

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ESAFund

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="2016"/>		<input type="text" value="1342450.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="341155.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6871098.92"/>	<input type="text" value="7551103.92"/>
(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="7212254.09"/>	<input type="text" value="8893554.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2946597.97"/>	<input type="text" value="4627898.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4265656.12"/>	<input type="text" value="4265656.12"/>
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="0.00"/>	

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

ESAFund

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

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).....	4721937.72	5401937.72
(ii) Unitemized	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4721937.72	5401942.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2144964.20	2144964.20
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6866901.92	7546906.92
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).....	4197.00	4197.00
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)).....▶	6871098.92	7551103.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6871098.92	7551103.92

DETAILED SUMMARY PAGE
of Disbursements

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	496612.21	521207.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	496612.21	521207.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	175000.00	275000.00
24. Independent Expenditures (use Schedule E)	2274985.76	3811691.05
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	20000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2946597.97	4627898.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2946597.97	4627898.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6866901.92	7546906.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6866901.92	7546906.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	496612.21	521207.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4197.00	4197.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	492415.21	517010.51

**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 76
<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

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)
ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. American Warrior, Inc.		Date of Receipt MM / DD / YYYY 07 / 25 / 2016 Transaction ID : SA11AI.6715
Mailing Address 3118 Cummings Road		Amount of Each Receipt this Period 50000.00
City Garden City	State KS	Zip Code 67846
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrett, Jonathan, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.6872
Mailing Address 1700 Broadway, 38th Floor		Amount of Each Receipt this Period 25000.00
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Luminus Management, LLC	Occupation (for Individual) president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bollinger, Donald, , ,		Date of Receipt MM / DD / YYYY 09 / 29 / 2016 Transaction ID : SA11AI.6950
Mailing Address 400 Poydras Street Suite 2480		Amount of Each Receipt this Period 25000.00
City New Orleans	State LA	Zip Code 70130
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a	Occupation (for Individual) retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....	100000.00
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 7 OF 76
	(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)
ESAFund

A. Borck, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1506
 City Great Bend State KS Zip Code 67530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Livestock Services Occupation (for Individual) chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt **07 / 25 / 2016**
Transaction ID : SA11AI.6704
 Amount of Each Receipt this Period 12500.00
 Memo Item

B. Canizaro, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Poydras Street, #1700
 City New Orleans State LA Zip Code 70112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Trust Corporation Occupation (for Individual) banker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA11AI.6913
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. Cherokee Warrior, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 399
 City Garden City State KS Zip Code 67846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **07 / 26 / 2016**
Transaction ID : SA11AI.6708
 Amount of Each Receipt this Period 50000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	72500.00
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 76
	<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	

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NAME OF COMMITTEE (In Full)
ESAFund

A. Conestoga Energy Partners, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 N. Kansas Avenue
 Suite 101
 City Liberal State KS Zip Code 67901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 55000.00

Date of Receipt **07 / 25 / 2016**
Transaction ID : SA11AI.6728
 Amount of Each Receipt this Period 25000.00
 Memo Item

B. DeVos, Daniel, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Ottawa Avenue, N.W.
 Suite 500
 City Grand Rapids State MI Zip Code 49303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RDV Corporation executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA11AI.6922
 Amount of Each Receipt this Period 20000.00
 Memo Item

C. DeVos, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Ottawa Avenue, N.W.
 Suite 500
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RDV Corporation executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA11AI.6924
 Amount of Each Receipt this Period 20000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65000.00
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 9 OF 76
<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)
ESAFund

A. DeVos, Richard, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Ottawa Avenue, N.W.
 Suite 500
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RDV Corporation Occupation (for Individual) executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11AI.6917
 Amount of Each Receipt this Period 20000.00
 Memo Item

B. DeVos, Richard, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Ottawa Avenue, N.W., #500
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RDV Corporation Occupation (for Individual) executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11AI.6920
 Amount of Each Receipt this Period 20000.00
 Memo Item

C. DeVos, Suzanne Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Ottawa Avenue, N.W.
 Suite 500
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RDV Corporation Occupation (for Individual) executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11AI.6923
 Amount of Each Receipt this Period 20000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60000.00
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 10 OF 76
<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)
ESAFund

A. Ending Spending, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Slaters Lane

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
46515.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

Transaction ID : SA11AI.7019

Amount of Each Receipt this Period
46515.31

Memo Item
In-kind - payroll/admin

B. Ending Spending, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Slaters Lane

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89143.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : SA11AI.7021

Amount of Each Receipt this Period
42628.56

Memo Item
In-kind - payroll/admin

C. Ending Spending, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Slaters Lane

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
119937.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.7023

Amount of Each Receipt this Period
30793.85

Memo Item
In-kind - payroll/admin

SUBTOTAL of Receipts This Page (optional).....	119937.72
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 11 OF 76
<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)
ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hargroder, Don, P., ,		Date of Receipt MM / DD / YYYY 09 / 29 / 2016
Mailing Address 4750 Johnston Street		Transaction ID : SA11AI.6943
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer (for Individual) Courtesy Automotive	Occupation (for Individual) president	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harris, Hunter A., , ,		Date of Receipt MM / DD / YYYY 08 / 04 / 2016
Mailing Address 5516 Chadwick Road		Transaction ID : SA11AI.6831
City Fairway	State KS	Zip Code 66205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Lane 4 Developers	Occupation (for Individual) business development	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Innovative Livestock Services, Inc.		Date of Receipt MM / DD / YYYY 07 / 25 / 2016
Mailing Address P. O. Box 1506		Transaction ID : SA11AI.6706
City Great Bend	State KS	Zip Code 67530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12500.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 12500.00	

