

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM FRONTIER ACTION NETWORK		FEC IDENTIFICATION NUMBER ▼ C C00496372
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Majority Strategies Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2014
Mailing Address 135 Professional Dr Ste 104		Amount 5700.69
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Expenditure Postage and Shipping	Category/ Type 004	Transaction ID : SE.4282 Date of Disbursement or Obligation MM / DD / YYYY 04 / 16 / 2014
Name of Federal Candidate ALEXANDER XAVIER MOONEY		☒ Support ☐ Oppose
Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought 67880.17		Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5700.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5700.69

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.

Scott Bensing

Signature

[Electronically Filed]

Date

MM / DD / YYYY
05 / 03 / 2014