## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
	O states
Check if X 24-hour report 48-hour report New report Amends re	eport filed on M M / D D / Y Y Y Y Y
Full Name of Payee Eichenbaum and Associates	Date of Public Distribution/Dissemination
	07 29 7 2014
Mailing Address 219 N Milwaukee St	Amount
City State Zip Code	124728.00
Milwaukee WI 53202-5818	Transaction ID : VN7BA9TGS81  Date of Disbursement or Obligation
Purpose of Expenditure Advertising  Category/ Type  00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: X House District: 04
MICHAEL RICHARD POMPEO Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	124728.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	124728.00
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
	ate 07 30 2014
Signature	