PAGE 1 / 26

Image# 14940308564

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL F	or Other Than An Aut	norized 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	5	
Check if different			
than previously reported. (ACC)	Sacramento		CA 95814 -
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY <b>A</b>	STATE ▲ ZIP CODE ▲
C C00542779		S THIS REPORT X (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M2) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Q	1)	20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
X January 31 Year-End Report (YE		on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 07	16 2013	through 12	M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
I certify that I have examined this	s 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 C	opeland	[Electronically Filed]	Date 01 / 29 / 2014
NOTE: Submission of false, errone	ous, or incomplete informatio	n may subject the person signin	g 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** 07 16 2013 2013 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2013 (b) Cash on Hand at 138791.32 Beginning of Reporting Period..... 1972892.90 60000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 198791.32 1972892.90 6(a) and 6(c) for Column B)..... 151178.49 1925280.07 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 47612.83 47612.83 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 28249.74 Schedule C and/or Schedule D) ..... 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)

Write or Type Committee Name

$\sim$	A 41	_	
(:⊢	Action	(:nmm	uttee

Report Covering the Period: From: 07	16 2013	To: 12 31 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0000000	1952202.00
(i) Itemized (use Schedule A)	60000.00	1853292.90
(ii) 11mit-min-d	0.00	0.00
(ii) Unitemized(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)	60000.00	1853292.90
Lines Tr(a)(i) and (ii)	, 00000.00	7
(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		4050000 00
Totals to Line 33, page 5)	60000.00	1853292.90
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	7
(Dividends, Interest, etc.)	0.00	119600.00
. Transfers from Non-Federal and Levin Funds	0.00	1.1000.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(5) 251111 ( 41145 (115111 551154415 115) 1111111		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))      ■	60000.00	1972892.
. 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
Operating Expenditures:     (a) Allocated Federal/Non-Federal	Total Tillo I cilou	Calelidai Teal-IO-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") No. 5 1 21 01 01	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	101566.49	311263.25
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	101566.49	311263.25
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	500000.00
Independent Expenditures	49612.00	1077016.82
(use Schedule E)	7	10/10/10.82
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:	7 7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
_		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
		0700000
. Other Disbursements	0.00	37000.00
. 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) "Lovin" Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	151178.49	1925280.07
,,,,,,,,,,	7	1323280.07
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	454470.40	1005000 07
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	60000.00	1853292.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60000.00	1853292.90
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	101566.49	311263.25
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. 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)									
	X	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

	g the name and address of any political committee to						
NAME OF COMMITTEE (In Full) CE Action Committee							
Full Name (Last, First, Middle Initial)  Thomas F. Steyer	-	Date of Receipt					
Mailing Address 111 Sutter Street, 22nd F	Mailing Address 111 Sutter Street, 22nd Floor						
City	State Zip Code	12 20 2013 Transaction ID : INCA221					
San Francisco	CA 94104	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	60000.00					
Name of Employer	Occupation						
Fahr, LLC	Founder						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1810000.00						
Full Name (Last, First, Middle Initial) 3.	l .	Date of Receipt					
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С						
Name of Employer	Occupation						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt					
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional	al)	60000.00					
TOTAL This Period (last page this line nur	nber only)	60000.00					

