

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

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 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | | FEC IDENTIFICATION NUMBER ▼ C C00341396 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014 </div> | |

| | | | |
|---|-------------------|--|---------------------------|
| Full Name of Payee Amazon.com | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Mailing Address PO Box 81226 | | Amount 97.94 | |
| City Seattle | State WA | Zip Code 96108 | Transaction ID : SE.45725 |
| Purpose of Expenditure Supplies | Category/ Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| 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) ▶ | |

| | | | |
|---|-------------------|--|---------------------------|
| Full Name of Payee Carter Printing | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Mailing Address 1739 East Grand Ave | | Amount 218.36 | |
| City Des Moines | State IA | Zip Code 50316 | Transaction ID : SE.45729 |
| Purpose of Expenditure Printing | Category/ Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| 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) ▶ | |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 316.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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

Wes Boyd

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Date

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 09 / 12 / 2014

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

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| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00341396 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | |
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 10 / 2014</div> </div> | |

| | | | | |
|---|-------------|---|--|--|
| Full Name of Payee Change Corps | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 09 / 2014</div> | |
| Mailing Address 1543 Wazee Street Suite 300 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12086.99</div> | |
| City Denver | State CO | Zip Code 80202 | Transaction ID : SE.45735 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 09 / 2014</div> | |
| Purpose of Expenditure Canvassing | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Name of Federal Candidate BRUCE L. BRALEY | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">42380.32</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|---|--|--|
| Full Name of Payee Fairfield inn & Suites | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 08 / 2014</div> | |
| Mailing Address 8661 Plum Dr. | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">123.14</div> | |
| City Urbandale | State IA | Zip Code 50322 | Transaction ID : SE.45728 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 08 / 2014</div> | |
| Purpose of Expenditure Lodging | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Name of Federal Candidate JONI K ERNST | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">29562.96</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">12210.13</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 8
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| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | | FEC IDENTIFICATION NUMBER ▼ C C00341396 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | M M / D D / Y Y Y Y Y Y 09 / 10 / 2014 | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee FedexKinko's | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Mailing Address P.O. Box 672085 | | Amount 131.43 | |
| City Dallas | State TX | Zip Code 75267 | Transaction ID : SE.45730 |
| Purpose of Expenditure Shipping | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| 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) ▶ | |
| | | 29912.75 | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee FedexKinko's | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Mailing Address P.O. Box 672085 | | Amount 79.28 | |
| City Dallas | State TX | Zip Code 75267 | Transaction ID : SE.45734 |
| Purpose of Expenditure Shipping | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| 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) ▶ | |
| | | 30293.33 | |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 210.71 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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09 / 12 / 2014

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

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|--|---|
| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00341396 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | |
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 10 / 2014</div> </div> | |

| | | | |
|---|-------------|--|--|
| Full Name of Payee Moonlight Design | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 08 / 2014</div> | |
| Mailing Address 1324 Palms Blvd. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div> | |
| City Venice | State CA | Zip Code 90291 | Transaction ID : SE.45726 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 08 / 2014</div> |
| Purpose of Expenditure Printing | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">26939.82</div> | | | |

| | | | |
|---|-------------|--|--|
| Full Name of Payee Moonlight Design | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 08 / 2014</div> | |
| Mailing Address 1324 Palms Blvd. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">205.00</div> | |
| City Venice | State CA | Zip Code 90291 | Transaction ID : SE.45749 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 12 / 2014</div> |
| Purpose of Expenditure Printing | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">50585.32</div> | | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">405.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

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09 / 12 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00341396 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | |
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 10 / 2014</div> </div> | |

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|---|-------------------|--|---|
| Full Name of Payee The Spoken Hub | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 03 / 2014</div> | |
| Mailing Address 50 W 17th St Fl 9 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">600.00</div> | |
| City New York | State NY | | |
| Purpose of Expenditure Phones | Category/ Type | Transaction ID : SE.45723 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 03 / 2014</div> | |
| Name of Federal Candidate BRUCE L. BRALEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">26032.68</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------------------|--|---|
| Full Name of Payee The Spoken Hub | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 10 / 2014</div> | |
| Mailing Address 50 W 17th St Fl 9 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div> | |
| City New York | State NY | | |
| Purpose of Expenditure Phones | Category/ Type | Transaction ID : SE.45736 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 09 / 10 / 2014</div> | |
| Name of Federal Candidate BRUCE L. BRALEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">50380.32</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8600.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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.

Wes Boyd

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

| | | | |
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| FOR SE OF FORM 24/48 | | | |

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| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | | FEC IDENTIFICATION NUMBER ▼ C C00341396 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | |
| | | MM / DD / YYYY 09 / 10 / 2014 | |

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|---|-------------------|---|---|
| Full Name of Payee United Airlines | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014 | |
| Mailing Address PO Box 66100 | | Amount 609.20 | |
| City Chicago | State IL | Zip Code 60666 | Transaction ID : SE.45724 |
| Purpose of Expenditure Travel | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| 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) ▶ | |
| | | 26641.88 | |

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|---|-------------------|---|---|
| Full Name of Payee United Cab Des Moines | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014 | |
| Mailing Address | | Amount 50.00 | |
| City Des Moines | State IA | Zip Code 50310 | Transaction ID : SE.45733 |
| Purpose of Expenditure Travel | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| 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) ▶ | |
| | | 30214.05 | |

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|---|--------|
| (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 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.

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | | FEC IDENTIFICATION NUMBER ▼ C C00341396 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | |
| | | MM / DD / YYYY 09 / 10 / 2014 | |

| | | | |
|---|-------------------|---|---------------------------|
| Full Name of Payee Matt Walsh | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014 | |
| Mailing Address 10210 Hickory Lane | | Amount 2500.00 | |
| City Urbandale | State IA | Zip Code 50322 | Transaction ID : SE.45727 |
| Purpose of Expenditure Media Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | |
| 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) ▶ | |
| | | 29439.82 | |

| | | | |
|---|-------------------|---|---------------------------|
| Full Name of Payee Dan Welk | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014 | |
| Mailing Address | | Amount 190.70 | |
| City Des Moines | State IA | Zip Code 50310 | Transaction ID : SE.45731 |
| Purpose of Expenditure Media Production | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA | |
| 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) ▶ | |
| | | 30103.45 | |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2690.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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| NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION | | FEC IDENTIFICATION NUMBER ▼ C C00341396 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014 | |

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|---|-------------------|---|---|
| Full Name of Payee Yellow Cab Des Moines | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Mailing Address 1550 E Army Post Rd | | Amount 60.60 | |
| City Des Moines | State IA | Zip Code 50320 | Transaction ID : SE.45732 |
| Purpose of Expenditure Travel | Category/ Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 | |
| Name of Federal Candidate JONI K ERNST | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| 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) ▶ | |
| | | 30164.05 | |

| | | | |
|---|-------------------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y |
| Purpose of Expenditure | Category/ Type | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| | | | |

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

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| 09 / 12 / 2014 |

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