Debt (Purpose):

Legal &amp; Reporting Services

Mailing Address 555 Capitol Mall, Suite 1425

City State

Sacramento

Zip Code

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD233

Amount Incurred This Period

3587.46

Payment This Period

0.00

Outstanding Balance at Close of This Period

3587.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Social Stream Consulting, Inc.

Nature of Debt (Purpose):

Banner ads and website production

Mailing Address 268 Bush Street, #3335

City

San Francisco

State

CA

Zip Code

94104

Outstanding Balance Beginning This Period

20500.00

Transaction ID : PAYD114

Amount Incurred This Period

0.00

Payment This Period

20500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3587.46

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Social Stream Consulting, Inc.**Nature of Debt (Purpose):  
Trust Website Design

Mailing Address 268 Bush Street, #3335

City State Zip Code  
San Francisco CA 94104

Outstanding Balance Beginning This Period

2500.00

Transaction ID : PAYD213

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tigercomm**Nature of Debt (Purpose):  
Consulting for Press Announcement

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code  
Arlington VA 22209

Outstanding Balance Beginning This Period

6552.00

Transaction ID : PAYD107

Amount Incurred This Period

0.00

Payment This Period

6552.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tigercomm**Nature of Debt (Purpose):  
Consulting for Press Announcement

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State Zip Code  
Arlington VA 22209

Outstanding Balance Beginning This Period

10700.00

Transaction ID : PAYD176

Amount Incurred This Period

0.00

Payment This Period

10700.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

CE Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):

Consulting &amp; Design for GOTV Flyer

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State

Zip Code

Arlington

VA

22209

Outstanding Balance Beginning This Period

2008.00

Transaction ID : PAYD181

Amount Incurred This Period

0.00

Payment This Period

2008.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

28249.74

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

28249.74

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 15 OF 26  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779		
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 <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lehane, Erin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2013</span>		
Mailing Address <b>2247 Clay Street</b>			Amount <span style="border:1px solid black; padding:2px;">2500.00</span>		
City <b>San Francisco</b>		State <b>CA</b>	Zip Code <b>94115</b>		Transaction ID : PDTE47
Purpose of Expenditure <b>Press Consulting</b>		Category/Type <span style="border:1px solid black; padding:2px;">24A</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">16</span> / <span style="border:1px solid black; padding:2px;">2013</span>		
Name of Federal Candidate <b>Stephen F. Lynch</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">435914.32</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Primary</b>		
Full Name of Payee <b>Lehane, Erin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2013</span>		
Mailing Address <b>2247 Clay Street</b>			Amount <span style="border:1px solid black; padding:2px;">1860.00</span>		
City <b>San Francisco</b>		State <b>CA</b>	Zip Code <b>94115</b>		Transaction ID : PDTE48
Purpose of Expenditure <b>Travel Expenses</b>		Category/Type <span style="border:1px solid black; padding:2px;">24A</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">16</span> / <span style="border:1px solid black; padding:2px;">2013</span>		
Name of Federal Candidate <b>Stephen F. Lynch</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">435914.32</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Primary</b>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">4360.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
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  <i>Rita Copeland</i>			Date <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
			[Electronically Filed]		

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Form/Schedule: SE  
Transaction ID : PDTE47

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE48

Payment for independent expenditure disseminated in prior period



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 17 OF 26  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00542779</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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee <b>Lehane, Erin</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 17 / 2013		
Mailing Address    2247 Clay Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>		
City San Francisco		State CA	Zip Code 94115		<b>Transaction ID : PDTE49</b>
Purpose of Expenditure Press Consulting		Category/ Type    24A		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 16 / 2013	
Name of Federal Candidate Stephen F. Lynch			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">435914.32</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶    Special Primary		
Full Name of Payee <b>Lehane, Erin</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 17 / 2013		
Mailing Address    2247 Clay Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">492.00</div>		
City San Francisco		State CA	Zip Code 94115		<b>Transaction ID : PDTE50</b>
Purpose of Expenditure Travel Expenses		Category/ Type    24A		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 16 / 2013	
Name of Federal Candidate Stephen F. Lynch			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">435914.32</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶    Special Primary		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2992.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> 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 <u>Rita Copeland</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 01 / 29 / 2014		

