

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 Every Voice Action

ADDRESS (number and street) 1133 19th St 9th Floor Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00566208

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), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), 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 11/04/2014 in the State of DC

5. Covering Period 10/16/2014 through 11/24/2014

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

Type or Print Name of Treasurer David Donnelly

Signature of Treasurer David Donnelly [Electronically Filed] Date 12/04/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Every Voice Action

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="835064.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="817628.85"/>	<input type="text" value="3107879.19"/>
(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="1652692.88"/>	<input type="text" value="3107879.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1626539.25"/>	<input type="text" value="3081725.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26153.63"/>	<input type="text" value="26153.63"/>
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

Every Voice Action

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

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).....	250.00	6250.00
(ii) Unitemized	876.00	3026.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1126.00	9276.00
(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)	1126.00	9276.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	110000.00	110000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	3124.02	3124.02
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	703378.83	2985479.17
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))..... ▶	817628.85	3107879.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	817628.85	3107879.19

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	21344.57	266772.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21344.57	266772.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1263490.35	2240765.18
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	110000.00	110000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements	231704.33	464188.20
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)) ..	1626539.25	3081725.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1626539.25	3081725.56

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)	1126.00	9276.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1126.00	9276.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21344.57	266772.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3124.02	3124.02
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18220.55	263648.16

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

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

FOR LINE NUMBER: PAGE 6 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)
A. Alice C. Swift

Mailing Address 36 Pondview Dr

City Amherst State MA Zip Code 01002-3229

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

Name of Employer none Occupation not employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : VN8AJDEV3B0

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)
B. ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1026.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : VN8AJDEV3B0E

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

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

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

FOR LINE NUMBER: PAGE 7 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)
A. Every Voice
Mailing Address 1133 19th St NW
FI 9
City Washington State DC Zip Code 20036-3612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014
Transaction ID : VN8AJDF0MV0
Amount of Each Receipt this Period
110000.00
Aggregate Year-to-Date ▼
110000.00

Full Name (Last, First, Middle Initial)
B.
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) ▼

Date of Receipt
M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date ▼

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) ▼

Date of Receipt
M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)..... ▶ 110000.00
TOTAL This Period (last page this line number only)..... ▶ 110000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)
A. Murphy Vogel Askew Reilly LLC

Mailing Address 1199 N Fairfax St
Ste 220

City State Zip Code
Alexandria VA 22314-1437

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3124.02

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 17 / 2014

Transaction ID : VN8AJDGJ5C5

Amount of Each Receipt this Period
3124.02

Refund of overpayment

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

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3124.02
TOTAL This Period (last page this line number only).....▶	3124.02

**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 50
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)
A. Ian Simmons

Mailing Address PO Box 380310

City Cambridge State MA Zip Code 02238-0310

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

Name of Employer Self Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
155786.71

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014
Transaction ID : VN8AJD9Y0W1

Amount of Each Receipt this Period
150000.00

Full Name (Last, First, Middle Initial)
B. Clay Kirk

Mailing Address 320 E 72nd St Apt 5C

City New York State NY Zip Code 10021-5251

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014
Transaction ID : VN8AJDAKWD8

Amount of Each Receipt this Period
4000.00

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

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014
Transaction ID : VN8AJDBK4F1

Amount of Each Receipt this Period
50000.00

SUBTOTAL of Receipts This Page (optional).....▶	204000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)
A. Friends of Democracy IE

Mailing Address PO Box 33691

City Washington State DC Zip Code 20033-0691

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1195000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014
Transaction ID : VN8AJDBEB33

Amount of Each Receipt this Period
45000.00

Full Name (Last, First, Middle Initial)
B. Irene Kaufman

Mailing Address 40 Perry St

City New York State NY Zip Code 10014-2704

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

Name of Employer Occupation
self employed self employed

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014
Transaction ID : VN8AJDC7EZ8

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
C. HOUSE MAJORITY PAC

Mailing Address 700 13th St NW Ste 600

City Washington State DC Zip Code 20005-3960

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26616.09

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014
Transaction ID : VN8AJDF2B54

