

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

Ending Spending Action Fund

ADDRESS (number and street) 610 S. Boulevard

Check if different than previously reported. (ACC) Tampa FL 33606

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00489856

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:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)
- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)
- Election on [MM] / [DD] / [YYYY] in the State of []
- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [09] / [01] / [2014] through [09] / [30] / [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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins [Electronically Filed] Date [10] / [20] / [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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ending Spending Action Fund

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="3059.03"/> | <input type="text" value="3059.03"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="627629.51"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="10468965.00"/> | <input type="text" value="17240872.16"/> |
| (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="11096594.51"/> | <input type="text" value="17243931.19"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="3951066.24"/> | <input type="text" value="10098402.92"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="7145528.27"/> | <input type="text" value="7145528.27"/> |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ending Spending Action Fund

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)..... | 10468680.00 | 17140323.16 |
| (ii) Unitemized | 285.00 | 549.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 10468965.00 | 17140872.16 |
| (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) | 10468965.00 | 17140872.16 |
| 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)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 100000.00 |
| 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))..... ▶ | 10468965.00 | 17240872.16 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 10468965.00 | 17240872.16 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 656.63 | 92935.01 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 656.63 | 92935.01 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 100000.00 |
| 24. Independent Expenditures (use Schedule E) | 3950409.61 | 9905367.91 |
| 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 | 0.00 | 100.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 100.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 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)) .. | 3951066.24 | 10098402.92 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3951066.24 | 10098402.92 |

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) | 10468965.00 | 17140872.16 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 100.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10468965.00 | 17140772.16 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 656.63 | 92935.01 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 656.63 | 92935.01 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 38 |
| <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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Alliance Resource Partners, LP

Mailing Address 1717 S. Boulder Avenue
Suite 400

City Tulsa State OK Zip Code 74119

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5800

Amount of Each Receipt this Period
500000.00

Full Name (Last, First, Middle Initial)
B. Crow Holdings, LLC

Mailing Address 3819 Maple Avenue

City Dallas State TX Zip Code 75219

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11AI.5742

Amount of Each Receipt this Period
250000.00

Full Name (Last, First, Middle Initial)
C. Daniel G. DeVos

Mailing Address 126 Ottawa Avenue, N.W.
Suite 500

City Grand Rapids State MI Zip Code 49303

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

Name of Employer Occupation
RDV Corporation executive

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
 09 / 26 / 2014

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period
50000.00

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 800000.00 |
| 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 7 OF 38 |
| | <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)
Ending Spending Action Fund

A. Dick DeVos
Full Name (Last, First, Middle Initial)

Mailing Address 126 Ottawa Avenue, N.W.
Suite 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer RDV Corporation Occupation executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
09 / 26 / 2014
Transaction ID : SA11AI.5778

Amount of Each Receipt this Period
50000.00

B. Douglas DeVos
Full Name (Last, First, Middle Initial)

Mailing Address 126 Ottawa Avenue, N.W.
Suite 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer RDV Corporation Occupation executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
09 / 26 / 2014
Transaction ID : SA11AI.5780

Amount of Each Receipt this Period
50000.00

C. Richard M. DeVos
Full Name (Last, First, Middle Initial)

Mailing Address 126 Ottawa Avenue, N.W.
Suite 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer RDV Corporation Occupation executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
09 / 26 / 2014
Transaction ID : SA11AI.5781

Amount of Each Receipt this Period
50000.00

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 38 |
| <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)
Ending Spending Action Fund

A. Richard M. DeVos
Full Name (Last, First, Middle Initial)

Mailing Address 126 Ottawa Avenue, N.W.
Suite 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer RDV Corporation Occupation executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
09 / 29 / 2014
Transaction ID : SA11AI.5787

Amount of Each Receipt this Period
200000.00

B. Suzanne Cheryl DeVos
Full Name (Last, First, Middle Initial)

Mailing Address 126 Ottawa Avenue, N.W.
Suite 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer RDV Corporation Occupation executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
09 / 26 / 2014
Transaction ID : SA11AI.5782

Amount of Each Receipt this Period
50000.00

C. Donald A. Foss
Full Name (Last, First, Middle Initial)

Mailing Address 25505 W. 12 Mile Road

City Southfield State MI Zip Code 48034

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

Name of Employer Credit Acceptance Corporation Occupation chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.5805

Amount of Each Receipt this Period
25000.00

| | |
|---|-----------|
| 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: (check only one) | PAGE 9 OF 38 |
| | <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)
Ending Spending Action Fund

A. Kenneth C. Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S. Dearborn Street
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Citadel, LLC Occupation Founder and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100000.00

Date of Receipt 09 / 22 / 2014
Transaction ID : SA11AI.5726
 Amount of Each Receipt this Period 800000.00

B. Matthew Haworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 6446 Oakridge Road
 City Holland State MI Zip Code 49423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Haworth, Inc. Occupation chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 15 / 2014
Transaction ID : SA11AI.5709
 Amount of Each Receipt this Period 10000.00

C. Richard G. Haworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 E. 8th Street Suite 150
 City Holland State MI Zip Code 49423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Haworth, Inc. Occupation chairman emeritus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 17 / 2014
Transaction ID : SA11AI.5715
 Amount of Each Receipt this Period 50000.00

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 860000.00 |
| 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 10 OF 38 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Marcus Hiles | | Date of Receipt |
| Mailing Address 2505 N. State Hwy. 360 Suite 800 | | <input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Grand Prairie | TX | 75050 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Western Rim Property Services | c.e.o. | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="150000.00"/> | |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="150000.00"/> |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Sidney J. Jansma Jr. | | Date of Receipt |
| Mailing Address 1 Riverfront Plaza | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Grand Rapids | MI | 49503 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Wolverine Gas and Oil Corp. | president | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="50000.00"/> | |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="50000.00"/> |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Seth Klarman | | Date of Receipt |
| Mailing Address 10 St. James Ave., Suite 1700 | | <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Boston | MA | 02116 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| The Baupost Group, L.L.C. | c.e.o. | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="650000.00"/> | |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="200000.00"/> |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="400000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 38 |
| <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)
Ending Spending Action Fund

A. Paul Land
Full Name (Last, First, Middle Initial)
Mailing Address 1701 Porter. S.W., #6
City Wyoming State MI Zip Code 49519
FEC ID number of contributing federal political committee. **C**
Name of Employer Land & Co. Occupation real estate exec.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 09 / 02 / 2014
Transaction ID : SA11AI.5634
Amount of Each Receipt this Period 500000.00

B. Paola M. Luptak
Full Name (Last, First, Middle Initial)
Mailing Address 3923 Devon Court, N.
City Boca Raton State FL Zip Code 33496
FEC ID number of contributing federal political committee. **C**
Name of Employer The Beztak Companies Occupation real estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 22 / 2014
Transaction ID : SA11AI.5826
Amount of Each Receipt this Period 25000.00

C. McKinley Associates, Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 320 N. Main Street Suite 200
City Ann Arbor State MI Zip Code 48104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400000.00

Date of Receipt 09 / 11 / 2014
Transaction ID : SA11AI.5708
Amount of Each Receipt this Period 400000.00

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 925000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 38 |
| | <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)
Ending Spending Action Fund

A. McKinley Associates, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 N. Main Street
 Suite 200
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11AI.5713
 Amount of Each Receipt this Period
 700000.00

B. Linda McMahon
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Hurlingham Drive
 City Greenwich State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : SA11AI.5738
 Amount of Each Receipt this Period
 750000.00

C. Robert L. Mercer
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Route 25A
 City East Setauket State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Renaissance Technologies Corp. investment management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014
Transaction ID : SA11AI.5762
 Amount of Each Receipt this Period
 1000000.00

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2450000.00 |
| 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 38 |
| | <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)
Ending Spending Action Fund

A. Muskegon Development Company
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 S. Mission Road
 City Mount Pleasant State MI Zip Code 48858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50000.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : SA11AI.5722
 Amount of Each Receipt this Period **50000.00**

B. William E. Oberndorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Sansome Street, #1950
 City San Francisco State CA Zip Code 94111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation n/a investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **308680.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : SA11AI.5734
 Amount of Each Receipt this Period **208680.00**

C. William C. Powers
 Full Name (Last, First, Middle Initial)
 Mailing Address 11766 Wilshire Blvd., #1470
 City Los Angeles State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation The Strand Partners investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400000.00**

Date of Receipt **09 / 25 / 2014**
Transaction ID : SA11AI.5763
 Amount of Each Receipt this Period **100000.00**

| | |
|---|------------------|
| SUBTOTAL of Receipts This Page (optional)..... | 358680.00 |
| 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 38 |
| | <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)
Ending Spending Action Fund

A. J. Joe Ricketts
Full Name (Last, First, Middle Initial)

Mailing Address 607 Upper Hoback Road

City Little Jackson Hole State WY Zip Code 82922

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

Name of Employer self-employed Occupation entrepreneur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4120000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.5725

Amount of Each Receipt this Period
 2700000.00

B. Julian Robertson
Full Name (Last, First, Middle Initial)

Mailing Address 101 Park Avenue, 48th Floor

City New York State NY Zip Code 10178

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

Name of Employer Tiger Mgmt., LLC Occupation investment manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period
 300000.00

C. Jeffrey Silverman
Full Name (Last, First, Middle Initial)

Mailing Address 1445 16th Street

City Miami Beach State FL Zip Code 33139

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

Name of Employer self Occupation investor-real estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.5737

Amount of Each Receipt this Period
 150000.00

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3150000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 15 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Paul Singer

Mailing Address 40 W. 57th Street, 30th Floor

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Elliott Management Corp. c.e.o.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : SA11AI.5783

Amount of Each Receipt this Period
1000000.00

Full Name (Last, First, Middle Initial)
B. Richard E. Uihlein

Mailing Address 1396 N. Waukegan Road

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Uline c.e.o.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : SA11AI.5712

Amount of Each Receipt this Period
100000.00

Full Name (Last, First, Middle Initial)
C.

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).....▶ | 1100000.00 |
| TOTAL This Period (last page this line number only).....▶ | 10468680.00 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5660

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5681

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5654

Amount of Each Disbursement this Period

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

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 |

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5658

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5661

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5676

Amount of Each Disbursement this Period

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

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 |

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. The Bank of Tampa | | Date of Disbursement MM / DD / YYYY 09 / 09 / 2014 |
| Mailing Address P. O. Box 1 | | Transaction ID : SB21B.5695 |
| City Tampa | State FL | |
| Zip Code 33601 | Purpose of Disbursement service charge | Amount of Each Disbursement this Period 20.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. The Bank of Tampa | | Date of Disbursement MM / DD / YYYY 09 / 11 / 2014 |
| Mailing Address P. O. Box 1 | | Transaction ID : SB21B.5710 |
| City Tampa | State FL | |
| Zip Code 33601 | Purpose of Disbursement service charge | Amount of Each Disbursement this Period 15.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. The Bank of Tampa | | Date of Disbursement MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address P. O. Box 1 | | Transaction ID : SB21B.5703 |
| City Tampa | State FL | |
| Zip Code 33601 | Purpose of Disbursement service charge | Amount of Each Disbursement this Period 20.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 55.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.5711

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB21B.5716

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : SB21B.5719

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.5717

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.5723

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.5724

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5728

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5729

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5730

Amount of Each Disbursement this Period

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

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 |

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : SB21B.5731

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : SB21B.5732

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB21B.5739

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5753

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5757

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5758

Amount of Each Disbursement this Period

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

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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.5767

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.5768

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.5769

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.5770

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.5771

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.5772

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2014

Transaction ID : SB21B.5788

Amount of Each Disbursement this Period: 15.00

Category/Type

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2014

Transaction ID : SB21B.5801

Amount of Each Disbursement this Period: 15.00

Category/Type

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2014

Transaction ID : SB21B.5802

Amount of Each Disbursement this Period: 15.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 45.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
09 / 30 / 2014

Transaction ID : SB21B.5803

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

20.00

570.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Ending Spending Action Fund | FEC IDENTIFICATION NUMBER ▼ C C00489856 |
| 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 American Media & Advocacy Group | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2014 |
| Mailing Address 815 Slaters Lane | Amount 16602.75 |
| City State Zip Code Alexandria VA 22314 | Transaction ID : SE.5674 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 05 / 2014 |
| Purpose of Expenditure media production/placement | Category/Type |
| Name of Federal Candidate Mary Michelle Nunn | <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: GA |
| Calendar Year-To-Date Per Election for Office Sought 1584247.96 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee America Rising, LLC | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 138 Conant Street First Floor | Amount 5000.00 |
| City State Zip Code Beverly MA 01915 | Transaction ID : SE.5668 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Purpose of Expenditure research | Category/Type |
| Name of Federal Candidate Jeanne Shaheen | <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: NH |
| Calendar Year-To-Date Per Election for Office Sought 1176906.32 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 21602.75 |
| (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.

Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Ending Spending Action Fund | FEC IDENTIFICATION NUMBER ▼ C C00489856 |
| 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 | |

| | |
|---|---|
| Full Name of Payee America Rising, LLC | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 03 / 2014 |
| Mailing Address 138 Conant Street First Floor | Amount 5000.00 |
| City State Zip Code Beverly MA 01915 | Transaction ID : SE.5670 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Purpose of Expenditure research | Category/Type |
| Name of Federal Candidate Mary Michelle Nunn | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u> |
| Calendar Year-To-Date Per Election for Office Sought 1567645.21 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee CD, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 03 / 2014 |
| Mailing Address P. O. Box 1877 | Amount 15000.00 |
| City State Zip Code Alexandria VA 22313 | Transaction ID : SE.5648 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Purpose of Expenditure online advertising | Category/Type |
| Name of Federal Candidate Mary Michelle Nunn | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u> |
| Calendar Year-To-Date Per Election for Office Sought 1562645.21 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20000.00 |
| (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.

Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
CD, Inc.
Mailing Address
P. O. Box 1877
City
Alexandria State
VA Zip Code
22313
Purpose of Expenditure
online advertising
Category/Type
Date of Public Distribution/Dissemination
09 / 08 / 2014
Amount
7500.00
Transaction ID : SE.5693
Date of Disbursement or Obligation
09 / 09 / 2014
Name of Federal Candidate
Scott Brown
Support
Office Sought:
Senate State: NH
Calendar Year-To-Date
Per Election for Office Sought
77722.90
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Crossroads Media, LLC
Mailing Address
66 Canal Center Plaza
Suite 555
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
media placement
Category/Type
Date of Public Distribution/Dissemination
09 / 03 / 2014
Amount
467025.00
Transaction ID : SE.5659
Date of Disbursement or Obligation
09 / 02 / 2014
Name of Federal Candidate
Jeanne Shaheen
Oppose
Office Sought:
Senate State: NH
Calendar Year-To-Date
Per Election for Office Sought
1045266.11
Disbursement For:
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 474525.00
(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.

Nancy H. Watkins
[Electronically Filed]
Date
10 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Ending Spending Action Fund | FEC IDENTIFICATION NUMBER ▼ C C00489856 |
| 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 Crossroads Media, LLC | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2014 |
| Mailing Address 66 Canal Center Plaza Suite 555 | Amount 667220.00 |
| City State Zip Code Alexandria VA 22314 | Transaction ID : SE.5746 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2014 |
| Purpose of Expenditure media placement | Category/Type |
| Name of Federal Candidate Jeanne Shaheen | <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: NH |
| Calendar Year-To-Date Per Election for Office Sought 1844126.32 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee DDC Advocacy | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2014 |
| Mailing Address 174 Waterfront Street, Suite 500 | Amount 45000.00 |
| City State Zip Code National Harbor MD 20745 | Transaction ID : SE.5784 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2014 |
| Purpose of Expenditure online advertising | Category/Type |
| Name of Federal Candidate Gary Peters | <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: MI |
| Calendar Year-To-Date Per Election for Office Sought 3788790.50 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 712220.00 |
| (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.

Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Ending Spending Action Fund | FEC IDENTIFICATION NUMBER ▼ C C00489856 |
| 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 Hansen Printing & Design Group, LLC | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 263 Union Square, #4 | Amount 30819.00 |
| City State Zip Code Milford NH 03055 | Transaction ID : SE.5652 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Purpose of Expenditure direct mail | Category/Type |
| Name of Federal Candidate Jeanne Shaheen | 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 1099906.32 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee McCarthy Hennings Media, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 1850 M Street, N.W., #235 | Amount 23821.21 |
| City State Zip Code Washington DC 20004 | Transaction ID : SE.5651 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Purpose of Expenditure media production | Category/Type |
| Name of Federal Candidate Jeanne Shaheen | 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 1069087.32 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 54640.21 |
| (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.

Nancy H. Watkins
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Ending Spending Action Fund | FEC IDENTIFICATION NUMBER ▼ C C00489856 |
| 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 McCarthy Hennings Media, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2014 |
| Mailing Address 1850 M Street, N.W., #235 | Amount 1536.34 |
| City Washington State DC Zip Code 20004 | Transaction ID : SE.5764 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2014 |
| Purpose of Expenditure media production | Category/Type |
| Name of Federal Candidate Gary Peters | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 3743790.50 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee Mentzer Media Services, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 600 Fairmount Avenue, #306 | Amount 150000.00 |
| City Towson State MD Zip Code 21286 | Transaction ID : SE.5679 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2014 |
| Purpose of Expenditure media placement | Category/Type |
| Name of Federal Candidate Gary Peters | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 1982985.72 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 151536.34 |
| (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.

Signature Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Ending Spending Action Fund | FEC IDENTIFICATION NUMBER ▼ C C00489856 |
| 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 Mentzer Media Services, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2014 |
| Mailing Address 600 Fairmount Avenue, #306 | Amount 110000.00 |
| City State Zip Code Towson MD 21286 | Transaction ID : SE.5745 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2014 |
| Purpose of Expenditure media placement | Category/Type |
| Name of Federal Candidate Gary Peters | <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"/> Other (specify) _____ District: _____ State: MI |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ 3725310.72 |

| | |
|---|---|
| Full Name of Payee Mentzer Media Services, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 |
| Mailing Address 600 Fairmount Avenue, #306 | Amount 642500.00 |
| City State Zip Code Towson MD 21286 | Transaction ID : SE.5807 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 |
| Purpose of Expenditure media placement | Category/Type |
| Name of Federal Candidate Gary Peters | <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"/> Other (specify) _____ District: _____ State: MI |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ 4431290.50 |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | 1742500.00 |
| (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.

Signature Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund
FEC IDENTIFICATION NUMBER C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee National Research, Inc.
Mailing Address 146 State Highway 34 Suite 250
City Holmdel State NJ Zip Code 07733
Purpose of Expenditure research
Name of Federal Candidate Jeanne Shaheen
Calendar Year-To-Date Per Election for Office Sought 1171906.32

Date of Public Distribution/Dissemination 09/04/2014
Amount 72000.00
Transaction ID : SE.5657
Date of Disbursement or Obligation 09/04/2014
Office Sought: Senate State: NH
Disbursement For: General 2014

Full Name of Payee National Research, Inc.
Mailing Address 146 State Highway 34 Suite 250
City Holmdel State NJ Zip Code 07733
Purpose of Expenditure research
Name of Federal Candidate Jeanne Shaheen
Calendar Year-To-Date Per Election for Office Sought 1886243.19

Date of Public Distribution/Dissemination 09/23/2014
Amount 24000.00
Transaction ID : SE.5754
Date of Disbursement or Obligation 09/24/2014
Office Sought: Senate State: NH
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 96000.00
(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.

Nancy H. Watkins [Electronically Filed] Date 10/20/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund
FEC IDENTIFICATION NUMBER C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Rick Reed Media, Inc.
Mailing Address 2601-A Wilson Blvd.
City Arlington State VA Zip Code 22201
Purpose of Expenditure media production Category/Type
Name of Federal Candidate Gary Peters Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2153310.72

Date of Public Distribution/Dissemination 09/04/2014
Amount 20325.00
Transaction ID : SE.5678
Date of Disbursement or Obligation 09/05/2014
Office Sought: House Senate State: MI
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate Support Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: House Senate State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 20325.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 3950409.61

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Nancy H. Watkins [Electronically Filed] Date 10/20/2014