## ľ

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	7	OF 26		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)				
			Summary Page	X 21b	22	23	24	25	26
·		<u> </u>		27	28a	28b	28c	29	30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)		y						
$  \rangle$	CE Action Committee								
$\angle$									
	Full Name (Last, First, Middle Initial)				D-tt	D:-1			
Α.	HSC, Inc.					Disburse			
	Mailing Address 360 Grand Avenue, Suite 138				07	/ D 1		2013	Y
	,	State	Zip Code		Trans	action ID	: EXPB193		
	Oakland Purpose of Disbursement	CA	94610						
	Campaign Research			005	Amount	of Fach	Disburseme	nt this	Period
	Candidate Name								
				Category/ Type				20000	0.00
	Office Sought: House Disbursen	nent For:							
		Primary	General						
	President State: District:	Other (spe	ecify) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	Markham Group, LLC				Date of	Disburse	ement		
	Warkhain Group, LLG				M M	/ D		Y	Υ
	Mailing Address 1000 West 3rd Street				09	1	7	2013	
	City S Little Rock	State AR	Zip Code 72201		Trans	action ID	: EXPB207		
	Purpose of Disbursement		72201						
	Consulting and Creation for Lawn Signs (not distributed)	uted)		001	Amount	of Each	Disburseme	nt this	Period
	Candidate Name			Category/	·			5030	0.00
	000			Туре		- 7		3030	5.00
	Office Sought: House Disbursen Senate	nent For: Primary	General						
		Other (spe							
	State: District:	Cc. (ope	· · · · · · · · · · · · · · · · · · ·						
_	Full Name (Last, First, Middle Initial)								
C.	Olson Hagel & Fishburn, LLP				Date of	Disburse	ement		
					M M	/ D		Y	Υ
	Mailing Address 555 Capitol Mall, Suite 1425				08	1	5	2013	
	City	State	Zip Code						
		CA	95814		Trans	action ID	: EXPB205		
	Purpose of Disbursement Legal & Reporting Services								
	Candidate Name			001	Amount	of Each	Disburseme	nt this	Period
	Candidate Name			Category/ Type				2642	2.90
	Office Sought: House Disbursen	nent For:		туре		-			
		Primary	General						
	President	Other (spe	ecify) 🔻						
	State: District:								
								70040	.00
5	SUBTOTAL of Disbursements This Page (optional)			·····•				72942	90
ļ ,	OTAL This Period (last page this line number only)			_					
1 '	VIAL THIS I CHOW (last page this line number only)					-			

SCHEDULE B (FEC Form 3X)	Hee concrete selections	(a) FOR LINE	-	PAGE 8 OF 26
ITEMIZED DISBURSEMENTS	Use separate scheduler for each category of the Detailed Summary Page	e Concor only	one) 22 23	24 25 2
	Dotailou Guillillary i ag	27	28a 28b	28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	, po			
CE Action Committee				
Full Name (Last, First, Middle Initial)			Date (D)	
A. Olson Hagel & Fishburn, LLP			Date of Disbursem	
Mailing Address 555 Capitol Mall, Suite 1425			09 13	2013
City	State Zip Code		Transaction ID :	EXPB206
Sacramento Purpose of Disbursement	CA 95814		Transaction ib .	
Legal & Reporting Services		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		934.82
Office Sought: House Disburse	ement For:	Type		534.02
Senate Dispurse	Primary General	I		
President	Other (specify) ▼			
State: District:	-			
Full Name (Last, First, Middle Initial)			Data of Dishuras	ont
B. Olson Hagel & Fishburn, LLP			Date of Disbursem	
Mailing Address 555 Capitol Mall, Suite 1425			10 15	2013
·				
City Sacramento	State Zip Code CA 95814		Transaction ID :	EXPB208
Purpose of Disbursement				
Legal & Reporting Services		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		1592.19
Office Sought: House Disburse	ement For:	Туре	,	7
Senate	Primary General	I		
President	Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)				
C. Olson Hagel & Fishburn, LLP			Date of Disbursem	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 1425			11 18	2013
City	State Zip Code		<b>-</b>	EVERGOO
Sacramento	CA 95814		Transaction ID :	EXPB209
Purpose of Disbursement Legal & Reporting Services		001		.,
Candidate Name			Amount of Each D	isbursement this Period
		Category/ Type		1269.34
	ement For:			
Senate President	Primary General Other (specify) ▼	I		
State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		·····		3796.35
TOTAL This Period (last page this line number only	/)		1	

## 17

SCHEDULE B (FEC Form 3X)	Harris A. C.	FOR LINE	NUMBER:	PAGE 9 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(onlook only	· — · — -	
	Detailed Summary Page		22 23 28b	24 25 26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	ie and address of any por	inical committee to	5 Solicit Contributions 1	Tom Such Committee.
CE Action Committee				
Full Name (Last, First, Middle Initial)				
A. Olson Hagel & Fishburn, LLP			Date of Disbursem	
Mailing Address 555 Capitol Mall, Suite 1425			12 27	2013
City	State Zip Code		Transaction ID :	EVDD227
Sacramento	CA 95814		Transaction ib .	EAFB221
Purpose of Disbursement Legal & Reporting Services		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		6827.24
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)  B. River City Business Services			Date of Disbursem	nent
B. River City Business Services			M M / D D	
Mailing Address 5429 Madison Avenue			12 05	2013
	State Zip Code		Transaction ID :	EXPB216
Sacramento Purpose of Disbursement	CA 95841	T		
Professional Treasurer Services		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		10000.00
Office Sought: House Disbursen	nent For:			
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. River City Business Services			Date of Disbursem	_
Mailing Address 5429 Madison Avenue			12 / 24	2013
City	State Zip Code		Transaction ID	EVBD224
Sacramento	CA 95841		Transaction ID :	EAFD224
Purpose of Disbursement Professional Treasurer Services		001	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		8000.00
Office Sought: House Disbursen	nent For:	Type	7	7
Senate President	Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····		24827.24
TOTAL This Period (last page this line number only)				101566.49

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10
FOR LINE NUMBER: (check only one)

	9
X	10

26

10 OF

NAME OF COMMITTEE (In Full) CE Action Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal & Reporting Services Covington & Burling, LLP Mailing Address 1201 Pennsylvania Avenue, NW State Zip Code DC Washington 20004 Transaction ID: PAYD214 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2276.00 2276.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal & Reporting Services Covington & Burling, LLP Mailing Address 1201 Pennsylvania Avenue, NW City State Zip Code Washington DC 20004 Outstanding Balance Beginning This Period Transaction ID: PAYD226 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 22386.28 0.00 22386.28 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Research HSC, Inc. Mailing Address 360 Grand Avenue, Suite 138 City State Zip Code Oakland 94610 CA Transaction ID: PAYD116 Outstanding Balance Beginning This Period 20000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 20000.00 0.00 0.00 24662.28 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

26

DAME OF COMMITTEE (IN Full) CE Action Committee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): Press Consulting
Mailing Address 2247 Clay Street		_
City State	Zip Code CA 94115	
San Francisco	CA 94115	Transaction ID - DAVD470
Outstanding Balance Beginning This Period		Transaction ID : PAYD172
2500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2500.00	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose):
Lehane, Erin		Travel Expenses
Mailing Address 2247 Clay Street		
City State	Zip Code	
San Francisco	CA 94115	
Outstanding Balance Beginning This Period		Transaction ID : PAYD173
1860.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1860.00	0.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): Press Consulting
Mailing Address 2247 Clay Street		-
City San Francisco	State Zip Code CA 94115	
Outstanding Balance Beginning This Period		Transaction ID : PAYD174
2500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2500.00	0.00
CURTOTAL C This Deviced This Deve (asting the		0.00
) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	5.00
TOTALS This Period (last page this line number	r only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

26

NAME OF COMMITTEE (In Full) CE Action Committee		
A. Full Name (Last, First, Middle Initial) of Debto Lehane, Erin	r or Creditor	Nature of Debt (Purpose): Travel Expenses
Mailing Address 2247 Clay Street		
City State San Francisco	Zip Code CA 94115	
Outstanding Balance Beginning This Period		Transaction ID : PAYD175
492.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period  0.00
0.00	492.00	
B. Full Name (Last, First, Middle Initial) of Debtor Olson Hagel & Fishburn, LLP	or Creditor	Nature of Debt (Purpose): Legal & Reporting Services
Mailing Address 555 Capitol Mall, Suite 1425		
City State Sacramento	Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD233
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3587.46	0.00	3587.46
C. Full Name (Last, First, Middle Initial) of Debto Social Stream Consulting, Inc.	r or Creditor	Nature of Debt (Purpose): Banner ads and website production
Mailing Address 268 Bush Street, #3335		
City San Francisco	State Zip Code CA 94104	
Outstanding Balance Beginning This Period 20500.00		Transaction ID : PAYD114
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	20500.00	0.00
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	3587.46
2) TOTALS This Period (last page this line number	only)	
3) TOTAL OUTSTANDING LOANS from Schedule 0	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

