

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

RECEIVED

2014 OCT 17 AM 11:34  
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation  
**JOHN E WADE II**

(b) Address (number and street)  check if different than previously reported  
**1225 SECOND STREET**

(c) City, State and ZIP Code  
**NEW ORLEANS, LA 70130**

2. Occupation and Name of Employer (for Individual Filers Only)  
**SELF-EMPLOYED**

3. FEC Identification Number  
**C 90010588**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

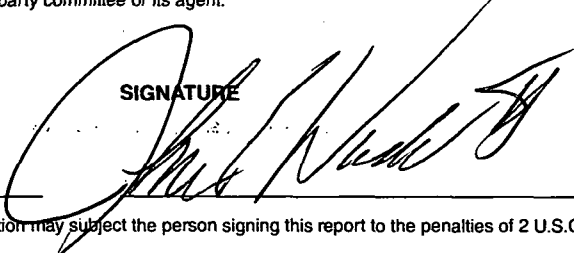
5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....  **245875**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: **JOHN E WADE II**

SIGNATURE: 

DATE: **10/10/2014**

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

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

N/A

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 FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

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

**TOTAL** This Period (last page carry total to Line 6) .....

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**JOHN E. WADE II**

Full Name (Last, First, Middle Initial) of Payee <b>CHARLOTTE PIOTROWSKI</b>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <b>07 ' 07 ' 2014</b>	
Mailing Address <b>500 JEFFERSON AVENUE</b>		Amount <b>6,750.00</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70001</b>	
Purpose of Expenditure <b>WEB SITE MANAGEMENT FOR BLOGS</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>LA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL CASSIDY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2,700.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>CHARLOTTE PIOTROWSKI</b>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <b>07 ' 27 ' 2014</b>	
Mailing Address <b>500 JEFFERSON AVENUE</b>		Amount <b>6,750.00</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70001</b>	
Purpose of Expenditure <b>WEB SITE MANAGEMENT FOR BLOGS</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>LA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL CASSIDY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3,375.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>CHARLOTTE PIOTROWSKI</b>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <b>09 ' 11 ' 2014</b>	
Mailing Address <b>500 JEFFERSON AVENUE</b>		Amount <b>6,750.00</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70001</b>	
Purpose of Expenditure <b>WEBSITE MANAGEMENT FOR BLOGS</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>LA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL CASSIDY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>4,050.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>2,025.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>2,025.00</b>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
JOHN E WADE II

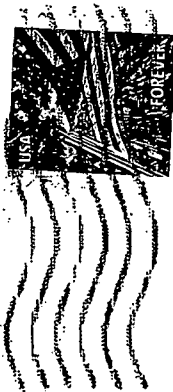
Full Name (Last, First, Middle Initial) of Payee <u>COMPUCAST WEB</u>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <u>07</u> ' <u>30</u> ' <u>2014</u>	
Mailing Address <u>6660 RIVERSIDE DRIVE, SUITE 100</u>		Amount <u>227.50</u>	
City <u>METAIRIE</u>	State <u>LA</u>	Zip Code <u>70003</u>	
Purpose of Expenditure <u>WEBSITE HOSTING &amp; MAINTENANCE</u>	Category/Type <u>001</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>LA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BILL CASSIDY</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>746.25</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>COMPUCAST WEB</u>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <u>08</u> ' <u>05</u> ' <u>2014</u>	
Mailing Address <u>6660 RIVERSIDE DRIVE, SUITE 100</u>		Amount <u>50.00</u>	
City <u>METAIRIE</u>	State <u>LA</u>	Zip Code <u>70003</u>	
Purpose of Expenditure <u>WEBSITE HOSTING &amp; MAINTENANCE</u>	Category/Type <u>001</u>	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <u>LA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BILL CASSIDY</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>796.25</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>COMPUCAST WEB</u>		Date of Public Distribution/Dissemination MM ' DD ' YYYY <u>09</u> ' <u>22</u> ' <u>2014</u>	
Mailing Address <u>6660 RIVERSIDE DRIVE, SUITE 100</u>		Amount <u>156.25</u>	
City <u>METAIRIE</u>	State <u>LA</u>	Zip Code <u>70003</u>	
Purpose of Expenditure <u>WEBSITE HOSTING &amp; MAINTENANCE</u>	Category/Type <u>001</u>	Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <u>LA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BILL CASSIDY</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>952.50</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>433.75</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>2458.75</u>

**JOHN E. WADE II**  
AUTHOR • INVESTOR • PHILANTHROPIST  
RETIRED CERTIFIED PUBLIC ACCOUNTANT  
1225 Second Street  
New Orleans, Louisiana 70130



NEW ORLEANS LA 700

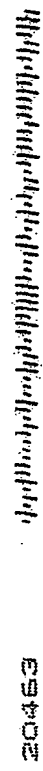
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*Federal Election Commission  
999 E. Street, N.W.  
Washington, DC 20463*



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/10/2014</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i>	<i>10/17/2014</i>
PREPARER (8/2013)	DATE PREPARED