

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Freedom Partners Action Fund, Inc.

ADDRESS (number and street) 1515 N COURTHOUSE ROAD STE 620

Check if different than previously reported. (ACC)

ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER ▼** C C00564765 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

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

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

Type or Print Name of Treasurer Thomas F. Maxwell III

Signature of Treasurer Thomas F. Maxwell III *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 12 / 04 / 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.

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5088051.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8119692.77"/>	<input type="text" value="28724634.49"/>
(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="13207744.48"/>	<input type="text" value="28724634.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9904734.96"/>	<input type="text" value="25421624.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3303009.52"/>	<input type="text" value="3303009.52"/>
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

Freedom Partners Action Fund, Inc.

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).....	7524261.52	27990739.83
(ii) Unitemized	3564.00	32651.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7527825.52	28023391.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7527825.52	28023391.33
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).....	591867.25	701243.16
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))..... ▶	8119692.77	28724634.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8119692.77	28724634.49

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	346670.96	1493401.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	346670.96	1493401.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
24. Independent Expenditures (use Schedule E)	9508049.00	23125708.03
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	15.00	750015.00
(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)).....	15.00	750015.00
29. Other Disbursements	0.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9904734.96	25421624.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9904734.96	25421624.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7527825.52	28023391.33
34. Total Contribution Refunds (from Line 28(d))	15.00	750015.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7527810.52	27273376.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	346670.96	1493401.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	591867.25	701243.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-245196.29	792158.78

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:
Transaction ID:

**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 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Freedom Partners Action Fund, Inc.

A. MR. FRANK E. BAXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11100 SANTA MONICA BLVD.
 11TH FLOOR
 City State Zip Code
 LOS ANGELES CA 90025-3384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 10 / 29 / 2014
Transaction ID : SA11.854
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

B. MR. JOHN W. CHILDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 SAGO PALM ROAD
 City State Zip Code
 VERO BEACH FL 32963-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 J. W. CHILDS ASSOCIATES CHAIRMAN & PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.826
 Amount of Each Receipt this Period
 200000.00
 CONTRIBUTION

C. MR. ROD DAMMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 LA JOLLA VILLAGE DRIVE
 #320
 City State Zip Code
 SAN DIEGO CA 92122-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CAC, LLC INVESTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.792
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 275000.00
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 8 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. RICHARD M. DEVOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 OTTAWA AVENUE NW
 STE. 500
 City GRAND RAPIDS State MI Zip Code 49503-2882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.922
 Amount of Each Receipt this Period 500000.00
 CONTRIBUTION

B. MR. TIMOTHY E. DOCTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7778 BOCA RATON DRIVE
 City LAS VEGAS State NV Zip Code 89113-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.846
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. MR. JAMES B. ETHIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 WOODLAND CT.
 City KNOXVILLE State TN Zip Code 37919-6682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11.782
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 510500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. DANIEL FRANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 HILLTOP ROAD
 City NORWALK State CT Zip Code 06854-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2014
Transaction ID : SA11.827
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. GEORGE W. GIBBS III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 YACHT CLUB ROAD
 City JACKSONVILLE State FL Zip Code 32210-8321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11.849
 Amount of Each Receipt this Period 50000.00
 CONTRIBUTION

C. DR. LORNA J. GLADSTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1161 CREST LANE
 City MCLEAN State VA Zip Code 22101-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2014
Transaction ID : SA11.915
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 50350.00
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 64
	<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)
Freedom Partners Action Fund, Inc.

A. MR. HARVEY GOLUB
Full Name (Last, First, Middle Initial)

Mailing Address 3399 PGA BLVD.
STE. 360

City PALM BEACH GARDENS State FL Zip Code 33410-2804

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 16 / 2014
Transaction ID : SA11.776

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. MR. WILLIAM HALL
Full Name (Last, First, Middle Initial)

Mailing Address 75171 PEPPERWOOD DRIVE

City INDIAN WELLS State CA Zip Code 92210-7305

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
10 / 20 / 2014
Transaction ID : SA11.786

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

C. MR. DAVID HELWIG
Full Name (Last, First, Middle Initial)

Mailing Address 10391 VALLEY DRIVE

City PLYMOUTH State CA Zip Code 95669-9522

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

Name of Employer HELWIG TASTING ROOM, LLC Occupation WINERY OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11.829

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 36000.00

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 11 OF 64
	<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)
Freedom Partners Action Fund, Inc.

A. MR. JOHN A. HENRY III
Full Name (Last, First, Middle Initial)

Mailing Address 750 N ST. PAUL STREET
#900

City DALLAS State TX Zip Code 75201-3247

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11.853

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

B. MR. DEAN L. HOLLOWAY
Full Name (Last, First, Middle Initial)

Mailing Address 680 HARBOR LANE

City KEY BISCAWAYNE State FL Zip Code 33149-1714

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 23 / 2014
Transaction ID : SA11.799

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. MR. JOHN F. HOTCHKIS
Full Name (Last, First, Middle Initial)

Mailing Address 800 W 6TH STREET
STE. 728

City LOS ANGELES State CA Zip Code 90017-2710

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

Name of Employer RAMAJAL, LLC Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
10 / 16 / 2014
Transaction ID : SA11.779

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 104250.00

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 12 OF 64
(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)
Freedom Partners Action Fund, Inc.