Amount of Each Receipt this Period
7000.00

* In-Kind: *In-kind: Public Opinion Research

SUBTOTAL of Receipts This Page (optional).....▶	62000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

A. Mayday PAC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 380444
City Cambridge State MA Zip Code 02238-0444
FEC ID number of contributing federal political committee. **C** C00562587
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 528000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014
Transaction ID : VN8AJDC5DH9
Amount of Each Receipt this Period
70000.00

B. MoveOn PAC
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9218
City Berkeley State CA Zip Code 94709-0218
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 40000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014
Transaction ID : VN8AJDDMT05
Amount of Each Receipt this Period
40000.00

C. CWA Working Voices
Full Name (Last, First, Middle Initial)
Mailing Address 501 3rd St NW
City Washington State DC Zip Code 20001-2760
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 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
10 / 24 / 2014
Transaction ID : VN8AJDCRX80
Amount of Each Receipt this Period
50000.00

SUBTOTAL of Receipts This Page (optional).....▶	160000.00
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 50
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial) A. Fair Share Action		Date of Receipt
Mailing Address 3845 Tennyson St # 150		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Denver	State CO	Zip Code 80212-2107
FEC ID number of contributing federal political committee. C C00526673		Transaction ID : VN8AJDDN312
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name (Last, First, Middle Initial) B. Friends of Democracy IE		Date of Receipt
Mailing Address PO Box 33691		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20033-0691
FEC ID number of contributing federal political committee. C		Transaction ID : VN8AJDD2963
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="25000.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1220000.00"/>	

Full Name (Last, First, Middle Initial) C. League of Conservation Voters Victory Fund		Date of Receipt
Mailing Address 1920 L St NW Ste 800		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20036-5045
FEC ID number of contributing federal political committee. C		Transaction ID : VN8AJDDN2P5
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="25000.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="25000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 50
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial) A. Every Voice		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 Transaction ID : VN8AJDH22P2
Mailing Address 1133 19th St NW FI 9		Amount of Each Receipt this Period 6000.00
City Washington	State DC	Zip Code 20036-3612
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220697.54	*Payment to Anthony Whittaker as an In-kind contribution

Full Name (Last, First, Middle Initial) B. Vin Ryan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 Transaction ID : VN8AJDDHT09
Mailing Address 745 Atlantic Ave FI 11		Amount of Each Receipt this Period 140000.00
City Boston	State MA	Zip Code 02111-2709
FEC ID number of contributing federal political committee. C		
Name of Employer CEO	Occupation Schooner Capital	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 154000.00	

Full Name (Last, First, Middle Initial) C. DRIVE - International Brotherhood of Teamsters		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : VN8AJDDTY75
Mailing Address 25 Louisiana Ave NW		Amount of Each Receipt this Period 25000.00
City Washington	State DC	Zip Code 20001-2130
FEC ID number of contributing federal political committee. C C00032979		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....▶	171000.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA17

Transaction ID : VN8AJDH22P2

see transaction VN7BA9Y1VB8

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Every Voice Action

A. Every Voice
Full Name (Last, First, Middle Initial)
Mailing Address 1133 19th St NW
FI 9
City Washington State DC Zip Code 20036-3612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
260263.87

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 04 / 2014
Transaction ID : VN8AJDH22C3
Amount of Each Receipt this Period
24566.33
* In-Kind: in-kind staff time & associated overhead

B. Every Voice
Full Name (Last, First, Middle Initial)
Mailing Address 1133 19th St NW
FI 9
City Washington State DC Zip Code 20036-3612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
260263.87

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 04 / 2014
Transaction ID : VN8AJDH22F7
Amount of Each Receipt this Period
15000.00
*Payment to vendor-Luis Navarro as an In-kind contribution

C. Every Voice
Full Name (Last, First, Middle Initial)
Mailing Address 1133 19th St NW
FI 9
City Washington State DC Zip Code 20036-3612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
267076.37

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 11 / 2014
Transaction ID : VN8AJDH22Q0
Amount of Each Receipt this Period
6812.50
*Payment to vendor-Catalist as an In-kind contribution