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Form/Schedule: SE  
Transaction ID : PDTE49

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE50

Payment for independent expenditure disseminated in prior period

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 26  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779	
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 <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Social Stream Consulting, Inc.</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">06 / 11 / 2013</span>	
Mailing Address    268 Bush Street, #3335			Amount <span style="border:1px solid black; padding:2px;">20500.00</span>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : PDTE64	
Purpose of Expenditure Banner ads & website production		Category/ Type <span style="border:1px solid black; padding:2px;">24A</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">07 / 16 / 2013</span>	
Name of Federal Candidate Gabriel Gomez		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">641102.50</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special General</u>	
Full Name of Payee <b>Social Stream Consulting, Inc.</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">06 / 20 / 2013</span>	
Mailing Address    268 Bush Street, #3335			Amount <span style="border:1px solid black; padding:2px;">2500.00</span>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : PDTE78	
Purpose of Expenditure Trust Website Design		Category/ Type <span style="border:1px solid black; padding:2px;">24A</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">12 / 05 / 2013</span>	
Name of Federal Candidate Gabriel Gomez		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">641102.50</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special General</u>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">23000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
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  <i>Rita Copeland</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">01 / 29 / 2014</span>

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Form/Schedule: SE  
Transaction ID : PDTE64

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE78

Payment for independent expenditure disseminated in prior period

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 21 OF 26  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779	
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 <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Tigercomm</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 23 / 2013</b>	
Mailing Address    1901 N. Fort Myer Drive, Suite 850			Amount <span style="border:1px solid black; padding:2px;">7608.90</span>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22209</b>	Transaction ID : PDTE66	
Purpose of Expenditure Consulting for Press Announcement		Category/ Type <span style="border:1px solid black; padding:2px;">24A</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>07 / 16 / 2013</b>	
Name of Federal Candidate <b>Gabriel Gomez</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">641102.50</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special General</b>	
Full Name of Payee <b>Tigercomm</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 23 / 2013</b>	
Mailing Address    1901 N. Fort Myer Drive, Suite 850			Amount <span style="border:1px solid black; padding:2px;">951.10</span>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22209</b>	Transaction ID : PDTE67	
Purpose of Expenditure Consulting for Press Announcement		Category/ Type <span style="border:1px solid black; padding:2px;">24E</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>07 / 16 / 2013</b>	
Name of Federal Candidate <b>Edward Markey</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">641102.50</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special General</b>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">8560.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
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  <i>Rita Copeland</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>01 / 29 / 2014</b>

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Form/Schedule: SE  
Transaction ID : PDTE66

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE67

Payment for independent expenditure disseminated in prior period

Full Name of Payee <b>Tigercomm</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2013	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 4280.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : PDTE70
Purpose of Expenditure Pitch gamification site and banner ads		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2013
Name of Federal Candidate Gabriel Gomez		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 641102.50		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	6480.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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Form/Schedule: SE  
Transaction ID : PDTE69

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE  
Transaction ID: PDTE70

Payment for independent expenditure disseminated in prior period



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 25 OF 26  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779		
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 M / D D D / Y Y Y Y Y Y		
Full Name of Payee <b>Tigercomm</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 14 / 2013</b>		
Mailing Address <b>1901 N. Fort Myer Drive, Suite 850</b>			Amount <b>4220.00</b>		
City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22209</b>		Transaction ID : PDTE71
Purpose of Expenditure <b>Planning and creation of aerial banners</b>		Category/Type <b>24A</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2013</b>		
Name of Federal Candidate <b>Gabriel Gomez</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>641102.50</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <b>Special General</b>		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	M M M / D D D / Y Y Y Y Y Y		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
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..... ►			<b>4220.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►					
(c) TOTAL Independent Expenditures..... ►			<b>49612.00</b>		
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 <b>Rita Copeland</b>			Date <b>01 / 29 / 2014</b>		
			[Electronically Filed]		

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Form/Schedule: SE  
Transaction ID : PDTE71

Payment for independent expenditure disseminated in prior period

Form/Schedule:  
Transaction ID: