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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
	O tititus.
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1199 N Fairfax St	
Ste 220	Amount
City State Zip Code	1975.02
Alexandria VA 22314-1437	Transaction ID: VN7BA9XH293 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Production Category/ Type 004	10 28 7 2014
Name of Federal Candidate Support Office	Sought: X House District: 07
Doug Ose Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Side Zip code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1975.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1975.02
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
David Donnelly [Electronically Filed] Date	0 29 2014
Signature	