SUBTOTAL of Receipts This Page (optional).....▶	46378.83
TOTAL This Period (last page this line number only).....▶	703378.83

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

Form/Schedule: SA17

Transaction ID : VN8AJDH22F7

see transaction VN7BA9Y1V84

Form/Schedule: SA17

Transaction ID: VN8AJDH22Q0

see transaction VN7BA9Y1VB8

**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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : VN7BA9X2HV8

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : VN7BA9X2HW6

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : VN7BA9X2HX4

Amount of Each Disbursement this Period

95.00

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

210.00

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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9X4GA9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9X4GB6

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Speilberg + Eisenberg LLP

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9X4HK0

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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. American Express Establishment Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Deposit Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9X88G0

Amount of Each Disbursement this Period

289.15

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9XDPE4

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9XDPF2

Amount of Each Disbursement this Period

125.00

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

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

474.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : VN7BA9XJQR4

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : VN7BA9XJQQ6

Amount of Each Disbursement this Period

95.00

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : VN7BA9XP8D7

Amount of Each Disbursement this Period

100.00

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

210.00

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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9XRFR3

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Pivotal Payments

Mailing Address 5000 Legacy Dr Ste 320

City Plano State TX Zip Code 75024-3112

Purpose of Disbursement
Merchant Deposit Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9XSET5

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Judy Maslen

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement
Accounting Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9XSFR2

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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. The Other 98% Action

Mailing Address 13324 SW 220th St

City Vashon State WA Zip Code 98070-6306

Purpose of Disbursement
Social Media Consulting

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : VN7BA9XVG77

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Catalyst

Mailing Address 1090 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-4966

Purpose of Disbursement
voter file

005

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2014

Transaction ID : VN7BA9Y1VB8

Amount of Each Disbursement this Period

6812.50

pd by Every Voice as an in-kind contribution see VN8AJDH22Q0

Full Name (Last, First, Middle Initial)

C. American Express Establishment Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Deposit Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2014

Transaction ID : VN7BA9Y1NK8

Amount of Each Disbursement this Period

7.95

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

16820.45

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

21303.92

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
Repay Oct 28 loan

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VN7BA9XVBQ3

Amount of Each Disbursement this Period

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

/ /

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

/ /

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Many True Conservatives

Mailing Address 108 Fairview Ave

City Washington State SD Zip Code 57754-1524

Purpose of Disbursement
Contribution

012

Candidate Name

Many True Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : VN7BA9X0CN6

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

B. HOUSE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
*In-kind: Public Opinion Research

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : VN8AJDF2B54I

Amount of Each Disbursement this Period

7000.00

* In-Kind Received

Full Name (Last, First, Middle Initial)

C. Stones' Phones

Mailing Address 1309 F St NW
Ste 200

City Washington State DC Zip Code 20004-1183

Purpose of Disbursement
Get out the vote calls

Candidate Name

001

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : VN7BA9X4C76

Amount of Each Disbursement this Period

5101.52

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

72101.52

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Many True Conservatives

Mailing Address 108 Fairview Ave

City State Zip Code
Lead SD 57754-1524

Purpose of Disbursement
Contribution

012

Candidate Name

Many True Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9XADT6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Many True Conservatives

Mailing Address 108 Fairview Ave

City State Zip Code
Lead SD 57754-1524

Purpose of Disbursement
Contribution

012

Candidate Name

Many True Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9XDQC8

Amount of Each Disbursement this Period

43000.00

Full Name (Last, First, Middle Initial)

C. Mission Control, Inc.

Mailing Address 114 Mansfield Hollow Rd
A

City State Zip Code
Mansfield Center CT 06250-1316

Purpose of Disbursement
GOTV Mail

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9XH1W1

Amount of Each Disbursement this Period

52504.00

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

100504.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Murphy Vogel Askew Reilly LLC

Mailing Address 1199 N Fairfax St
Ste 220

City Alexandria State VA Zip Code 22314-1437

Purpose of Disbursement
Production Costs

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9XH2J4

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Anthony Whittaker

Mailing Address 1020 Fairmont St NW
Apt 9

City Washington State DC Zip Code 20001-3948

Purpose of Disbursement
analysis & targeting services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9Y1V68

