

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.

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 11 / 17 / 2014 through 12 / 26 / 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 Ann Mattson

Signature of Treasurer Ann Mattson [Electronically Filed] Date 01 / 05 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Campaign

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="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="126277.36"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="286746.54"/> | <input type="text" value="514935.54"/> |
| (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="413023.90"/> | <input type="text" value="514935.54"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="345552.27"/> | <input type="text" value="447463.91"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="67471.63"/> | <input type="text" value="67471.63"/> |
| 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="111504.66"/> | |

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

National Campaign

Report Covering the Period: From: / / To: / /

| 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)..... | -135.00 | 1865.00 |
| (ii) Unitemized | 286881.54 | 513070.54 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 286746.54 | 514935.54 |
| (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) | 286746.54 | 514935.54 |
| 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))..... ▶ | 286746.54 | 514935.54 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 286746.54 | 514935.54 |

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 | 317745.64 | 338000.39 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 317745.64 | 338000.39 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 2500.00 |
| 24. Independent Expenditures (use Schedule E) | 27806.63 | 106963.52 |
| 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)) .. | 345552.27 | 447463.91 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 345552.27 | 447463.91 |

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) | 286746.54 | 514935.54 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 286746.54 | 514935.54 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 317745.64 | 338000.39 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 317745.64 | 338000.39 |

**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 22
(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)
National Campaign

Full Name (Last, First, Middle Initial)
A. Isaac Johnson

Mailing Address 1006 E Club Blvd

City State Zip Code
Durham NC 27704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11AI.24451

Amount of Each Receipt this Period
-1485.00

Full Name (Last, First, Middle Initial)
B. Virginia Kaczmarek

Mailing Address 305 Pecan Ct

City State Zip Code
Mc Cormick SC 29835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : SA11AI.45411

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Michele Moore

Mailing Address 1023 Park Ave

City State Zip Code
River Forest IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.40415

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **-885.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.24451

This should have been a \$15.00 item and the bank ran it for \$1500.00 on 10/2/14.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(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)
National Campaign

A. Holly Riviglio
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Brothers Ct
 City Port Matilda State PA Zip Code 16870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.38219
 Amount of Each Receipt this Period
 500.00

B. Tony Short
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 138
 City Gold Hill State NC Zip Code 28071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2014
Transaction ID : SA11AI.26859
 Amount of Each Receipt this Period
 250.00

C.
 Full Name (Last, First, Middle Initial)
 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
 Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | -135.00 |

**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)

National Campaign

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 100 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Bank charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2014

Transaction ID : SB21B.47142

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 100 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Bank charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2014

Transaction ID : SB21B.47148

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 100 N. Tryon St.

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Bank charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2014

Transaction ID : SB21B.47162

Amount of Each Disbursement this Period

15.00

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

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

45.00

**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)
National Campaign

Full Name (Last, First, Middle Initial)

A. Ignite Payments

Mailing Address 4000 Coral Ridge Dr

City Coral Springs State FL Zip Code 33065

Purpose of Disbursement
Credit card fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 26 / 2014

Transaction ID : **SB21B.47164**

Amount of Each Disbursement this Period
433.46

Full Name (Last, First, Middle Initial)

B. National Campaign

Mailing Address 1201 N ORANGE ST STE 700 #7427

City WILMINGTON State DE Zip Code 19801

Purpose of Disbursement
Bank charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 10 / 2014

Transaction ID : **SB21B.47163**

Amount of Each Disbursement this Period
2392.34

Full Name (Last, First, Middle Initial)

C. Pitney Bowes

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250-7874

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 26 / 2014

Transaction ID : **SB21B.47152**

Amount of Each Disbursement this Period
3433.82

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6259.62

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

**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)

National Campaign

Full Name (Last, First, Middle Initial)

A. Pitney Bowes Presort Service, Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 08 | | 2014 |

Mailing Address PO Box 809369

Transaction ID : SB21B.47144

City Chicago State IL Zip Code 60680-9369

Amount of Each Disbursement this Period

| |
|---------|
| 4419.43 |
|---------|

Purpose of Disbursement Postage and direct mail services

| |
|--|
| |
|--|

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PMK Accounting

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 26 | | 2014 |

Mailing Address 1201 N. Orange St Ste 700 #7427

Transaction ID : SB21B.47153

City Wilmington State DE Zip Code 19801-1186

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement Accounting services

| |
|--|
| |
|--|

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Political Issue Advocacy LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 03 | | 2014 |

