

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION		FEC IDENTIFICATION NUMBER ▼ C C00487470
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 2001 L St., NW, Ste. 600		Amount 163.57
City Washington	State DC	Zip Code 20036
Purpose of Expenditure mail production costs (from advance line 21)	Category/Type	Transaction ID : SE.48327 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate ANN MCLANE KUSTER	☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 735478.65		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 5 Maple Road Ste. 300		Amount 9850.00
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure mail production costs	Category/Type	Transaction ID : SE.48325 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate ANN MCLANE KUSTER	☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 721393.52		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10013.57
(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.

Chris Chocola

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2014

Signature

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(Schedule E)PAGE 2 OF 2
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Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Spectrum Marketing Companies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 95 Eddy Road Suite 101		Amount 13921.56	
City Manchester	State NH	Zip Code 03102	Transaction ID : SE.48326
Purpose of Expenditure mail production costs, postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate ANN MCLANE KUSTER		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13921.56
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	23935.13

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.

Chris Chocola

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Date

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Signature