

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **ENDING SPENDING INC**

(b) Address (number and street) check if different than previously reported
1101 Pennsylvania Ave., N.W.
Suite 700

(c) City, State and ZIP Code
Washington DC 20004

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001929

3. Is This Statement

New
or
 Amended

4. Covering Period

11 / 01 / 2012
through
11 / 02 / 2012

5. (a) Date of Public Distribution(s)

11 / 02 / 2012

(b) Communication Title

Past Due and Online ads

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Mark Simmons

(b) Address (number and street)
1101 Pennsylvania Ave., N.W.
Suite 700

(c) City, State and ZIP Code
Washington DC 20004

(d) Name of Employer or Principal Place of Business (e) Occupation
N/A N/A

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

515000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mark Simmons

SIGNATURE Mark Simmons

[Electronically Filed] DATE 11/02/2012

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name	Transaction ID : F91.000001	
J. Joe Ricketts		
(b) Address (number and street)	1101 Pennsylvania Ave., N.W. Suite 700	
(c) City, State and ZIP Code	DC	20004
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Ending Spending, Inc,	Chairman of the Board	

B. (a) Name	Transaction ID : F91.000002	
Brian C. Baker		
(b) Address (number and street)	1101 Pennsylvania Ave., N.W. Suite 700	
(c) City, State and ZIP Code	DC	20004
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Ending Spending, Inc.	President/Chief Operating Officer	

C. (a) Name	Transaction ID : F91.000003	
Mark Simmons		
(b) Address (number and street)	1101 Pennsylvania Ave., N.W. Suite 700	
(c) City, State and ZIP Code	DC	20004
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Ending Spending, Inc.	Treasurer	

D. (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

E. (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CD, Inc.			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 01 / 2012		
Mailing Address of Payee P. O. Box 1877			Amount 5 0 0 0 0 . 0 0		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y 11 / 02 / 2012		
Alexandria	VA	22313	Transaction ID : F93.000001		
Name of Employer N/A			Purpose of Disbursement (Including title(s) of communication(s)) online advertising-no title		
Name of Federal Candidate Richard E. Mourdock			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: _____
Transaction ID : F94.000002			Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Name of Federal Candidate Joseph S. Donnelly			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: _____
Transaction ID : F94.000003			Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 01 / 2012		
Mailing Address of Payee 600 Fairmount Ave.			Amount 5 0 0 0 0 0 . 0 0		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y 11 / 02 / 2012		
Towson	MD	21286	Transaction ID : F93.000002		
Name of Employer N/A			Purpose of Disbursement (Including title(s) of communication(s)) media-Past Due		
Name of Federal Candidate Richard E. Mourdock			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: _____
Transaction ID : F94.000005			Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Name of Federal Candidate Joseph S. Donnelly			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: _____
Transaction ID : F94.000006			Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			5 1 5 0 0 0 . 0 0		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			5 1 5 0 0 0 . 0 0		