	9
X	10

OF

26

NAME OF COMMITTEE (In Full) CE Action Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Trust Website Design Social Stream Consulting, Inc. Mailing Address 268 Bush Street, #3335 City State Zip Code San Francisco 94104 Transaction ID: PAYD213 Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting for Press Announcement Tigercomm Mailing Address 1901 N. Fort Myer Drive, Suite 850 City State Zip Code Arlington VA 22209 Outstanding Balance Beginning This Period Transaction ID: PAYD107 6552.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 6552.00 0.00 Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting for Press Announcement Tigercomm Mailing Address 1901 N. Fort Myer Drive, Suite 850 City State Zip Code Arlington VA 22209 Transaction ID: PAYD176 Outstanding Balance Beginning This Period 10700.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 10700.00 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

26

AME OF COMMITTEE (In Full) CE Action Committee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): Consulting & Design for GOTV Flyer
Mailing Address 1901 N. Fort Myer Drive, Suite 8	350	
City State Arlington	Zip Code VA 22209	
Outstanding Balance Beginning This Period		Transaction ID : PAYD181
2008.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2008.00	0.00
B. Full Name (Last, First, Middle Initial) of Debtor	r 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 Debto	or 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
) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	0.00
) TOTALS This Period (last page this line number	r only)	28249.74
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	0.00
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	28249.74

CHEDULE E (FEC Form				PAGE 15 OF 26
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
CE Action Committee			C	C00542779
Check if 24-hour report 48-hou	ur report New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Lehane, Erin			M M M 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2247 Clay Street			Amount	
City	State	Zip Code		2500.00
San Francisco	CA	94115	Transaction I	D: PDTE47 pursement or Obligation
Purpose of Expenditure Press Consulting		Category/ Type 24A	07 O7	16 2013
Name of Federal Candidate		Support	Office Sought:	House District:
Stephen F. Lynch		Support Oppose		Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		435914.32	Disbursement For: 2013 Other (s	Primary General  pecify) ▶ Special Primary
Full Name of Payee Lehane, Erin  Mailing Address 2247 Clay Street			Date of Pub  M 04  Amount	lic Distribution/Dissemination  / 02 / 2013
City	State	Zip Code		1860.00
San Francisco	CA	94115	Transaction I	D: PDTE48 bursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 24A	07	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Stephen F. Lynch		Oppose		Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		435914.32	Disbursement For: 2013	Primary General specify) ▶ Special Primary
(a) SUBTOTAL of Itemized Independent (b) SUBTOTAL of Unitemized Independent	·		<b>•</b>	4360.00
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of				

party committee) any political party committee or its agent.

Rita Copeland	[Electronically Filed]	Date	01	/ 29 D	2014
Signature					

1mage# 14940308579 PAGE 16 / 26

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE47

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE48

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

TEMIZED INDEPENDENT EXPENDITURE	S				PAGE 17 FOR LINE 2	OF 26 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDE	NTIFICATIO	ON NUMBER ▼
CE Action Committee				C co	00542779	
Check if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M = M /	D D /	Y I Y I Y I Y
Full Name of Payee	<u>-                                    </u>		Da	ate of Public I	Distribution/	Dissemination
Lehane, Erin				04	17	2013
Mailing Address 2247 Clay Street			Ar	mount		
City	State	Zip Code				2500.00
San Francisco	CA	94115		insaction ID : ate of Disburs	_	
Purpose of Expenditure Press Consulting		Category/ Type 24A		o7	16	2013
Name of Federal Candidate		Support	Office So	ought:	House	District:
Stephen F. Lynch		Oppose		esident X	1	State: MA
Calendar Year-To-Date Per Election for Office Sought	7 7	435914.32	Disburser	ment For:	Primary	General Special Primary
Full Name of Payee Lehane, Erin						/Dissemination 2013
Mailing Address 2247 Clay Street			Ar	mount		
City	State	Zip Code	-			492.00
San Francisco	CA	94115		ansaction ID :		
Purpose of Expenditure Travel Expenses		Category/ Type 24A		07 /	16	2013
Name of Federal Candidate		Support	Office Sc	ought:	House	District:
Stephen F. Lynch		X Oppose	Pre	esident X	Senate	State: MA
Calendar Year-To-Date Per Election for Office Sought	7 7	435914.32	2013	ment For:	Primary	General Special Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			7		2992.00
(b) SUBTOTAL of Unitemized Independent Expen	nditures			- 40	- 4	
(c) TOTAL Independent Expenditures			·· • [			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	lidate or authorized					
Rita Copeland	[Electron	nically Filed]		/ 29	/ 201	ү
Signature		Date	, 01	29	201	1