Mailing Address 1741 S. Cleveland Ave., Suite 199

Transaction ID : SB21B.23598

City Sioux Falls State SD Zip Code 57103

Amount of Each Disbursement this Period

| |
|----------|
| 55070.40 |
|----------|

Purpose of Disbursement Phone banks

| |
|--|
| |
|--|

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

| |
|----------|
| 60489.83 |
|----------|

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

| |
|--|
| |
|--|

**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)

National Campaign

Full Name (Last, First, Middle Initial)

A. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code
Sioux Falls SD 57103

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 03 | | | 2014 | | | |

Transaction ID : SB21B.23599

Amount of Each Disbursement this Period

| |
|----------|
| 16847.25 |
|----------|

Full Name (Last, First, Middle Initial)

B. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code
Sioux Falls SD 57103

Purpose of Disbursement
Direct mail services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 03 | | | 2014 | | | |

Transaction ID : SB21B.23600

Amount of Each Disbursement this Period

| |
|--------|
| 287.44 |
|--------|

Full Name (Last, First, Middle Initial)

C. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code
Sioux Falls SD 57103

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 03 | | | 2014 | | | |

Transaction ID : SB21B.23601

Amount of Each Disbursement this Period

| |
|----------|
| 70000.00 |
|----------|

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

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

| |
|----------|
| 87134.69 |
|----------|

| |
|--|
| |
|--|

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)

National Campaign

Full Name (Last, First, Middle Initial)

A. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code
Sioux Falls SD 57103

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 26 | / | 2014 |

Transaction ID : SB21B.47155

Amount of Each Disbursement this Period

| |
|----------|
| 85906.63 |
|----------|

Full Name (Last, First, Middle Initial)

B. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code
Sioux Falls SD 57103

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 26 | / | 2014 |

Transaction ID : SB21B.47156

Amount of Each Disbursement this Period

| |
|----------|
| 46344.38 |
|----------|

Full Name (Last, First, Middle Initial)

C. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code
Sioux Falls SD 57103

Purpose of Disbursement
Direct mail services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 26 | / | 2014 |

Transaction ID : SB21B.47157

Amount of Each Disbursement this Period

| |
|---------|
| 1824.90 |
|---------|

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

| |
|-----------|
| 134075.91 |
|-----------|

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

| |
|--|
| |
|--|

**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)
National Campaign

Full Name (Last, First, Middle Initial)

A. Political Issue Advocacy LLC

Mailing Address 1741 S. Cleveland Ave., Suite 199

City Sioux Falls State SD Zip Code 57103

Purpose of Disbursement Website services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 26 / 2014

Transaction ID : **SB21B.47158**

Amount of Each Disbursement this Period: 500.00

Category/Type

Full Name (Last, First, Middle Initial)

B. RFP Services, LLC

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement Website services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2014

Transaction ID : **SB21B.47145**

Amount of Each Disbursement this Period: 500.00

Category/Type

Full Name (Last, First, Middle Initial)

C. RFP Services, LLC

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement Direct mail services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2014

Transaction ID : **SB21B.47147**

Amount of Each Disbursement this Period: 4903.71

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5903.71

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

**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)
National Campaign

Full Name (Last, First, Middle Initial)

A. RFP Services, LLC

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement
Phone banks

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2014

Transaction ID : SB21B.47159

Amount of Each Disbursement this Period

15448.13

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2014

Transaction ID : SB21B.47143

Amount of Each Disbursement this Period

820.50

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2014

Transaction ID : SB21B.47149

Amount of Each Disbursement this Period

2500.00

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

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

18768.63

**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)

National Campaign

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2014

Transaction ID : SB21B.47150

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2014

Transaction ID : SB21B.47151

Amount of Each Disbursement this Period

53.25

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5053.25

317730.64

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 17 OF 22 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Campaign