A. MR. STANLEY S. HUBBARD
Full Name (Last, First, Middle Initial)
Mailing Address 3415 UNIVERSITY AVENUE WEST

City ST. PAUL	State MN	Zip Code 55114-1019
------------------	-------------	------------------------

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

Name of Employer HUBBARD BROADCASTING, INC.	Occupation EXECUTIVE
------------------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
11 / 12 / 2014
Transaction ID : SA11.920

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

B. MR. GARRY W. JACOBSON
Full Name (Last, First, Middle Initial)
Mailing Address 1116 W GOLDTHREAD CIR

City SIOUX FALLS	State SD	Zip Code 57108-2824
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FEC ID number of contributing federal political committee. **C**

Name of Employer MALLOY ELECTRIC	Occupation OWNER
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
10 / 21 / 2014
Transaction ID : SA11.791

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

C. MR. GEORGE MERRITT JENKINS
Full Name (Last, First, Middle Initial)
Mailing Address 467 BELROSE LANE

City ST. DAVIDS	State PA	Zip Code 19087-4418
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11.851

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	63000.00
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 64
	<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)
Freedom Partners Action Fund, Inc.

A. MRS. NANCY KNOWLTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 SUNBURST DRIVE
 City VAIL State CO Zip Code 81657-5166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.831
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. MR. RICHARD KNOWLTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 SUNBURST DRIVE
 City VAIL State CO Zip Code 81657-5166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.830
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. MR. ROBERT KOHLHEPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 W RIVERCENTER BLVD.
 City COVINGTON State KY Zip Code 41011-5815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CINTAS CORPORATION Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.859
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	53000.00
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 64
	<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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial) A. MRS. P. MITCHELL		Date of Receipt 10 / 27 / 2014 Transaction ID : SA11.836
Mailing Address 12400 COIT ROAD STE. 800		Amount of Each Receipt this Period 500000.00
City DALLAS	State TX	Zip Code 75251-2067
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	

Full Name (Last, First, Middle Initial) B. MS. CORNELIA MROSE		Date of Receipt 10 / 25 / 2014 Transaction ID : SA11.837
Mailing Address 3 STONEWALL CIRCLE		Amount of Each Receipt this Period 500.00
City WEST HARRISON	State NY	Zip Code 10604-1142
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation FILMMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN D. PEZOLD SR.		Date of Receipt 10 / 23 / 2014 Transaction ID : SA11.801
Mailing Address 600 BROOKSTONE CENTRE PKWY		Amount of Each Receipt this Period 250.00
City COLUMBUS	State GA	Zip Code 31904-3097
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PEZOLD MANAGEMENT	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	500750.00
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 15 OF 64
	<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)
Freedom Partners Action Fund, Inc.

A. MR. ANTHONY D. PICCIOTTI
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 267

City WILLIAMS State AZ Zip Code 86046-0267

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

Name of Employer SAFEWAY Occupation COURTESY CLERK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2014
Transaction ID : SA11.860

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. MR. GEORGE J. RECORDS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 54390

City OKLAHOMA CITY State OK Zip Code 73154-1390

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.834

Amount of Each Receipt this Period 100000.00

CONTRIBUTION

C. MR. JASON J. REISSNER
Full Name (Last, First, Middle Initial)

Mailing Address 2580 EDGERTON ST.

City LITTLE CANADA State MN Zip Code 55117-1621

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

Name of Employer ACTIVAR, INC. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.794

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 102100.00

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 16 OF 64
<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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MR. JON REISSNER

Mailing Address **4616 MOORLAND AVENUE**

City EDINA	State MN	Zip Code 55424-1159
----------------------	--------------------	-------------------------------

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

Name of Employer ACTIVAR, INC.	Occupation EXECUTIVE
------------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
10 / 21 / 2014

Transaction ID : SA11.790

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. BRIAN REYNOLDS

Mailing Address **400 GALLERIA PARKWAY
STE. 1950**

City ATLANTA	State GA	Zip Code 30339-5989
------------------------	--------------------	-------------------------------

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

Name of Employer CHATHAM CAPITAL	Occupation MANAGING PARTNER
--------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
10 / 31 / 2014

Transaction ID : SA11.883

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. EDWIN C. RICE

Mailing Address **1777 N PACKER ROAD**

City SPRINGFIELD	State MO	Zip Code 65803-5274
----------------------------	--------------------	-------------------------------

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

Name of Employer OZARKS COCA-COLA/DR. PEPPER BOTTLIN	Occupation CEO
----------------------------------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **47380.00**

Date of Receipt
10 / 29 / 2014

Transaction ID : SA11.910

Amount of Each Receipt this Period
47380.00

CONTRIBUTION

[MEMO ITEM]
 IN-KIND CONTRIBUTION - 1,000 SHARES DOW - REC'D AND SOLD DURING 30G REPORTING PERIOD

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 17 OF 64
	<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)
Freedom Partners Action Fund, Inc.