1mage# 14940308581 PAGE 18 / 26

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE49

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE50

## S

Rita Copeland

Signature

	JLE E (FEC Form 3X)						
TEMIZED	INDEPENDENT EXPENDITU	RES				PAGE 19 FOR LINE	OF 26 24 OF FORM 3X
	COMMITTEE (In Full)				FEC	IDENTIFICAT	ION NUMBER ▼
CE Action	on Committee				C	C00542779	
Check if	24-hour report 48-hour report	nt New rep	ort Amends repo	ort filed on	М = М	/ D D /	Y - Y - Y - Y
	ne of Payee I Stream Consulting, Inc.			Da	ite of Pub	olic Distribution	n/Dissemination
Mailing					06	11	2013
Iviaiiiig /	268 Bush Street, #3335			An	nount		
City		State	Zip Code				20500.00
San Fra	ncisco	CA	94104	-		ID: PDTE64 bursement or	Obligation
	of Expenditure ads & website production		Category/ Type 24A		07	16	2013
Name o	f Federal Candidate		Support	Office So	ught:	House	District:
Gabriel	Gomez		Oppose	Pre	sident	X Senate	State: MA
	endar Year-To-Date Election for Office Sought		641102.50	Disburser 2013			y General Special General
	me of Payee			Da	ate of Pub	olic Distribution	n/Dissemination
	Address 200 Rush Street #8005				06 	20	2013
iviaig	268 Bush Street, #3335			Ar	mount		
City		State	Zip Code				2500.00
San Fra		CA	94104			<b>ID : PDTE78</b> bursement or	Obligation
	e of Expenditure /ebsite Design		Category/ Type 24A		12	05	2013
Name o	f Federal Candidate		Support	Office So	ught:	House	District:
Gabriel	Gomez		Oppose	Pre	esident	X Senate	State: MA
	lendar Year-To-Date r Election for Office Sought		641102.50	Disburser 2013			ry General Special General
(a) SUB	<b>FOTAL</b> of Itemized Independent Expe	nditures		·· •			23000.00
(b) SUB	TOTAL of Unitemized Independent Ex	penditures					
(c) TOTA	L Independent Expenditures						
(c) 1014	L independent Expenditures			·· • _		7	
	nalty of perjury I certify that the indet t the request or suggestion of, any c						
	nmittee) any political party committee		. John Mayor Co	5.6.101, 51	,	porting officty	a political

[Electronically Filed]

2014

29

01

Date

1mage# 14940308583 PAGE 20 / 26

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE64

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE78

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

PAGE 21 OF 26
FOR LINE 24 OF FORM 3X
IDENTIFICATION NUMBER ▼
C00542779
/ D = D / Y = Y = Y
olic Distribution/Dissemination
/ D D / V V V

NAME OF COMMITTEE (In Full)				1
OF Astion Committee				FEC IDENTIFICATION NUMBER ▼
CE Action Committee				C C00542779
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
Tigercomm				05 / 23 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850				Amount
City St.	tate	Zip Code		7608.90
Arlington	/A	22209		Transaction ID : PDTE66  Date of Disbursement or Obligation
Purpose of Expenditure Consulting for Press Announcement		Category/ Type 24A		07 / 16 / 2013
Name of Federal Candidate		Support	Office	Sought: House District:
Gabriel Gomez		X Oppose		President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		641102.50	Disbu 2013	rsement For: Primary General  ✓ Other (specify) ► Special General
Full Name of Payee Tigercomm				Date of Public Distribution/Dissemination
Mailing Address 1901 N. Fort Myer Drive, Suite 850				05 23 2013
, , , , , , , , , , , , , , , , , , , ,				Amount
City	tate	Zip Code		951.10
,g.c	VA	22209		Transaction ID : PDTE67  Date of Disbursement or Obligation
Purpose of Expenditure Consulting for Press Announcement		Category/ Type 24E		07
Name of Federal Candidate		X Support	Office	e Sought: House District:
Edward Markey		Oppose		President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		641102.50	Disbu 2013	rrsement For: Primary General  ✓ Other (specify) ► Special General
(a) SUBTOTAL of Itemized Independent Expenditures			· <b>•</b>	8560.00
(b) SUBTOTAL of Unitemized Independent Expenditures	s		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized	•		· · · · · · · · · · · · · · · · · · ·
Rita Copeland	[Electroni	cally Filed] Date	M 0	1 29 2014
Signature		_ Date		للثنيا ليا ل

