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 ▼
MOVEON.ORG POLÍTICAL ACTION	C C00341396
	C 00341390
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Chism Strategies	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2906 North State St., Suite 302	Amount
City State Zip Code	17500.00
Jackson MS 39216	Transaction ID : SE.46631 Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls Category/ Type	10 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	ce Sought: House District: 00
MARK E UDALL Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought Dist 2014	oursement For: Primary
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 = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	17500.00
	4
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	17500.00
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.	
24.0	10 16 2014
Signature	