A. BB&T SECURITIES, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S COLLEGE STREET
 8TH FLOOR
 City CHARLOTTE State NC Zip Code 28202-2012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 156926.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11.911
 Amount of Each Receipt this Period
 47316.84
 CONTRIBUTION
 PROCEEDS FROM THE SALE OF THE ABOVE STOCK SHARES. PURCHASER UNKNOWN.

B. MRS. PHOEBE R. RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1777 N PACKER RD
 City SPRINGFIELD State MO Zip Code 65803-5274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 110008.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11.912
 Amount of Each Receipt this Period
 110008.00
 CONTRIBUTION
[MEMO ITEM]
 IN-KIND CONTRIBUTION - 200 SHARES AZO - REC'D AND SOLD DURING 30G REPORTING PERIOD

C. BB&T SECURITIES, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S COLLEGE STREET
 8TH FLOOR
 City CHARLOTTE State NC Zip Code 28202-2012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 156926.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11.913
 Amount of Each Receipt this Period
 109609.45
 CONTRIBUTION
 PROCEEDS FROM THE SALE OF THE ABOVE STOCK SHARES. PURCHASER UNKNOWN.

SUBTOTAL of Receipts This Page (optional).....	▶	156926.29
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 18 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. MR. CHRISTOPH SCHUMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 SEMINOLE DR
 City State Zip Code
 FT. LAUDERDALE FL 33304-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.841
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. MR. DONALD R. SWORTWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2563 CALLE DEL ORO
 City State Zip Code
 LA JOLLA CA 92037-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WESTERN STATES INVESTMENT CO., LLC INVESTOR
 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
 10 / 16 / 2014
Transaction ID : SA11.775
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

C. JACK E. TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2326 SW 122ND STREET
 City State Zip Code
 OKLAHOMA CITY OK 73170-4800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 10 / 31 / 2014
Transaction ID : SA11.881
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 26500.00
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 19 OF 64
	<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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial) A. MR. WILLIAM J. VAN DEVENDER		Date of Receipt 10 / 28 / 2014 Transaction ID : SA11.852
Mailing Address PO BOX 5327		Amount of Each Receipt this Period 5000.00
City JACKSON	State MS	Zip Code 39296-5327
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CLAW FORESTRY SERVICES, LLC	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MRS. M. ELIZABETH WEISS		Date of Receipt 10 / 30 / 2014 Transaction ID : SA11.880
Mailing Address 1304 HAWTHORNE LANE		Amount of Each Receipt this Period 17000.00
City HINSDALE	State IL	Zip Code 60521-2956
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HAWTHORNE RANCH	Occupation RANCHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 67000.00	

Full Name (Last, First, Middle Initial) C. MR. THOMAS C. WOLD		Date of Receipt 10 / 28 / 2014 Transaction ID : SA11.850
Mailing Address 2536 UNIVERSITY DRIVE S UNIT F		Amount of Each Receipt this Period 500.00
City FARGO	State ND	Zip Code 58103-5709
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer WOLD JOHNSON PC	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	22500.00
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 20 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MRS. K. A. WRIGHT
 Mailing Address **PO BOX 243**
 City State Zip Code
MOUNT VERNON OH 43050-0243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500000.00

Date of Receipt
10 / 23 / 2014
Transaction ID : SA11.825
 Amount of Each Receipt this Period
500000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. CHARLES G. KOCH 1997 TRUST
 Mailing Address **PO BOX 2256**
 City State Zip Code
WICHITA KS 67201-2256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
KOCH INDUSTRIES, INC. CHAIRMAN OF THE BOARD & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
5000000.00

Date of Receipt
10 / 17 / 2014
Transaction ID : SA11.781
 Amount of Each Receipt this Period
3000000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.
 Mailing Address **2200 WILSON BLVD.
STE. 102-533**
 City State Zip Code
ARLINGTON VA 22201-3397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
632664.54

Date of Receipt
10 / 31 / 2014
Transaction ID : SA11.923
 Amount of Each Receipt this Period
146583.78
CONTRIBUTION
PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT SUPPORT/SERVICES,TRAVEL

SUBTOTAL of Receipts This Page (optional)..... ▶ **3646583.78**
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 21 OF 64
	<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)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
632664.54

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11.925

Amount of Each Receipt this Period
63801.45

CONTRIBUTION

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT SUPPORT/SERVICES,TRAVEL

Full Name (Last, First, Middle Initial)
B. HUBBARD BROADCASTING, INC.