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
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 12 OF 76
	<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)
ESAFund

A. Kansas Ethanol, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 Avenue Q
 City Lyons State KS Zip Code 67554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **08 / 01 / 2016**
Transaction ID : SA11AI.6808
 Amount of Each Receipt this Period 7500.00
 Memo Item

B. Lowe, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11777 San Vicente Blvd., #900
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lowe Enterprises, Inc. chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 06 / 2016**
Transaction ID : SA11AI.6874
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. McMahon, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Hurlingham Drive
 City Greenwich State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 self-employed executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt **07 / 29 / 2016**
Transaction ID : SA11AI.6733
 Amount of Each Receipt this Period 250000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	262500.00
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 13 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ESAFund

A. O'Brate, Cecil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 399
 City Garden City State KS Zip Code 67846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mid-Continent Resources, Inc. Occupation (for Individual) c.e.o. and president
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **08 / 01 / 2016**
Transaction ID : SA11AI.6807
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. Powers, William, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11766 Wilshire Blvd., #1470
 City Los Angeles State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Strand Partners Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **07 / 27 / 2016**
Transaction ID : SA11AI.6718
 Amount of Each Receipt this Period 25000.00
 Memo Item

C. Ricketts, Marlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 31519
 City Omaha State NE Zip Code 68131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt **09 / 27 / 2016**
Transaction ID : SA11AI.6930
 Amount of Each Receipt this Period 3000000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3035000.00
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 14 OF 76
<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)
ESAFund

A. Roberts, David, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17927 E. Augusta Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Excel Group, LLC president
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : SA11AI.6948
 Amount of Each Receipt this Period
 20000.00
 Memo Item

B. Singer, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 W. 57th Street, 30th Floor
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Elliott Management Corp. c.e.o.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2016
Transaction ID : SA11AI.6601
 Amount of Each Receipt this Period
 950000.00
 Memo Item

c. St. Martin De Porres Multi-Care Center
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Teal Street
 City Lake Charles State LA Zip Code 70616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2016
Transaction ID : SA11AI.6946
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	971000.00
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 15 OF 76
(check only one)

<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)
ESAFund

A. Stewart, Johnie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 607 Burrow Drive

City Keyes	State OK	Zip Code 73947
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) farmer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2016

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period
1000.00

Memo Item

B. White Energy Holding Company, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2745 N. Dallas Pkwy., #670

City Plano	State TX	Zip Code 75093
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2016

Transaction ID : SA11AI.6837

Amount of Each Receipt this Period
10000.00

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	4721937.72

**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 16 OF 76
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
ESAFund

A. John Kennedy Campaign Committee, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P. O. Box 80794

City Baton Rouge	State LA	Zip Code 70898
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2016

Transaction ID : SA11C.6829

Amount of Each Receipt this Period
2000000.00

Memo Item

B. Kansas Livestock Association PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6031 S.W. 37th Street

City Topeka	State KS	Zip Code 66614
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2016

Transaction ID : SA11C.6576

Amount of Each Receipt this Period
25000.00

Memo Item

C. Make Louisiana Proud PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P. O. Box 80771

City Baton Rouge	State LA	Zip Code 70898
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
99464.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2016

Transaction ID : SA11C.6603

Amount of Each Receipt this Period
99464.20

Memo Item
In-kind - research

SUBTOTAL of Receipts This Page (optional).....	2124464.20
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 17 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ESAFund

A. Make Louisiana Proud PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 80771
 City Baton Rouge State LA Zip Code 70898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 119964.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : SA11C.6605
 Amount of Each Receipt this Period
 20500.00
 Memo Item

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20500.00
TOTAL This Period (last page this line number only).....	2144964.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 76
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ESAFund

A. Connection Strategy, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P. O. Box 2192

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4197.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2016

Transaction ID : SA15.6852

Amount of Each Receipt this Period
4197.00

Memo Item
refund-telephone calls

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4197.00
TOTAL This Period (last page this line number only).....▶	4197.00

**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"/> 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)
ESAFund

Full Name (Last, First, Middle Initial) A. Clout Research		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address P. O. Box 207		FEC Identification Number C [] Transaction ID : SB21B.6937 Amount of Each Disbursement this Period [] 3000.00
City Dublin	State OH	Zip Code 43017
Purpose of Disbursement survey		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Connection Strategy, LLC		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address P. O. Box 2192		FEC Identification Number C [] Transaction ID : SB21B.6673 Amount of Each Disbursement this Period [] 4197.00
City Arlington	State VA	Zip Code 22202
Purpose of Disbursement telephone calls-not disseminated		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Del Cielo Media, LLC		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016
Mailing Address 1427 Leslie Avenue Suite 102		FEC Identification Number C [] Transaction ID : SB21B.6660 Amount of Each Disbursement this Period [] -1158.50
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement media placement-See line 24		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6038.50
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"/> 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)
ESAFund

Full Name (Last, First, Middle Initial) A. Del Cielo Media, LLC		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 1427 Leslie Avenue Suite 102		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6662 Amount of Each Disbursement this Period -1158.50	
City Alexandria	State VA	Zip Code 22301	Category/ Type
Purpose of Disbursement media placement-See line 24			
Candidate Name		Memo Item <input type="checkbox"/>	
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. eDonations		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016	
Mailing Address 117 N. Saint Asaph Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6876 Amount of Each Disbursement this Period 1965.44	
City Alexandria	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement online fundraising			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Ending Spending, Inc.		Date of Disbursement MM / DD / YYYY 07 / 31 / 2016	
Mailing Address 815 Slaters Lane		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7020 Amount of Each Disbursement this Period 46515.31	
City Alexandria	State VA	Zip Code 22314	Category/ Type
Purpose of Disbursement In-kind - payroll/admin			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	47322.25
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"/> 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)
ESAFund

A. Ending Spending, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement In-kind - payroll/admin

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.7022**

Amount of Each Disbursement this Period: 42628.56

Memo Item

B. Ending Spending, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement In-kind - payroll/admin

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.7024**

Amount of Each Disbursement this Period: 30793.85

Memo Item

C. Make Louisiana Proud PAC

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 80771

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement In-kind - research

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6604**

Amount of Each Disbursement this Period: 99464.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 172886.61

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"/> 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)
ESAFund

Full Name (Last, First, Middle Initial)

A. Mentzer Media Services, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

Mailing Address 600 Fairmount Avenue, #306

FEC Identification Number

C

Transaction ID : SB21B.6932
Amount of Each Disbursement this Period

35000.00

Memo Item

City Towson State MD Zip Code 21286

Purpose of Disbursement
media placement-not disseminated

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Mentzer Media Services, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

Mailing Address 600 Fairmount Avenue, #306

FEC Identification Number

C

Transaction ID : SB21B.6939
Amount of Each Disbursement this Period

209450.00

Memo Item

City Towson State MD Zip Code 21286

Purpose of Disbursement
media placement-not disseminated

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Red November, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

Mailing Address 1557 Brame Drive

FEC Identification Number

C

Transaction ID : SB21B.6977
Amount of Each Disbursement this Period

2000.00

Memo Item

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
media production-not disseminated

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

246450.00

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"/> 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)
ESAFund

Full Name (Last, First, Middle Initial) A. Robert Watkins & Company		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016	
Mailing Address 610 S. Boulevard		FEC Identification Number C [] Transaction ID : SB21B.6871 Amount of Each Disbursement this Period 6472.35	
City Tampa	State FL	Zip Code 33606	Category/ Type []
Purpose of Disbursement accounting services			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Targeted Victory		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016	
Mailing Address 1033 N. Fairfax Street Suite 400		FEC Identification Number C [] Transaction ID : SB21B.6954 Amount of Each Disbursement this Period 212.50	
City Alexandria	State VA	Zip Code 22314	Category/ Type []
Purpose of Disbursement software			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Wiley Rein, LLP		Date of Disbursement MM / DD / YYYY 07 / 27 / 2016	
Mailing Address P. O. Box 743878		FEC Identification Number C [] Transaction ID : SB21B.6716 Amount of Each Disbursement this Period 17230.00	
City Atlanta	State GA	Zip Code 30374	Category/ Type []
Purpose of Disbursement legal services			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	23914.85
TOTAL This Period (last page this line number only).....▶	496612.21

**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 checked="" type="checkbox"/> 23	<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)
ESAFund

A. America Rising PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1555 Wilson Blvd., #307

City Arlington State VA Zip Code 22209

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2016

FEC Identification Number: C

Transaction ID : **SB23.6838**

Amount of Each Disbursement this Period: 25000.00

Memo Item

B. Independent Voice for Illinois PAC

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C C00572743

Transaction ID : **SB23.6941**

Amount of Each Disbursement this Period: 150000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	175000.00
TOTAL This Period (last page this line number only).....▶	175000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 76
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ESAFund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy			Nature of Debt (Purpose): online advertising
Mailing Address P. O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 29250.00	Transaction ID : SD10.6582	
Amount Incurred This Period 0.00	Payment This Period 29250.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy			Nature of Debt (Purpose): direct mail services
Mailing Address P. O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 16945.50	Transaction ID : SD10.6583	
Amount Incurred This Period 0.00	Payment This Period 16945.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy			Nature of Debt (Purpose): direct mail services
Mailing Address P. O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 16945.50	Transaction ID : SD10.6584	
Amount Incurred This Period 0.00	Payment This Period 16945.50	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Advantage Direct	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2300 Clarendon Blvd. Suite 303	Amount <input type="text"/> 7159.07 Transaction ID : SE.6867 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22201	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Dunn MD FACS, Neal Patrick, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 235734.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Advantage Direct	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2300 Clarendon Blvd. Suite 303	Amount <input type="text"/> 7395.57 Transaction ID : SE.6870 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22201	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Dunn MD FACS, Neal Patrick, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 243129.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 14554.64
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Axis Research, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 107 S. West Street PMB 148	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	Transaction ID : SE.6889
Purpose of Expenditure research Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Kennedy, John Neely, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 306380.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Axis Research, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 107 S. West Street PMB 148	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	Transaction ID : SE.6905
Purpose of Expenditure research Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Fleming, John C., , , Jr. <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 315830.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 28350.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Axis Research, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 107 S. West Street PMB 148	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	Transaction ID : SE.6907
Purpose of Expenditure research Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Boustany, Charles W., , Dr., Jr. <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 325280.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 2192	Amount <input type="text"/>
City Arlington State VA Zip Code 22202	Transaction ID : SE.6687
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Ferguson IV, Anderson Drew, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 463820.30	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 15159.30
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Connection Strategy, LLC
Mailing Address
P. O. Box 2192
City
Arlington
State
VA
Zip Code
22202
Purpose of Expenditure
telephone calls
Category/Type
Date of Public Distribution/Dissemination
07 / 22 / 2016
Amount
5709.30
Transaction ID : SE.6689
Date of Disbursement or Obligation
07 / 20 / 2016

Name of Federal Candidate:
Crane, Michael, ,
Support
Oppose
Office Sought:
House
District: 03
President
Senate
State: GA
Calendar Year-To-Date
Per Election for Office Sought
469529.60
Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Connection Strategy, LLC
Mailing Address
P. O. Box 2192
City
Arlington
State
VA
Zip Code
22202
Purpose of Expenditure
telephone calls
Category/Type
Date of Public Distribution/Dissemination
07 / 23 / 2016
Amount
2468.70
Transaction ID : SE.6692
Date of Disbursement or Obligation
07 / 20 / 2016

Name of Federal Candidate:
Ferguson IV, Anderson Drew, ,
Support
Oppose
Office Sought:
House
District: 03
President
Senate
State: GA
Calendar Year-To-Date
Per Election for Office Sought
471998.30
Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 8178.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., , [Electronically Filed]
Signature Date 10 / 15 / 2016

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 23 / 2016 </div>			
Mailing Address P. O. Box 2192	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2468.70 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Arlington</td> <td style="width:17%;">State VA</td> <td style="width:50%;">Zip Code 22202</td> </tr> </table>		City Arlington	State VA	Zip Code 22202
City Arlington		State VA	Zip Code 22202	
Purpose of Expenditure telephone calls	Category/Type 			
Name of Federal Candidate: <input type="checkbox"/> Support Crane, Michael, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>			
Calendar Year-To-Date Per Election for Office Sought 474467.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>			

Full Name of Payee <input type="checkbox"/> Memo Item Connection Strategy, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 25 / 2016 </div>			
Mailing Address P. O. Box 2192	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 13702.80 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Arlington</td> <td style="width:17%;">State VA</td> <td style="width:50%;">Zip Code 22202</td> </tr> </table>		City Arlington	State VA	Zip Code 22202
City Arlington		State VA	Zip Code 22202	
Purpose of Expenditure telephone calls	Category/Type 			
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Ferguson IV, Anderson Drew, , , <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>			
Calendar Year-To-Date Per Election for Office Sought 488169.80	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 16171.50 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
---	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item DDC Advocacy	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 805 15th Street, N.W. Suite 300	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 30362.88 </div>
City Washington State DC Zip Code 20005	Transaction ID : SE.6840 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure telephone calls Category/Type	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Cheney, Elizabeth, , , Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: WY
Calendar Year-To-Date Per Election for Office Sought 30362.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 108222.00 </div>
City Alexandria State VA Zip Code 22301	Transaction ID : SE.6644 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure media placement Category/Type	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , , Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought 562739.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 138584.88 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 19 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 108222.00 </div>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 670961.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 19 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1158.50 </div>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 672179.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">109380.50</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Del Cielo Media, LLC
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: media placement
Amount: 1158.50
Transaction ID: SE.6666
Date of Disbursement or Obligation: 07/19/2016

Name of Federal Candidate: Huelskamp, Timothy A., ,
Office Sought: House
District: 01
State: KS
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 673338.30

Full Name of Payee: Del Cielo Media, LLC
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: media placement
Amount: 186493.00
Transaction ID: SE.6722
Date of Disbursement or Obligation: 07/22/2016

Name of Federal Candidate: Huelskamp, Timothy A., ,
Office Sought: House
District: 01
State: KS
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 899975.48

(a) SUBTOTAL of Itemized Independent Expenditures: 187651.50
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <input type="text"/> 14975.50 Transaction ID : SE.6776 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 914950.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <input type="text"/> 14975.50 Transaction ID : SE.6777 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 929926.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 29951.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <input type="text"/> 30103.00 Transaction ID : SE.6768 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type <input type="text"/>	

Name of Federal Candidate: Marshall, Roger W., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1025875.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <input type="text"/> 30103.00 Transaction ID : SE.6769 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type <input type="text"/>	

Name of Federal Candidate: Huelskamp, Timothy A., , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1055978.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 60206.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 28 / 2016</div>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">-69934.88</div>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement-change in ad Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought 986043.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 28 / 2016</div>
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">69934.88</div>
City Alexandria State VA Zip Code 22301	
Purpose of Expenditure media placement Category/Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought 1055978.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>

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Watkins, Nancy H., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Del Cielo Media, LLC
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: media placement
Date of Public Distribution/Dissemination: 08/20/2016
Amount: 125550.00
Transaction ID: SE.6845
Date of Disbursement or Obligation: 08/19/2016

Name of Federal Candidate: Thomas, Mary, ,
Office Sought: House District: 02 State: FL
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 125550.00

Full Name of Payee: Del Cielo Media, LLC
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: media placement
Date of Public Distribution/Dissemination: 08/24/2016
Amount: 25525.00
Transaction ID: SE.6854
Date of Disbursement or Obligation: 08/25/2016

Name of Federal Candidate: Thomas, Mary, ,
Office Sought: House District: 02 State: FL
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 228575.00

(a) SUBTOTAL of Itemized Independent Expenditures: 151075.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item IMGE, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 603 King Street 4th Floor	Amount <input type="text"/> 45000.00 Transaction ID : SE.6850 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure online advertising Category/Type <input type="text"/>	
Name of Federal Candidate: Thomas, Mary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 178050.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item IMGE, LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 603 King Street 4th Floor	Amount <input type="text"/> 25000.00 Transaction ID : SE.6858 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure online advertising Category/Type <input type="text"/>	
Name of Federal Candidate: Thomas, Mary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 203050.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 70000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Signature Watkins, Nancy H., , [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure advertising
Category/Type
Date of Public Distribution/Dissemination 07/28/2016
Amount 2165.40
Transaction ID : SE.6756
Date of Disbursement or Obligation 07/29/2016

Name of Federal Candidate:
Marshall, Roger W., ,
Support Oppose
Office Sought: House District: 01
President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1058143.99
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure advertising
Category/Type
Date of Public Distribution/Dissemination 07/28/2016
Amount 2165.40
Transaction ID : SE.6757
Date of Disbursement or Obligation 07/29/2016

Name of Federal Candidate:
Huelskamp, Timothy A., ,
Support Oppose
Office Sought: House District: 01
President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1060309.39
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4330.80
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., , [Electronically Filed] Date 10/15/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: McCarthy Hennings Media, Inc.
Mailing Address: 1850 M Street, N.W., #235
City: Washington, State: DC, Zip Code: 20004
Purpose of Expenditure: media production
Name of Federal Candidate: Marshall, Roger W., Support
Office Sought: House, District: 01, State: KS
Disbursement For: Primary
Amount: 987.52
Transaction ID: SE.6760
Date of Disbursement or Obligation: 07/29/2016
Calendar Year-To-Date Per Election for Office Sought: 1061296.91

Full Name of Payee: McCarthy Hennings Media, Inc.
Mailing Address: 1850 M Street, N.W., #235
City: Washington, State: DC, Zip Code: 20004
Purpose of Expenditure: media production
Name of Federal Candidate: Huelskamp, Timothy A., Oppose
Office Sought: House, District: 01, State: KS
Disbursement For: Primary
Amount: 987.52
Transaction ID: SE.6761
Date of Disbursement or Obligation: 07/29/2016
Calendar Year-To-Date Per Election for Office Sought: 1062284.43

(a) SUBTOTAL of Itemized Independent Expenditures: 1975.04
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure media production
Category/Type
Date of Public Distribution/Dissemination 09/18/2016
Amount 11162.74
Transaction ID : SE.6909
Date of Disbursement or Obligation 09/20/2016

Name of Federal Candidate: Fleming, John C., , Jr.
Support Oppose
Office Sought: House Senate State: LA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure media production
Category/Type
Date of Public Distribution/Dissemination 09/18/2016
Amount 11162.74
Transaction ID : SE.6911
Date of Disbursement or Obligation 09/20/2016

Name of Federal Candidate: Boustany, Charles W., , Dr., Jr.
Support Oppose
Office Sought: House Senate State: LA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 22325.48
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10/15/2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 15 / 2016 </div>			
Mailing Address 600 Fairmount Avenue, #306	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 75520.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Towson</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21286</td> </tr> </table>		City Towson	State MD	Zip Code 21286
City Towson		State MD	Zip Code 21286	
Purpose of Expenditure media placement				
Name of Federal Candidate: Kennedy, John Neely, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>LA</u>			
Calendar Year-To-Date Per Election for Office Sought 75520.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 18 / 2016 </div>			
Mailing Address 600 Fairmount Avenue, #306	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 97980.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Towson</td> <td style="width:17%; padding: 2px;">State MD</td> <td style="width:50%; padding: 2px;">Zip Code 21286</td> </tr> </table>		City Towson	State MD	Zip Code 21286
City Towson		State MD	Zip Code 21286	
Purpose of Expenditure media placement				
Name of Federal Candidate: Fleming, John C., , , Jr. <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>LA</u>			
Calendar Year-To-Date Per Election for Office Sought 173500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 173500.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Memo Item
Mentzer Media Services, Inc.
Date of Public Distribution/Dissemination
09 / 18 / 2016
Mailing Address 600 Fairmount Avenue, #306
Amount
97980.00
City Towson State MD Zip Code 21286
Transaction ID : SE.6903
Purpose of Expenditure media placement Category/ Type
Name of Federal Candidate: Support Oppose
Boustany, Charles W., , Dr., Jr. Office Sought: House District:
President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 271480.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee Memo Item
Mentzer Media Services, Inc.
Date of Public Distribution/Dissemination
09 / 26 / 2016
Mailing Address 600 Fairmount Avenue, #306
Amount
11600.00
City Towson State MD Zip Code 21286
Transaction ID : SE.6926
Purpose of Expenditure media placement Category/ Type
Name of Federal Candidate: Support Oppose
Fleming, John C., , Jr. Office Sought: House District:
President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 359205.48
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 109580.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016						
Mailing Address 600 Fairmount Avenue, #306	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 11600.00 </div> Transaction ID : SE.6928 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table>		City	State	Zip Code	Towson	MD	21286
City		State	Zip Code				
Towson	MD	21286					
Purpose of Expenditure media placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Boustany, Charles W., , Dr., Jr.	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought 370805.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016						
Mailing Address 600 Fairmount Avenue, #306	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 18150.00 </div> Transaction ID : SE.6933 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table>		City	State	Zip Code	Towson	MD	21286
City		State	Zip Code				
Towson	MD	21286					
Purpose of Expenditure media placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Boustany, Charles W., , Dr., Jr.	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought 388955.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 29750.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Mentzer Media Services, Inc.
Mailing Address
600 Fairmount Avenue, #306
City
Towson State
MD Zip Code
21286
Purpose of Expenditure
media placement
Category/Type
Amount
18150.00
Transaction ID : SE.6935
Date of Disbursement or Obligation
09 / 27 / 2016

Name of Federal Candidate:
Fleming, John C., , Jr.
Support Oppose
Office Sought:
House Senate State: LA
Disbursement For:
Primary General 2016
Other (specify)

Full Name of Payee
Norway Hill Associates, Inc.
Mailing Address
30 Norway Hill Road
City
Hancock State
NH Zip Code
03449
Purpose of Expenditure
direct voter contact/direct marketing
Category/Type
Amount
35776.87
Transaction ID : SE.6735
Date of Disbursement or Obligation
07 / 29 / 2016

Name of Federal Candidate:
Ayotte, Kelly A., ,
Support Oppose
Office Sought:
House Senate State: NH
Disbursement For:
Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
53926.87
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 30 Norway Hill Road	Amount <input type="text"/>
City Hancock State NH Zip Code 03449	Transaction ID : SE.6736
Purpose of Expenditure direct voter contact/direct marketing Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: Hassan, Margaret Wood, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 460400.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 30 Norway Hill Road	Amount <input type="text"/>
City Hancock State NH Zip Code 03449	Transaction ID : SE.6861
Purpose of Expenditure direct voter contact/direct marketing Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: Ayotte, Kelly A., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 529064.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 80414.88
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Signature Watkins, Nancy H., , , [Electronically Filed] Date / /

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 30 Norway Hill Road	Amount <input type="text"/>
City Hancock State NH Zip Code 03449	Transaction ID : SE.6863
Purpose of Expenditure direct voter contact/direct marketing Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Hassan, Margaret Wood, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 551894.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 30 Norway Hill Road	Amount <input type="text"/>
City Hancock State NH Zip Code 03449	Transaction ID : SE.6878
Purpose of Expenditure direct voter contact/direct marketing Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Ayotte, Kelly A., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 586575.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 57510.88
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Watkins, Nancy H., , ,

[Electronically Filed]

Date

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Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 30 Norway Hill Road		Amount <input type="text"/>	
City Hancock	State NH	Zip Code 03449	11560.37
Purpose of Expenditure direct voter contact/direct marketing		Category/Type <input type="text"/>	Transaction ID : SE.6896
Name of Federal Candidate: Hassan, Margaret Wood, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
644377.00		09 / 01 / 2016	

Full Name of Payee <input type="checkbox"/> Memo Item Outlaw Media, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P. O. Box 9735		Amount <input type="text"/>	
City Arlington	State VA	Zip Code 22219	7500.00
Purpose of Expenditure media production		Category/Type <input type="text"/>	Transaction ID : SE.6847
Name of Federal Candidate: Thomas, Mary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
133050.00		08 / 19 / 2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
19060.37	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Watkins, Nancy H., , , **[Electronically Filed]** Date / /
Signature **10 / 15 / 2016**

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Red Eagle Media Group		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 815 Slaters Lane		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6658
Purpose of Expenditure media placement		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Crane, Michael, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <input type="checkbox"/> Memo Item Red November, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1557 Brame Drive		Amount <input type="text"/>	
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : SE.6887
Purpose of Expenditure media production		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Kennedy, John Neely, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Watkins, Nancy H., , ,

[Electronically Filed]

Date

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ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 29250.00 Transaction ID : SE.6593 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure online advertising Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 348937.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 16945.50 Transaction ID : SE.6595 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure direct mail services Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 365882.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 46195.50
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: direct mail services
Category/Type:
Name of Federal Candidate: Marshall, Roger W., Support
Office Sought: House, District: 01, State: KS
Amount: 16945.50
Transaction ID: SE.6598
Date of Disbursement or Obligation: 07/14/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 382828.00

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: direct mail services
Category/Type:
Name of Federal Candidate: Huelskamp, Timothy A., Oppose
Office Sought: House, District: 01, State: KS
Amount: 22446.00
Transaction ID: SE.6611
Date of Disbursement or Obligation: 07/18/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 405274.00

(a) SUBTOTAL of Itemized Independent Expenditures: 39391.50
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) TOTAL Independent Expenditures:

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Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 15138.00 Transaction ID : SE.6617 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure direct mail services Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 420412.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 15138.00 Transaction ID : SE.6619 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure direct mail services Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 435550.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 30276.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2016						
Mailing Address P. O. Box 710993	Amount <div style="border: 1px solid gray; padding: 2px; display: inline-block;">12979.00</div> Transaction ID : SE.6621 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 18 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Herndon</td> <td>VA</td> <td>20171</td> </tr> </table>		City	State	Zip Code	Herndon	VA	20171
City		State	Zip Code				
Herndon	VA	20171					
Purpose of Expenditure direct mail services	Category/Type 						
Name of Federal Candidate: <input type="checkbox"/> Support Huelskamp, Timothy A., , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>						
Calendar Year-To-Date Per Election for Office Sought 448529.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2016						
Mailing Address P. O. Box 710993	Amount <div style="border: 1px solid gray; padding: 2px; display: inline-block;">817.50</div> Transaction ID : SE.6624 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 18 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Herndon</td> <td>VA</td> <td>20171</td> </tr> </table>		City	State	Zip Code	Herndon	VA	20171
City		State	Zip Code				
Herndon	VA	20171					
Purpose of Expenditure telephone calls	Category/Type 						
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Marshall, Roger W., , , <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>						
Calendar Year-To-Date Per Election for Office Sought 449346.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">13796.50</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> </div>

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Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination 07 / 15 / 2016			
Mailing Address P. O. Box 710993	Amount 817.50			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Herndon</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20171</td> </tr> </table>		City Herndon	State VA	Zip Code 20171
City Herndon		State VA	Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type / / 				
Name of Federal Candidate: <input type="checkbox"/> Support Huelskamp, Timothy A., , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>			
Calendar Year-To-Date Per Election for Office Sought 450164.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination 07 / 17 / 2016			
Mailing Address P. O. Box 710993	Amount 2176.78			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Herndon</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 20171</td> </tr> </table>		City Herndon	State VA	Zip Code 20171
City Herndon		State VA	Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type / / 				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Marshall, Roger W., , , <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>			
Calendar Year-To-Date Per Election for Office Sought 452340.78	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	2994.28
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Watkins, Nancy H., , ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 17 / 2016			
Mailing Address P. O. Box 710993	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2176.77</div> Transaction ID : SE.6638 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 18 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Herndon</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20171</td> </tr> </table>		City Herndon	State VA	Zip Code 20171
City Herndon		State VA	Zip Code 20171	
Purpose of Expenditure telephone calls				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>			
Calendar Year-To-Date Per Election for Office Sought 454517.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 19 / 2016			
Mailing Address P. O. Box 710993	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">59.75</div> Transaction ID : SE.6650 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 18 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Herndon</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20171</td> </tr> </table>		City Herndon	State VA	Zip Code 20171
City Herndon		State VA	Zip Code 20171	
Purpose of Expenditure telephone calls				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>			
Calendar Year-To-Date Per Election for Office Sought 671021.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2236.52</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: telephone calls
Category/Type:
Name of Federal Candidate: Huelskamp, Timothy A., . . .
Office Sought: House, District: 01, State: KS
Disbursement For: Primary
Amount: 424.64
Transaction ID: SE.6670
Date of Disbursement or Obligation: 07/19/2016

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: media production
Category/Type:
Name of Federal Candidate: Crane, Michael, . . .
Office Sought: House, District: 03, State: GA
Disbursement For: Other (specify) Runoff
Amount: 6500.00
Transaction ID: SE.6654
Date of Disbursement or Obligation: 07/20/2016

(a) SUBTOTAL of Itemized Independent Expenditures 6924.64
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., . . .

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 364.89 Transaction ID : SE.6668 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: Marshall, Roger W., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 674127.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 4000.00 Transaction ID : SE.6698 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: Marshall, Roger W., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 678127.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4364.89
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 8271.33 Transaction ID : SE.6678 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 686399.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 8271.32 Transaction ID : SE.6680 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 694670.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 16542.65
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 18812.00 Transaction ID : SE.6683 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure direct mail services Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 713482.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 3999.05 Transaction ID : SE.6700 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 933925.53	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 22811.05
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Signature Watkins, Nancy H., , , [Electronically Filed] Date / /

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 7999.04 Transaction ID : SE.6702 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 941924.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 6000.00 Transaction ID : SE.6713 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure media production Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 947924.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 13999.04
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: media production
Category/Type:
Name of Federal Candidate: Marshall, Roger W., Support
Office Sought: House, District: 01, State: KS
Amount: 6350.00
Transaction ID: SE.6729
Date of Disbursement or Obligation: 07/28/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 986922.59

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: media production
Category/Type:
Name of Federal Candidate: Huelskamp, Timothy A., Oppose
Office Sought: House, District: 01, State: KS
Amount: 6350.00
Transaction ID: SE.6731
Date of Disbursement or Obligation: 07/28/2016
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 993272.59

(a) SUBTOTAL of Itemized Independent Expenditures: 12700.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 1250.00 Transaction ID : SE.6764 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 994522.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 1250.00 Transaction ID : SE.6765 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 995772.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2500.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: online advertising
Category/Type:
Name of Federal Candidate: Marshall, Roger W., Support
Office Sought: House, District: 01, State: KS
Calendar Year-To-Date Per Election for Office Sought: 1074784.43
Disbursement For: Primary

