24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)			PAGE 1 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL A	CTION		FEC IDENTIFICATION NUMBER ▼
MOVEON.ONO I OLITIOAL A	CHON		C C00341396
Check if 24-hour report X 48-hour	report New rep	port X Amends repo	ort filed on 09 10 2014
Full Name of Payee Amazon.com			Date of Public Distribution/Dissemination
Mailing Address PO Box 81226			09 08 2014 Amount
City	State	Zip Code	97.94
Seattle	WA	96108	Transaction ID : SE.45725 Date of Disbursement or Obligation
Purpose of Expenditure Supplies		Category/ Type	09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
JONI K ERNST		X Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7 7	26739.82	Disbursement For: Primary
Full Name of Payee Carter Printing			Date of Public Distribution/Dissemination
Mailing Address 1739 East Grand Ave			09 08 2014 Amount
City	State	Zip Code	218.36
Des Moines	IA	50316	Transaction ID : SE.45729 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
JONI K ERNST		X Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought		29781.32	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		> 316.30
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		-
(c) TOTAL Independent Expenditures			
	any candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Wes Boyd	[Electro	nically Filed] Date	9 09 12 2014
Signature		Duit	

Schedule E)	PAGE 2 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION	C C00341396
Check if 24-hour report X 48-hour report New report X Amends report filed on	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ate of Public Distribution/Dissemination
Change Corps	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	nount
Suite 300	40000.00
City State Zip Code Denver CO 80202 Tra	12086.99 ansaction ID : SE.45735
Da	ate of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/ Type	09 09 / 2014
Name of Federal Candidate Support Office Sol	ught: House District: 00
BRUCE L BRALEY	esident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For: Primary General
Tot Elocater for elimes obagin	Other (specify)
Full Name of Payee Da Fairfield inn & Suites	ate of Public Distribution/Dissemination
	09 08 / Y Y Y Y Y
Mailing Address 8661 Plum Dr.	nount
City State Zip Code	123.14
Da	nsaction ID : SE.45728 ate of Disbursement or Obligation
Purpose of Expenditure Lodging Category/ Type	09 / 08 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
IONI K ERNST	esident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disburser 29562.96 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	12210.13
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Wes Boyd [Electronically Filed] Date 09	12 2014
Signature	

Schedule E)	EXI END	TOTILO		PAGE 3 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN FUII) MOVEON.ORG POLITICAL ACTION				FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION				C C00341396
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee FedexKinko's				of Public Distribution/Dissemination
Mailing Address P.O. Box 672085			Amou	09 08 2014 nt
City	State	Zip Code	— r	131.43
Dallas	TX	75267		action ID : SE.45730 of Disbursement or Obligation
Purpose of Expenditure Shipping		Category/ Type		09 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
JONI K ERNST		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		29912.75	Disbursemen 2014 O	t For:
Full Name of Payee FedexKinko's				of Public Distribution/Dissemination
Mailing Address P.O. Box 672085			L	09 08 2014
			Amou	nt
City	State	Zip Code		79.28
Dallas Purpose of Expenditure	TX	75267		ction ID : SE.45734 of Disbursement or Obligation
Shipping		Category/ Type	N	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
JONI K ERNST		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		30293.33	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			· [210.71
(b) SUBTOTAL of Unitermized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Wes Boyd	[Electroni	cally Filed] Date	M M / / 09	12 / 2014
Signature				

Schedule E)	PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION	C C00341396
Check if 24-hour report 48-hour report New report Amends report filed on	09 10 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Full Name of Payee Date Moonlight Design	te of Public Distribution/Dissemination
Mailing Address 1324 Palms Blvd.	09 08 2014 nount
	200.00
	200.00 ansaction ID : SE.45726 te of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
IONI K ERNST	sident State: IA
Calendar Year-To-Date Per Election for Office Sought Disbursem 26939.82	nent For:
	te of Public Distribution/Dissemination
Moonlight Design	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1324 Palms Blvd.	nount
City State Zip Code	205.00
Da	nsaction ID : SE.45749 te of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	09 / 12 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
JONI K ERNST Oppose Pres	sident State: IA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	405.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Wes Boyd [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION	C C00341396
	0
Check if 24-hour report 48-hour report New report Amends report file	ed on 09 / 10 / 2014
Full Name of Payee The Spoken Hub	Date of Public Distribution/Dissemination
·	09 03 7 2014
Mailing Address 50 W 17th St Fl 9	Amount
City State Zip Code	600.00
New York NY 10011	Transaction ID : SE.45723 Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
BRUCE L. BRALEY Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Dis 26032.68	bursement For: Primary General Other (specify) Other
Full Name of Payee	Date of Public Distribution/Dissemination
The Spoken Hub	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 50 W 17th St FI 9	Amount
City State Zip Code New York NY 10011	8000.00 Transaction ID : SE.45736
	Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	09 / 10 / 2014
	rice Sought: House District: 00
BRUCE L. BRALEY Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	8600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
· · · · · · · · · · · · · · · · · · ·	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
Wes Boyd [Electronically Filed]	09 12 2014
Signature Date	12 2014

Schedule E)	A. 2.1.511.61	ilo		PAGE 6 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION				C C00341396
Check if 24-hour report X 48-hour report	New report	X Amends repo	ort filed on	09 10 / 2014
Full Name of Payee United Airlines				of Public Distribution/Dissemination
Mailing Address PO Box 66100			Amou	09 08 2014
City State				609.20
Chicago IL	. 6066	36 		action ID : SE.45724 of Disbursement or Obligation
Purpose of Expenditure Travel	Cat	tegory/ Type		09 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
JONI K ERNST		X Oppose	Preside	10
Calendar Year-To-Date Per Election for Office Sought	2664		Disbursemen	
Full Name of Payee	,			of Public Distribution/Dissemination
United Cab Des Moines				09 / Dan / Yayayayayayayayayayayayayayayayayayayay
Mailing Address			Amou	nt
City Stat	te Zip (Code		50.00
Des Moines IA	•			oction ID : SE.45733 of Disbursement or Obligation
Purpose of Expenditure Travel	Cat	tegory/ Type		09 / 08 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
JONI K ERNST		X Oppose	Preside	ent Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	3	0214.05	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	659.20
(b) SUBTOTAL of Unitemized Independent Expenditures			•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized comi			
Wes Boyd	erri e u	17	M = M /	D D / Y T Y T Y
Signature	[Electronically]	Filed] Date	9 09	12 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LINDII GIILG	PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION		C C00341396
		O Committee
Check if 24-hour report X 48-hour report No.	ew report X Amends report file	ed on 09 / 10 / 2014
Full Name of Payee Matt Walsh		Date of Public Distribution/Dissemination
		09 08 Y Y Y Y Y Y
Mailing Address 10210 Hickory Lane		Amount
City State	Zip Code	2500.00
Urbandale IA	50322	Transaction ID : SE.45727 Date of Disbursement or Obligation
Purpose of Expenditure Media Production	Category/ Type	09 / 08 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
JONI K ERNST	Oppose	President Senate State: IA
Calendar Year-To-Date		sbursement For: Primary X General
Per Election for Office Sought	29439.82	14 Other (specify) ▶
Full Name of Payee Dan Welk		Date of Public Distribution/Dissemination
		09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
Chata	7in Ondo	100.70
City State Des Moines IA	Zip Code 50310	190.70 Transaction ID : SE.45731
Purpose of Expenditure	Out to make	Date of Disbursement or Obligation
Media Production	Category/ Type	09 / 08 / 2014
Name of Federal Candidate		fice Sought: House District: 00
JONI K ERNST	∑ Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
-		
(a) SUBTOTAL of Itemized Independent Expenditures	····	2690.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) GOD TO THE OF CHIRD AND ADDRESS OF THE PROPERTY OF THE PRO	P	7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or autiparty committee) any political party committee or its agent.		
Wes Boyd	Electronically Filed] Date	09 12 2014
Signature		

Schedule E)	PAGE 8 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION	C C00341396
Check if 24-hour report X 48-hour report New report X Amends report file	ed on 09 10 2014
Full Name of Payee Yellow Cab Des Moines	Date of Public Distribution/Dissemination
Mailing Address 1550 E Army Post Rd	09 08 2014 Amount
City State Zip Code	60.60
Des Moines IA 50320	Transaction ID : SE.45732 Date of Disbursement or Obligation
Purpose of Expenditure Travel Category/ Type	09 08 2014 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
JONI K ERNST Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	ice Sought: House District:
	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	25152.64
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Wes Boyd [Electronically Filed] Date	09 12 Y = Y = Y = Y = Y = Y = Y = Y = Y = Y