Mailing Address 3415 UNIVERSITY AVENUE WEST

City ST. PAUL State MN Zip Code 55114-1019

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225000.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11.835

Amount of Each Receipt this Period
75000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. I. MICHAEL KASSER TRUST

Mailing Address 3573 E SUNRISE DRIVE
STE. 225

City TUCSON State AZ Zip Code 85718-3206

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

Name of Employer Occupation
HOLUALOA ARIZONA, INC. REAL ESTATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 16 / 2014
Transaction ID : SA11.778

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 148801.45

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 22 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)
A. MOUNTAIRE CORPORATION
 Mailing Address PO BOX 21440
 City State Zip Code
 LITTLE ROCK AR 72221-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11.773
 Amount of Each Receipt this Period
 1000000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. SHANNON 2006 REVOCABLE TRUST
 Mailing Address 2323 N MAYFAIR ROAD
 STE. 240
 City State Zip Code
 MILWAUKEE WI 53226-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KSL CAPITAL PARTNERS MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11.882
 Amount of Each Receipt this Period
 100000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. THE BRADBURY CO., INC.
 Mailing Address 1200 EAST COLE
 City State Zip Code
 MOUNDRIDGE KS 67107-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11.780
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125000.00
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 23 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. W.D.C. HOLDINGS, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 17TH STREET
 STE. 1860
 City State Zip Code
 DENVER CO 80202-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.848
 Amount of Each Receipt this Period
 100000.00
 CONTRIBUTION

B. WAYNE LAUFER REVOCABLE TR
 Full Name (Last, First, Middle Initial)
 Mailing Address 4989 JOEWOOD DRIVE
 City State Zip Code
 SANIBEL FL 33957-7511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11.774
 Amount of Each Receipt this Period
 600000.00
 CONTRIBUTION

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

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

SUBTOTAL of Receipts This Page (optional).....▶	700000.00
TOTAL This Period (last page this line number only).....▶	7524261.52

**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 24 OF 64
<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)
Freedom Partners Action Fund, Inc.

A. I360
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA15.239

Amount of Each Receipt this Period
104564.00

VENDOR REFUND

B. I360
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA15.240

Amount of Each Receipt this Period
66468.75

VENDOR REFUND

C. I360
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2014

Transaction ID : SA15.256

Amount of Each Receipt this Period
314.29

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional).....	171347.04
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 25 OF 64
<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)
Freedom Partners Action Fund, Inc.

A. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA15.257

Amount of Each Receipt this Period
86987.15

VENDOR REFUND

B. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA15.258

Amount of Each Receipt this Period
19989.90

VENDOR REFUND

C. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA15.259

Amount of Each Receipt this Period
112461.13

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional).....▶	219438.18
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 26 OF 64
<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)
Freedom Partners Action Fund, Inc.

A. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA15.260

Amount of Each Receipt this Period
4620.67

VENDOR REFUND

B. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA15.261

Amount of Each Receipt this Period
52067.37

VENDOR REFUND

C. I360

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 37046

City BALTIMORE	State MD	Zip Code 21297
-------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701243.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA15.262

Amount of Each Receipt this Period
28964.90

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional).....	85652.94
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 27 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

A. I360
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 37046
 City BALTIMORE State MD Zip Code 21297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 701243.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA15.263
 Amount of Each Receipt this Period
 115429.09
VENDOR REFUND

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	115429.09
TOTAL This Period (last page this line number only).....▶	591867.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CAROLYN KINCAID

Mailing Address 3810 USHER COURT

City ALEXNDRIA State VA Zip Code 22304

Purpose of Disbursement
FUNDRAISING CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.I265

Amount of Each Disbursement this Period

303.33

Full Name (Last, First, Middle Initial)

B. 2MAX MEDIA LLC

Mailing Address 3033 WILSON BLVD.
STE. E144

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
MEDIA CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.I254

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2014

Transaction ID : SB21B.I216

Amount of Each Disbursement this Period

0.69

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

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

1804.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : SB21B.I217

Amount of Each Disbursement this Period

46.97

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.I218

Amount of Each Disbursement this Period

52.53

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2014

Transaction ID : SB21B.I219

Amount of Each Disbursement this Period

1.08

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

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

100.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : SB21B.I234

Amount of Each Disbursement this Period

9.37

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : SB21B.I235

Amount of Each Disbursement this Period

2.25

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2014			

Transaction ID : SB21B.I236

Amount of Each Disbursement this Period

4.20

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

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

15.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.I237

Amount of Each Disbursement this Period

37.86

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB21B.I241

Amount of Each Disbursement this Period

9.49

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SB21B.I242

Amount of Each Disbursement this Period

20.32

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

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

67.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2014

Transaction ID : SB21B.I243

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.I244

Amount of Each Disbursement this Period

2.16

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 5555 HILTON AVENUE
STE. 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.I255