1mage# 14940308585 PAGE 22 / 26

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE66

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE67

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

PAGE 23 OF 26 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00542779
M
of Public Distribution/Dissemination
06 04 2013
int
2200.00
oction ID : PDTE69 of Disbursement or Obligation
07 / 16 / Y Y Y Y Y Y Y
nt: House District:
ent Senate State: MA
nt For: Primary General
Other (specify)   Special General
of Public Distribution/Dissemination
of Public Distribution/Dissemination  06
of Public Distribution/Dissemination  06
of Public Distribution/Dissemination  06 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
of Public Distribution/Dissemination  06
of Public Distribution/Dissemination  06
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of Public Distribution/Dissemination  M 06

NAME OF COMMITTEE (In Full) **CE Action Committee** 24-hour report Amends report filed on Check if 48-hour report New report Full Name of Payee Date Tigercomm Mailing Address 1901 N. Fort Myer Drive, Suite 850 Amou City State Zip Code VA Arlington 22209 Transa Date Purpose of Expenditure Category/ Consulting & design for GOTV flyer 5/1-6/30 24E Type Name of Federal Candidate X Support Office Sough **Edward Markey** Oppose Preside Disbursemen Calendar Year-To-Date 641102.50 2013 Per Election for Office Sought Χo Full Name of Payee Date Tigercomm Mailing Address 1901 N. Fort Myer Drive, Suite 850 Amou City State Zip Code VA22209 Transa Arlington Date Purpose of Expenditure Category/ Pitch gamification site and banner ads 24A Type Name of Federal Candidate Support Office Sough Gabriel Gomez Oppose Presid Disbursemer Calendar Year-To-Date 641102.50 2013 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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. Rita Copeland [Electronically Filed] 01 29 2014 Date Signature

1mage# 14940308587 PAGE 24 / 26

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE69

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE70

	CHEDULE E (FEC Form 3)	()						
TI	EMIZED INDEPENDENT EXPEND	ITURES			PAGE		OF 26 OF FORM 3X	
N/	AME OF COMMITTEE (In Full)							
	CE Action Committee				C C0054		NUMBER ▼	
Cł	neck if 24-hour report 48-hour r	report New repo	ort Amends repo		/ M / D	D / Y	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y	
	Full Name of Payee Tigercomm					bution/Dis	ssemination 2013	
	Mailing Address 1901 N. Fort Myer Drive	Amou	ا لت					
	City				4220.00			
	Arlington	State VA	Zip Code 22209		Transaction ID : PDTE71 Date of Disbursement or Obligation			
	Purpose of Expenditure Planning and creation of aerial banners		Category/ Type 24A			6 / Y	2013	
	Name of Federal Candidate		Support	Office Sough	nt: Hou	use Dis	strict:	
	Gabriel Gomez		X Oppose	Presid			State: MA	
	Calendar Year-To-Date Per Election for Office Sought	,	641102.50	Disbursemen 2013	nt For: Forther (specify)	Primary Spe	General cial General	
	Full Name of Payee		of Public Distr		ssemination			
	Mailing Address	Amo	unt					
	City	ty State Zip Code						
		Date	Date of Disbursement or Obligation					
	Purpose of Expenditure	Category/ Type	] [	M M / D	D /	Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Soug	ht: Ho	use Dis	strict:	
			Oppose	Presid	lent Sei	nate S	State:	
	Calendar Year-To-Date Per Election for Office Sought			Disburseme	nt For: F	Primary	General	
_					other (specify)			
	(a) SUBTOTAL of Itemized Independent I	Expenditures		· -	7	7	4220.00	
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		· -	1 45	7	1 0	
	(c) TOTAL Independent Expenditures			•	7	4	19612.00	
	Under penalty of periury I certify that the	independent expenditures	reported herein were	not made in	cooperation co	onsultation	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.

Rita Copeland	[Electronically Filed]	Date	01 /	29	2014
Signature					

1mage# 14940308589 PAGE 26 / 26

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID: PDTE71

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID: