

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Independence USA PAC

ADDRESS (number and street) 575 7th Street, NW
 Check if different than previously reported. (ACC) Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C C00532705

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on M M / D D / Y Y Y Y in the State of DC

5. Covering Period M M / D D / Y Y Y Y 10 / 16 / 2014 through M M / D D / Y Y Y Y 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Diane Gubelli

Signature of Treasurer Diane Gubelli [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 30 / 2015

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Independence USA PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="28460.58"/>	<input type="text" value="28460.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="162437.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4365036.00"/>	<input type="text" value="11358252.26"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4527473.16"/>	<input type="text" value="11386712.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4500149.67"/>	<input type="text" value="11359389.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27323.49"/>	<input type="text" value="27323.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="46521.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Independence USA PAC

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4365036.00	11358252.26
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4365036.00	11358252.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4365036.00	11358252.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4365036.00	11358252.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4365036.00	11358252.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1087257.47	3352330.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1087257.47	3352330.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	512850.65	2611771.51
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2900041.55	5395287.30
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4500149.67	11359389.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500149.67	11359389.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4365036.00	11358252.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4365036.00	11358252.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1087257.47	3352330.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1087257.47	3352330.54

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Michael R. Bloomberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : SA11AI.4699
Mailing Address 909 Third Avenue		Amount of Each Receipt this Period 445000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7438216.26	

Full Name (Last, First, Middle Initial) B. Michael R. Bloomberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014 Transaction ID : SA11AI.4700
Mailing Address 909 Third Avenue		Amount of Each Receipt this Period 1700000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9138216.26	

Full Name (Last, First, Middle Initial) C. Michael R. Bloomberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 Transaction ID : SA11AI.4701
Mailing Address 909 Third Avenue		Amount of Each Receipt this Period 16700.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9154916.26	

SUBTOTAL of Receipts This Page (optional).....▶	2161700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Michael R. Bloomberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SA11AI.4702
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 516833.00
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9671749.26	

Full Name (Last, First, Middle Initial) B. Michael R. Bloomberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SA11AI.4703
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500000.00
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10171749.26	

Full Name (Last, First, Middle Initial) C. Michael R. Bloomberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SA11AI.4704
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400000.00
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10571749.26	

SUBTOTAL of Receipts This Page (optional).....▶	1416833.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Michael R. Bloomberg		Date of Receipt 11 / 04 / 2014 Transaction ID : SA11AI.4723
Mailing Address 909 Third Avenue		Amount of Each Receipt this Period 17003.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		In-kind - Project Management
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10588752.26	

Full Name (Last, First, Middle Initial) B. Michael R. Bloomberg		Date of Receipt 11 / 13 / 2014 Transaction ID : SA11AI.4726
Mailing Address 909 Third Avenue		Amount of Each Receipt this Period 153500.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		In-kind - Polling
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10742252.26	

Full Name (Last, First, Middle Initial) C. Michael R. Bloomberg		Date of Receipt 11 / 17 / 2014 Transaction ID : SA11AI.4728
Mailing Address 909 Third Avenue		Amount of Each Receipt this Period 367500.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		In-kind - Polling
Name of Employer Bloomberg LP	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11109752.26	

SUBTOTAL of Receipts This Page (optional).....▶	538003.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Michael R. Bloomberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SA11AI.4730
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43000.00
Name of Employer Bloomberg LP	Occupation Executive	In-kind - Polling
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11152752.26	

Full Name (Last, First, Middle Initial) B. Michael R. Bloomberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SA11AI.4732
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 205500.00
Name of Employer Bloomberg LP	Occupation Executive	In-kind - Polling
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11358252.26	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	248500.00
TOTAL This Period (last page this line number only).....▶	4365036.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address 114 W. 47th St.
6th Floor

Transaction ID : SB21B.4709

City New York State NY Zip Code 10036

Amount of Each Disbursement this Period

392.81

Purpose of Disbursement
Bank Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2014

Mailing Address 114 W. 47th St.
6th Floor

Transaction ID : SB21B.4710

City New York State NY Zip Code 10036

Amount of Each Disbursement this Period

842.34

Purpose of Disbursement
Bank Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Michael R. Bloomberg

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Mailing Address 909 Third Avenue

Transaction ID : SB21B.4724

City New York State NY Zip Code 10022

Amount of Each Disbursement this Period

17003.00

Purpose of Disbursement
In-kind - Project Management

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

18238.15

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Michael R. Bloomberg		Date of Disbursement MM / DD / YYYY 11 / 13 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SB21B.4727
City New York	State NY	
Zip Code 10022	Purpose of Disbursement In-kind - Polling	Amount of Each Disbursement this Period 153500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Michael R. Bloomberg		Date of Disbursement MM / DD / YYYY 11 / 17 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SB21B.4729
City New York	State NY	
Zip Code 10022	Purpose of Disbursement In-kind - Polling	Amount of Each Disbursement this Period 367500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Michael R. Bloomberg		Date of Disbursement MM / DD / YYYY 11 / 17 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SB21B.4731
City New York	State NY	
Zip Code 10022	Purpose of Disbursement In-kind - Polling	Amount of Each Disbursement this Period 43000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	564000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Michael R. Bloomberg		Date of Disbursement MM / DD / YYYY 11 / 17 / 2014
Mailing Address 909 Third Avenue		Transaction ID : SB21B.4733
City New York	State NY	
Zip Code 10022	Purpose of Disbursement In-kind - Polling	Amount of Each Disbursement this Period 205500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Global Strategy Group, LLC		Date of Disbursement MM / DD / YYYY 11 / 20 / 2014
Mailing Address 895 Broadway 5th Floor		Transaction ID : SB21B.4715
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Consultant - Strategy	Amount of Each Disbursement this Period 25000.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Marathon Strategies LLC		Date of Disbursement MM / DD / YYYY 11 / 10 / 2014
Mailing Address 38 East 29th Street Fourth Floor		Transaction ID : SB21B.4720
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Consultant - Research	Amount of Each Disbursement this Period 60000.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	290500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)

A. SKDKnickerbocker

Mailing Address 1150 18th Street NW
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Media Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4735

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Venable LLP

Mailing Address 575 7th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4716

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial) A. Revolution Media Group LLC		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1020 Princess Street		Transaction ID : SB29.4747
City Alexandria	State VA	
Purpose of Disbursement Media - Nonfederal Expenditure	Candidate Name	Amount of Each Disbursement this Period 445000.00
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Revolution Media Group LLC		Date of Disbursement MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1020 Princess Street		Transaction ID : SB29.4749
City Alexandria	State VA	
Purpose of Disbursement Media - Nonfederal Expenditure	Candidate Name	Amount of Each Disbursement this Period 3706.56
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Revolution Media Group LLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1020 Princess Street		Transaction ID : SB29.4750
City Alexandria	State VA	
Purpose of Disbursement Media - Nonfederal Expenditure	Candidate Name	Amount of Each Disbursement this Period 200000.00
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	648706.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)

A. SKDKnickerbocker

Mailing Address 1150 18th Street NW
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Media - Nonfederal Expenditure

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4740

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SKDKnickerbocker

Mailing Address 1150 18th Street NW
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Media - Nonfederal Expenditure

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4741

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SKDKnickerbocker

Mailing Address 1150 18th Street NW
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Media - Nonfederal Expenditure

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4742

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)

A. SKDKnickerbocker

Mailing Address 1150 18th Street NW
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Media - Nonfederal Expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4743

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Independence USA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Geller & Co.	Nature of Debt (Purpose): Financial Advisory Services
Mailing Address 909 Third Avenue	
City State Zip Code New York NY 10022	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4722	
Amount Incurred This Period 13485.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13485.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Venable LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 575 7th Street, NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4751	
Amount Incurred This Period 33036.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33036.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	46521.00
2) TOTALS This Period (last page this line number only)..... ▶	46521.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	46521.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Independence USA PAC	FEC IDENTIFICATION NUMBER ▼ C C00532705
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>	

Full Name of Payee SKDKnickerbocker	Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 30 / 2014
Mailing Address 1150 18th Street NW Suite 800	Amount <input type="text" value="512850.65"/>
City Washington State DC Zip Code 20036	Transaction ID : SE.4695
Purpose of Expenditure TV Ad Buy and Production	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 10 / 30 / 2014
Name of Federal Candidate AL FRANKEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="512850.65"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="512850.65"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value=""/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="512850.65"/>

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.

Diane Gubelli
Signature

[Electronically Filed]

Date 01 / 30 / 2015