Amount of Each Disbursement this Period

10.05

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

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

16.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 947

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I251

Amount of Each Disbursement this Period

58.56

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : SB21B.I224

Amount of Each Disbursement this Period

1915.12

Full Name (Last, First, Middle Initial)

C. DUPESHOP.COM

Mailing Address 8525 EDINBROOK CROSSING
STE. 102C

City MINNEAPOLIS State MN Zip Code 55443

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

Transaction ID : SB21B.I228

Amount of Each Disbursement this Period

804.43

[MEMO ITEM]

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

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

1973.68

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. US DIGITAL

Mailing Address 1929 WEST LONE CACTUS DRIVE

City PHOENIX State AZ Zip Code 85027

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SB21B.I227

Amount of Each Disbursement this Period

887.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SB21B.I276

Amount of Each Disbursement this Period

59.00

Full Name (Last, First, Middle Initial)

C. BB&T MERCHANT SERVICES

Mailing Address PO BOX 200

City WILSON State NC Zip Code 27894

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I264

Amount of Each Disbursement this Period

5969.54

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

6028.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.I246

Amount of Each Disbursement this Period

3299.97

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MGMT., CONTRIBUTION PROCESSING SVCS.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : SB21B.I250

Amount of Each Disbursement this Period

1000.10

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR, LLC

Mailing Address 435 E MAIN STREET
STE. 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.I223

Amount of Each Disbursement this Period

3990.00

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

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

8290.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR, LLC

Mailing Address 435 E MAIN STREET
STE. 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I245

Amount of Each Disbursement this Period

4600.00

Full Name (Last, First, Middle Initial)

B. DIRECT MAIL MARKETING GROUP

Mailing Address 22780 INDIAN CREEK DRIVE
STE. 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : SB21B.I268

Amount of Each Disbursement this Period

137.73

Full Name (Last, First, Middle Initial)

C. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Mailing Address 2200 WILSON BLVD.
STE. 102-533

City ARLINGTON State VA Zip Code 22201-3397

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB21B.923

Amount of Each Disbursement this Period

146583.78

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT
SUPPORT/SERVICES,TRAVEL

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

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

151321.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Mailing Address 2200 WILSON BLVD.
STE. 102-533

Transaction ID : SB21B.925

City ARLINGTON State VA Zip Code 22201-3397

Amount of Each Disbursement this Period

63801.45

Purpose of Disbursement
IN-KIND CONTRIBUTION

Category/ Type

Candidate Name

PERSONNEL,OFFICE SPACE,OFFICE SUPPLIES,IT
SUPPORT/SERVICES,TRAVEL

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. HARLAND CLARKE CORP.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2014

Mailing Address 10931 LAUREATE DRIVE

Transaction ID : SB21B.I274

City SAN ANTONIO State TX Zip Code 78249

Amount of Each Disbursement this Period

92.74

Purpose of Disbursement
BANK FEES

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. I360

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Mailing Address PO BOX 37046

Transaction ID : SB21B.I190

City BALTIMORE State MD Zip Code 21297

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
RESEARCH SERVICES

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

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

64144.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. INNOVATIVE ADVERTISING, LLC

Mailing Address 4250 HIGHWAY 22
STE. 7

City MANDEVILLE State LA Zip Code 70471

Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : SB21B.I273

Amount of Each Disbursement this Period

25543.75

Full Name (Last, First, Middle Initial)

B. JAMESTOWN ASSOCIATES, LLC

Mailing Address 5 MAPLETON ROAD
STE. 300

City PRINCETON State NJ Zip Code 08540

Purpose of Disbursement
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.I248

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

C. JONES DAY

Mailing Address 51 LOUISIANA AVENUE, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LEGAL FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.I253

Amount of Each Disbursement this Period

62657.50

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

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

95201.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

Transaction ID : SB21B.I249

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. PRECISION LISTS LLC

Mailing Address 901 N MONROE STREET
#1309

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : SB21B.I266

Amount of Each Disbursement this Period

2661.92

Full Name (Last, First, Middle Initial)

C. SUNRISE DATA SERVICES

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE. 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : SB21B.I267

Amount of Each Disbursement this Period

45.00

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

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

17706.92

346670.96

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

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

A. WEST MAIN STREET VALUES PAC, INC.

Mailing Address PO BOX 592

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
CONTRIBUTION (IEOPC)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

Transaction ID : SB23.I233

Amount of Each Disbursement this Period

50000.00

B.