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: online advertising
Category/Type:
Name of Federal Candidate: Huelskamp, Timothy A., Oppose
Office Sought: House, District: 01, State: KS
Calendar Year-To-Date Per Election for Office Sought: 1087284.43
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 25000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/>
City Herndon State VA Zip Code 20171	Transaction ID : SE.6798
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1093217.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/>
City Herndon State VA Zip Code 20171	Transaction ID : SE.6800
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1107681.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 16047.29
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 22872.04 Transaction ID : SE.6803 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1130553.76	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 6000.00 Transaction ID : SE.6813 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure online advertising Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1146453.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 28872.04
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 1009.05 Transaction ID : SE.6815 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1147462.76	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 1009.05 Transaction ID : SE.6817 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure telephone calls Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1148471.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2018.10
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
---	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Right Country Lists		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2016	
Mailing Address 117 N. Saint Asaph Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2175.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6794
Purpose of Expenditure voter contact-emails		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 29 / 2016
Name of Federal Candidate: Marshall, Roger W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1089459.43</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Right Country Lists		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2016	
Mailing Address 117 N. Saint Asaph Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2175.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6795
Purpose of Expenditure voter contact-emails		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 29 / 2016
Name of Federal Candidate: Huelskamp, Timothy A., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1091634.43</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">4350.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Right Country Lists		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N. Saint Asaph Street		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6823
Purpose of Expenditure voter contact-emails		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Marshall, Roger W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Right Country Lists		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N. Saint Asaph Street		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6825
Purpose of Expenditure voter contact-emails		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Huelskamp, Timothy A., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. West Street, #461		Amount <input type="text"/>	
City Alexandra	State VA	Zip Code 22314	Transaction ID : SE.6742
Purpose of Expenditure advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Marshall, Roger W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. West Street, #461		Amount <input type="text"/>	
City Alexandra	State VA	Zip Code 22314	Transaction ID : SE.6743
Purpose of Expenditure advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Huelskamp, Timothy A., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

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Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. West Street, #461		Amount <input type="text"/>	
City Alexandra	State VA	Zip Code 22314	Transaction ID : SE.6747
Purpose of Expenditure advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Marshall, Roger W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. West Street, #461		Amount <input type="text"/>	
City Alexandra	State VA	Zip Code 22314	Transaction ID : SE.6748
Purpose of Expenditure advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Huelskamp, Timothy A., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. West Street, #461		Amount <input type="text"/>	
City Alexandra	State VA	Zip Code 22314	Transaction ID : SE.6751
Purpose of Expenditure advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Marshall, Roger W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. West Street, #461		Amount <input type="text"/>	
City Alexandra	State VA	Zip Code 22314	Transaction ID : SE.6752
Purpose of Expenditure advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Huelskamp, Timothy A., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2016						
Mailing Address 107 S. West Street, #461	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4949.98</div> Transaction ID : SE.6809 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandra</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	Alexandra	VA	22314
City		State	Zip Code				
Alexandra	VA	22314					
Purpose of Expenditure advertising Category/Type 							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS						
Calendar Year-To-Date Per Election for Office Sought 1135503.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item SPL Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2016						
Mailing Address 107 S. West Street, #461	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4949.97</div> Transaction ID : SE.6811 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandra</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	Alexandra	VA	22314
City		State	Zip Code				
Alexandra	VA	22314					
Purpose of Expenditure advertising Category/Type 							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS						
Calendar Year-To-Date Per Election for Office Sought 1140453.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">9899.95</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Targeted Victory
Mailing Address 1033 N. Fairfax Street Suite 400
City Alexandria State VA Zip Code 22314
Purpose of Expenditure online advertising
Date of Public Distribution/Dissemination 07/20/2016
Amount 30000.00
Transaction ID : SE.6675
Date of Disbursement or Obligation 07/21/2016

Name of Federal Candidate: Crane, Michael, ,
Support Oppose
Office Sought: House District: 03
President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 518169.80
Disbursement For: Primary General 2016
Other (specify) Runoff

Full Name of Payee Targeted Victory
Mailing Address 1033 N. Fairfax Street Suite 400
City Alexandria State VA Zip Code 22314
Purpose of Expenditure voter contact-emails
Date of Public Distribution/Dissemination 08/01/2016
Amount 210.06
Transaction ID : SE.6819
Date of Disbursement or Obligation 08/02/2016

Name of Federal Candidate: Marshall, Roger W., ,
Support Oppose
Office Sought: House District: 01
President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1148681.87
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30210.06
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., , [Electronically Filed]
Signature Date 10/15/2016

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1033 N. Fairfax Street Suite 400	Amount <input type="text"/> 210.06 Transaction ID : SE.6821 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure voter contact-emails Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1148891.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1033 N. Fairfax Street Suite 400	Amount <input type="text"/> 175.00 Transaction ID : SE.6834 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure online advertising Category/Type <input type="text"/>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Ayotte, Kelly A., , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 460575.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 385.06
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Watkins, Nancy H., , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item TargetPoint Consulting, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 66 Canal Center Plaza, #555		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6841
Purpose of Expenditure data/research		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Cheney, Elizabeth, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Watkins, Nancy H., , , **[Electronically Filed]** Date / /

Signature