

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Everytown for Gun Safety Action Fund			3. FEC Identification Number C C90015025
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 4184			
(c) City, State and ZIP Code New York NY 10163			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M M	/	D D D	/	Y Y Y Y Y Y
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5. COVERING PERIOD:

FROM

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

M M M	/	D D D	/	Y Y Y Y Y Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	51626.42

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Kathleen McInerney

Kathleen McInerney

10/08/2014

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Everytown for Gun Safety Action Fund

Full Name (Last, First, Middle Initial) of Payee American Airlines		Date of Public Distribution/Dissemination 10 / 06 / 2014	
Mailing Address 4333 Amon Carter Boulevard MD 5675		Amount 573.10	
City Fort Worth	State TX	Zip Code 76155	Transaction ID : F57.4124
Purpose of Expenditure Travel	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 63293.51		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Canal Partners Media		Date of Public Distribution/Dissemination 10 / 06 / 2014	
Mailing Address 1027 33rd Street NW Suite 140		Amount 25900.00	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4110
Purpose of Expenditure TV ad buy	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 61499.00		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Chong + Koster		Date of Public Distribution/Dissemination 10 / 06 / 2014	
Mailing Address 1244 19th Street NW		Amount 23099.00	
City Washington	State DC	Zip Code 20036	Transaction ID : F57.4107
Purpose of Expenditure Digital ad buy	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 35599.00		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	49572.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Everytown for Gun Safety Action Fund

Full Name (Last, First, Middle Initial) of Payee FedEx Office Print & Ship Center		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 299 Skokie Boulevard		Amount 26.16	
City Northbrook	State IL	Zip Code 60062	
Purpose of Expenditure Printing and copying phone bank materials		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		63469.67	

Transaction ID : F57.4123

Full Name (Last, First, Middle Initial) of Payee Fluent Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 2480 16th Street NW #617		Amount 1221.41	
City Washington	State DC	Zip Code 20009	
Purpose of Expenditure Additional production expenses for video		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		62720.41	

Transaction ID : F57.4112

Full Name (Last, First, Middle Initial) of Payee Moms Demand Action - Illinois Chapter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address PO Box 4184		Amount 250.00	
City New York	State NY	Zip Code 10163	
Purpose of Expenditure Food and venue payments for phone bank (estimate)		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		64126.42	

Transaction ID : F57.4127

(a) SUBTOTAL of Itemized Independent Expenditures.....	1497.57
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Everytown for Gun Safety Action Fund

Full Name (Last, First, Middle Initial) of Payee Sunny's Worldwide Chauffered Transportation		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 23765 Pebble Run Place		Amount 150.00	
City Sterling	State VA	Zip Code 20166	Transaction ID : F57.4122
Purpose of Expenditure Car services for volunteers at phone bank	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 63443.51		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee The James Chicago Hotel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2014	
Mailing Address 55 E Ontario Street		Amount 406.75	
City Chicago	State IL	Zip Code 60611	Transaction ID : F57.4121
Purpose of Expenditure Lodging (estimate)	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN L. KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 63876.42		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	556.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	51626.42