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

50000.00

50000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DC LONDON, INC.	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 2198 E CAMELBACK ROAD STE. 300	Amount 1000.00
City State Zip Code PHOENIX AZ 85016	Transaction ID : SE24.213 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure RADIO/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate GREGORY JOHN ORMAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3075023.86	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee FP1 STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address PO BOX 16504	Amount 12000.00
City State Zip Code ALEXANDRIA VA 22302	Transaction ID : SE24.270 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARY L. LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1218860.00	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 24 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE
Category/Type

Date of Public Distribution/Dissemination
10 / 21 / 2014
Amount
611267.00
Transaction ID : SE24.181
Date of Disbursement or Obligation
10 / 16 / 2014

Name of Federal Candidate
THOMAS C. COTTON
Support
Office Sought:
House
Senate
State: AR
Calendar Year-To-Date
Per Election for Office Sought
3890459.85

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE
Category/Type

Date of Public Distribution/Dissemination
10 / 21 / 2014
Amount
665536.00
Transaction ID : SE24.182
Date of Disbursement or Obligation
10 / 16 / 2014

Name of Federal Candidate
JONI K. ERNST
Support
Office Sought:
House
Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
4512935.27

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1276803.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee I360	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 37046	Amount 1041970.00
City BALTIMORE State MD Zip Code 21297	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE	Category/Type
Name of Federal Candidate CORY GARDNER	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate CORY GARDNER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2637040.17	Office Sought: <input type="checkbox"/> House District: <u> </u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <u> </u>

Full Name of Payee I360	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 37046	Amount 131400.00
City BALTIMORE State MD Zip Code 21297	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND II	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate WILLIAM STEVE SOUTHERLAND II	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 683366.57	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <u> </u>

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1173370.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
51950.00
Transaction ID : SE24.185
Date of Disbursement or Obligation
10 / 16 / 2014

Name of Federal Candidate
JOE GARCIA
Support
Oppose
Office Sought:
House
President
Senate
District: 26
State: FL

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
146050.00
Transaction ID : SE24.186
Date of Disbursement or Obligation
10 / 16 / 2014

Name of Federal Candidate
NICK J. RAHALL II
Support
Oppose
Office Sought:
House
President
Senate
District: 03
State: WV

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 198000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type
Name of Federal Candidate GREGORY JOHN ORMAN
Office Sought: Senate State: KS
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought 3075023.86
Date of Public Distribution/Dissemination 10/22/2014
Amount 581524.00
Transaction ID: SE24.187
Date of Disbursement or Obligation 10/16/2014

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL
Category/Type
Name of Federal Candidate GREGORY JOHN ORMAN
Office Sought: Senate State: KS
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought 3075023.86
Date of Public Distribution/Dissemination 10/22/2014
Amount 60000.00
Transaction ID: SE24.188
Date of Disbursement or Obligation 10/16/2014

(a) SUBTOTAL of Itemized Independent Expenditures 641524.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11/24/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type

Date of Public Distribution/Dissemination
10 / 16 / 2014
Amount
1051925.00
Transaction ID : SE24.189
Date of Disbursement or Obligation
10 / 16 / 2014

Name of Federal Candidate
KAY R. HAGAN
Support
Oppose
Office Sought:
House
Senate
State: NC

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
PHONE CALLS - SEE FEC-961676 AND 963014
Category/Type

Date of Public Distribution/Dissemination
10 / 19 / 2014
Amount
19439.30
Transaction ID : SE24.191
Date of Disbursement or Obligation
10 / 20 / 2014

Name of Federal Candidate
JONI K. ERNST
Support
Oppose
Office Sought:
House
Senate
State: IA

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1071364.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee I360	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 37046	Amount 200.00
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.194 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE Category/Type 	Name of Federal Candidate CORY GARDNER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO
Calendar Year-To-Date Per Election for Office Sought 2637040.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 37046	Amount 34642.00
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.198 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL Category/Type 	Name of Federal Candidate SCOTT BROWN <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought 50877.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34842.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE/RADIO
Category/Type
Name of Federal Candidate
GREGORY JOHN ORMAN
Support
Oppose
Office Sought:
House
Senate
State:
KS
Calendar Year-To-Date
Per Election for Office Sought
3075023.86

Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
100000.00
Transaction ID : SE24.214
Date of Disbursement or Obligation
10 / 23 / 2014
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE
Category/Type
Name of Federal Candidate
THOMAS C. COTTON
Support
Oppose
Office Sought:
House
Senate
State:
AR
Calendar Year-To-Date
Per Election for Office Sought
3890459.85

Date of Public Distribution/Dissemination
10 / 29 / 2014
Amount
611259.00
Transaction ID : SE24.204
Date of Disbursement or Obligation
10 / 23 / 2014
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 711259.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address PO BOX 37046		Amount 665536.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE	Category/Type	Transaction ID : SE24.205 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate JONI K. ERNST	<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: IA
Calendar Year-To-Date Per Election for Office Sought	4512935.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address PO BOX 37046		Amount 69495.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE	Category/Type	Transaction ID : SE24.206 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate CORY GARDNER	<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: CO
Calendar Year-To-Date Per Election for Office Sought	2637040.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	735031.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

THOMAS FRANCIS MAXWELL III
Signature

[Electronically Filed]

Date **11 / 24 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Date of Public Distribution/Dissemination
10 / 29 / 2014
Amount
131400.00
Transaction ID : SE24.207
Date of Disbursement or Obligation
10 / 23 / 2014
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type
Name of Federal Candidate
WILLIAM STEVE SOUTHERLAND II
Support
Office Sought: House District: 02
State: FL
Disbursement For: General
Calendar Year-To-Date
Per Election for Office Sought
683366.57

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Date of Public Distribution/Dissemination
10 / 29 / 2014
Amount
51950.00
Transaction ID : SE24.208
Date of Disbursement or Obligation
10 / 23 / 2014
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type
Name of Federal Candidate
JOE GARCIA
Oppose
Office Sought: House District: 26
State: FL
Disbursement For: General
Calendar Year-To-Date
Per Election for Office Sought
278062.46

(a) SUBTOTAL of Itemized Independent Expenditures..... 183350.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee I360	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address PO BOX 37046	Amount 146050.00
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.209 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE Category/Type	Name of Federal Candidate NICK J. RAHALL II <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: WV
Calendar Year-To-Date Per Election for Office Sought 963843.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee I360	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address PO BOX 37046	Amount 612533.00
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.210 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE Category/Type	Name of Federal Candidate DAN SULLIVAN <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: AK
Calendar Year-To-Date Per Election for Office Sought 1280785.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	758583.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date MM / DD / YYYY
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type
Name of Federal Candidate
GREGORY JOHN ORMAN
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3075023.86

Date of Public Distribution/Dissemination
10 / 28 / 2014
Amount
581524.00
Transaction ID : SE24.211
Date of Disbursement or Obligation
10 / 23 / 2014
Office Sought:
House
Senate
State: KS
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - RADIO
Category/Type
Name of Federal Candidate
GREGORY JOHN ORMAN
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3075023.86

Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
118500.00
Transaction ID : SE24.212
Date of Disbursement or Obligation
10 / 23 / 2014
Office Sought:
House
Senate
State: KS
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 700024.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - RADIO
Name of Federal Candidate ANN MCLANE KUSTER
Office Sought: House District: 02 State: NH
Disbursement For: General 2014
Amount 120050.00
Transaction ID: SE24.220
Date of Disbursement or Obligation 10/28/2014
Calendar Year-To-Date Per Election for Office Sought 1204506.50

Full Name of Payee I360
Mailing Address PO BOX 37046
City BALTIMORE State MD Zip Code 21297
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE
Name of Federal Candidate MARY L. LANDRIEU
Office Sought: Senate State: LA
Disbursement For: General 2014
Amount 400613.00
Transaction ID: SE24.229
Date of Disbursement or Obligation 10/28/2014
Calendar Year-To-Date Per Election for Office Sought 405332.00

(a) SUBTOTAL of Itemized Independent Expenditures 520663.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11/24/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
--------------------------------------------------------------------------	---------------------------------------------------

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

Full Name of Payee I360	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 12 / 2014
Mailing Address PO BOX 37046	Amount <input type="text"/> 399034.00
City State Zip Code BALTIMORE MD 21297	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type <input type="text"/> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 07 / 2014
Name of Federal Candidate MARY L. LANDRIEU	<input 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"/> 1218860.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ Runoff

Full Name of Payee I360	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 28 / 2014
Mailing Address PO BOX 37046	Amount <input type="text"/> 84196.40
City State Zip Code BALTIMORE MD 21297	
Purpose of Expenditure PHONE CALLS - SEE FEC-970493 AND 972831	Category/Type <input type="text"/> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 11 / 10 / 2014
Name of Federal Candidate CORY GARDNER	<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: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2637040.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 483230.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date / /
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee I360	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address PO BOX 37046	Amount 15572.60
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.231 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Purpose of Expenditure PHONE CALLS - SEE FEC-970483 AND 972830	Category/Type
Name of Federal Candidate JONI K. ERNST	<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: _____ <input type="checkbox"/> State: IA
Calendar Year-To-Date Per Election for Office Sought 4512935.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee I360	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address PO BOX 37046	Amount 7433.75
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.232 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Purpose of Expenditure PHONE CALLS - SEE FEC-970441 AND 972835	Category/Type
Name of Federal Candidate PAT ROBERTS	<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: _____ <input type="checkbox"/> State: KS
Calendar Year-To-Date Per Election for Office Sought 3075023.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23006.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee I360	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address PO BOX 37046	Amount 15097.50
City State Zip Code BALTIMORE MD 21297	Transaction ID : SE24.238 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure PHONE CALLS - SEE FEC-972248 AND 972847	Category/Type
Name of Federal Candidate MARILINDA GARCIA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: NH
Calendar Year-To-Date Per Election for Office Sought 1204506.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee I360	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address PO BOX 37046	Amount 400812.00
City State Zip Code BALTIMORE MD 21297	Transaction ID : SE24.269 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE	Category/Type
Name of Federal Candidate MARY L. LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought 1218860.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	415909.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date **11 / 24 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
I360
Mailing Address
PO BOX 37046
City
BALTIMORE State
MD Zip Code
21297
Purpose of Expenditure
MEDIA PLACEMENT - BROADCAST/CABLE
Category/Type