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 55070.40 | Transaction ID : SD10.23588 | |
| Amount Incurred This Period 0.00 | Payment This Period 55070.40 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 16847.25 | Transaction ID : SD10.23589 | |
| Amount Incurred This Period 0.00 | Payment This Period 16847.25 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Direct mail services |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 287.44 | Transaction ID : SD10.23590 | |
| Amount Incurred This Period 0.00 | Payment This Period 287.44 | 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 18 OF 22 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Campaign

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="155906.63"/> | Transaction ID : SD10.23594 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="155906.63"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="46344.38"/> | Transaction ID : SD10.23595 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="46344.38"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Direct mail services |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1824.90"/> | Transaction ID : SD10.23596 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1824.90"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 19 OF 22 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Campaign

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Website services |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 500.00 | Transaction ID : SD10.23597 | |
| Amount Incurred This Period 0.00 | Payment This Period 500.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 15448.13 | Transaction ID : SD10.4598 | |
| Amount Incurred This Period 0.00 | Payment This Period 15448.13 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Issue Advocacy LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | |
| City State Zip Code Sioux Falls SD 57103 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.23543 | |
| Amount Incurred This Period 12358.50 | Payment This Period 12358.50 | 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 20 OF 22 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
National Campaign

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RFP Services, LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 615 S Dupont Highway | |
| City State Zip Code Wilmington DE 19801-1186 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.47160 | |
| Amount Incurred This Period 23429.40 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 23429.40 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RFP Services, LLC | Nature of Debt (Purpose): Phone banks |
| Mailing Address 615 S Dupont Highway | |
| City State Zip Code Wilmington DE 19801-1186 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.47161 | |
| Amount Incurred This Period 88075.26 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 88075.26 |

| | |
|--|---------------------------|
| 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)..... ▶ | 11504.66 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 11504.66 |
| 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) ▶ | 11504.66 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign
FEC IDENTIFICATION NUMBER C C00563759
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Political Issue Advocacy LLC [MEMO ITEM]
Mailing Address 1741 S. Cleveland Ave., Suite 199
City Sioux Falls State SD Zip Code 57103
Purpose of Expenditure Phone banks Category/Type
Name of Federal Candidate Bill Cassidy [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 30896.26

Date of Public Distribution/Dissemination 11 / 17 / 2014
Amount 15448.13
Transaction ID : SE.4596
Date of Disbursement or Obligation
Office Sought: [] House District: []
[] President [X] Senate State: LA
Disbursement For: [] Primary [] General 2014 [X] Other (specify) Runoff

Full Name of Payee Political Issue Advocacy LLC [MEMO ITEM]
Mailing Address 1741 S. Cleveland Ave., Suite 199
City Sioux Falls State SD Zip Code 57103
Purpose of Expenditure Phone banks Category/Type
Name of Federal Candidate Bill Cassidy [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 43254.76

Date of Public Distribution/Dissemination 11 / 24 / 2014
Amount 12358.50
Transaction ID : SE.23541
Date of Disbursement or Obligation
Office Sought: [] House District: []
[] President [X] Senate State: LA
Disbursement For: [] Primary [] General 2014 [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
Ann Mattson [Electronically Filed] Date 01 / 05 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) National Campaign | FEC IDENTIFICATION NUMBER ▼ C C00563759 |
| 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 of Payee Political Issue Advocacy LLC | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | Amount 15448.13 |
| City State Zip Code Sioux Falls SD 57103 | Transaction ID : SE.23602 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 03 / 2014 |
| Purpose of Expenditure Phone bank payment for Ind Exp made on 11/17/14 Cassidy | Category/Type |
| Name of Federal Candidate Bill Cassidy | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| 43254.76 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|---|
| Full Name of Payee Political Issue Advocacy LLC | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | Amount 12358.50 |
| City State Zip Code Sioux Falls SD 57103 | Transaction ID : SE.23603 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 03 / 2014 |
| Purpose of Expenditure Phone bank payment for Ind Exp made on 11/24/14 Cassidy | Category/Type |
| Name of Federal Candidate Bill Cassidy | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| 43254.76 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 27806.63 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 27806.63 |

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.

Ann Mattson
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 05 / 2015