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
400014.00
Transaction ID : SE24.272
Date of Disbursement or Obligation
11 / 19 / 2014

Name of Federal Candidate
MARY L. LANDRIEU
Support
Oppose
Office Sought:
House
Senate
State: LA

Disbursement For:
Primary
General
Runoff
2014

Full Name of Payee
INNOVATIVE ADVERTISING, LLC
Mailing Address
4250 HIGHWAY 22
STE. 7
City
MANDEVILLE State
LA Zip Code
70471
Purpose of Expenditure
TV/MEDIA PRODUCTION
Category/Type

Date of Public Distribution/Dissemination
10 / 28 / 2014
Amount
7000.00
Transaction ID : SE24.222
Date of Disbursement or Obligation
10 / 28 / 2014

Name of Federal Candidate
GREGORY JOHN ORMAN
Support
Oppose
Office Sought:
House
Senate
State: KS

Disbursement For:
Primary
General
Runoff
2014

(a) SUBTOTAL of Itemized Independent Expenditures 407014.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Freedom Partners Action Fund, Inc.
FEC IDENTIFICATION NUMBER
C C00564765
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INNOVATIVE ADVERTISING, LLC
Mailing Address
4250 HIGHWAY 22
STE. 7
City
MANDEVILLE State
LA Zip Code
70471
Purpose of Expenditure
TV/MEDIA PRODUCTION
Category/Type

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
7000.00
Transaction ID : SE24.271
Date of Disbursement or Obligation
11 / 19 / 2014

Name of Federal Candidate
WILLIAM CASSIDY
Support
Oppose
Office Sought:
House
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
1218860.00

Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
ON THE HOUSE LLC
Mailing Address
1221 OTIS PLACE NW
City
WASHINGTON State
DC Zip Code
20010
Purpose of Expenditure
RADIO/MEDIA PRODUCTION
Category/Type

Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
580.00
Transaction ID : SE24.215
Date of Disbursement or Obligation
10 / 24 / 2014

Name of Federal Candidate
GREGORY JOHN ORMAN
Support
Oppose
Office Sought:
House
Senate
State: KS
Calendar Year-To-Date
Per Election for Office Sought
3075023.86

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7580.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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THOMAS FRANCIS MAXWELL III
[Electronically Filed]
Date 11 / 24 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee ON THE HOUSE LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 1221 OTIS PLACE NW	Amount 1560.00
City WASHINGTON State DC Zip Code 20010	Transaction ID : SE24.221 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure RADIO/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate ANN MCLANE KUSTER	<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: NH
Calendar Year-To-Date Per Election for Office Sought 1204506.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ON THE HOUSE LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 1221 OTIS PLACE NW	Amount 4719.00
City WASHINGTON State DC Zip Code 20010	Transaction ID : SE24.247 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate MARY L. LANDRIEU	<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: LA
Calendar Year-To-Date Per Election for Office Sought 405332.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6279.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee POOLHOUSE	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 3126 W CARY STREET STE. 410	Amount 19500.00
City Richmond State VA Zip Code 23221	Transaction ID : SE24.201 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate GREGORY JOHN ORMAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 3075023.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee POOLHOUSE	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 3126 W CARY STREET STE. 410	Amount 7000.00
City Richmond State VA Zip Code 23221	Transaction ID : SE24.202 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure WEB VIDEO PRODUCTION	Category/Type
Name of Federal Candidate GREGORY JOHN ORMAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 3075023.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 16235.27
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate SCOTT BROWN	<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 50877.27	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 977.50
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate CORY GARDNER	<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>CO</u>
Calendar Year-To-Date Per Election for Office Sought 2637040.17	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17212.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 16214.27
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate CORY GARDNER	<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>CO</u>
Calendar Year-To-Date Per Election for Office Sought 2637040.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 15518.27
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate THOM R. TILLIS	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1904600.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31732.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 16152.27
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate DAN SULLIVAN	<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>AK</u>
Calendar Year-To-Date Per Election for Office Sought	1280785.27 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE24.197

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 15514.27
City State Zip Code ARNOLD MD 21012	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate THOMAS C. COTTON	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	3890459.85 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE24.192

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31666.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 480	Amount 15803.37
City State Zip Code ARNOLD MD 21012	Transaction ID : SE24.193 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JONI K. ERNST	<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: IA
Calendar Year-To-Date Per Election for Office Sought 4512935.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 480	Amount 24301.23
City State Zip Code ARNOLD MD 21012	Transaction ID : SE24.203 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type
Name of Federal Candidate GREGORY JOHN ORMAN	<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: KS
Calendar Year-To-Date Per Election for Office Sought 3075023.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40104.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9508049.00

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.

THOMAS FRANCIS MAXWELL III

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 24 / 2014