Amount of Each Disbursement this Period

paid by Every Voice-as an in-kind contribution see VN8AJDH22P2

Full Name (Last, First, Middle Initial)

C. Many True Conservatives

Mailing Address 108 Fairview Ave

City Lead State SD Zip Code 57754-1524

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Many True Conservatives

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9XMHK0

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 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 checked="" 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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Stones' Phones

Mailing Address 1309 F St NW
Ste 200

City Washington State DC Zip Code 20004-1183

Purpose of Disbursement
GOTV Phone Calls

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : VN7BA9XMHN3

Amount of Each Disbursement this Period

2929.16

001
Category/
Type

Full Name (Last, First, Middle Initial)

B. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
in-kind staff time & associated overhead

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : VN8AJDH22C3I

Amount of Each Disbursement this Period

24566.33

Category/
Type

* In-Kind Received

Full Name (Last, First, Middle Initial)

C. Luis Navarro

Mailing Address 19121 Treadway Rd

City Brookeville State MD Zip Code 20833-2736

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : VN7BA9Y1V84

Amount of Each Disbursement this Period

15000.00

001
Category/
Type

pd by Every Voice as an in-kind contribution see VN8AJDH22F7

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

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

42495.49

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)
Every Voice Action

Full Name (Last, First, Middle Initial)

A. Cinctus Analytics LLC

Mailing Address 1626 Beekman PI NW
Apt B

City Washington State DC Zip Code 20009-4083

Purpose of Disbursement
GOTV Phone Calls

Candidate Name

Category/
Type

Date of Disbursement

/ /

Transaction ID : VN7BA9XYXJ5

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Every Voice Action** Transaction ID : VN8AJDF0MV0L

LOAN SOURCE Full Name (Last, First, Middle Initial) Every Voice	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1133 19th St NW FI 9	
City Washington State DC ZIP Code 20036-3612	

Original Amount of Loan <input type="text" value="110000.00"/>	Cumulative Payment To Date <input type="text" value="110000.00"/>	Balance Outstanding at Close of This Period <input type="text" value="0.00"/>
---	--	--

TERMS

Date Incurred M M / D D / Y Y Y Y Y Y 10 / 28 / 2014	Date Due M M / D D / Y Y Y Y Y Y none	Interest Rate <input type="text" value="none"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="0.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="0.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Mack Sumner Communications	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 2001 N Beauregard St Ste 420	Amount 42091.14
City State Zip Code Alexandria VA 22311-1750	Transaction ID : VN7BA9WTPS0 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Mail	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought 258749.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mack Sumner Communications	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 2001 N Beauregard St Ste 420	Amount 600.00
City State Zip Code Alexandria VA 22311-1750	Transaction ID : VN7BA9WX8X6 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Online Advertising	Category/Type 004
Name of Federal Candidate Marilinda Garcia	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 147976.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42691.14
(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.

David Donnelly [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
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 New Partners Consulting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 1250 I St NW Ste 200	Amount 40000.00
City State Zip Code Washington DC 20005-5994	Transaction ID : VN7BA9WX704 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Online Advertising	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 258749.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Revolution Messaging	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 1730 Rhode Island Ave NW Ste 301	Amount 31218.96
City State Zip Code Washington DC 20036-3120	Transaction ID : VN7BA9WX6M1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Online Advertising	Category/Type 004
Name of Federal Candidate Doug Ose	Office Sought: <input checked="" type="checkbox"/> House District: <u> 07 </u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u> CA </u>
Calendar Year-To-Date Per Election for Office Sought 151223.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71218.96
(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.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Revolution Messaging
Mailing Address
1730 Rhode Island Ave NW
Ste 301
City
Washington State
DC Zip Code
20036-3120
Date of Public Distribution/Dissemination
10 / 20 / 2014
Amount
40000.00
Transaction ID : VN7BA9WX6S9
Date of Disbursement or Obligation
10 / 17 / 2014
Purpose of Expenditure
Online Advertising Category/Type
004
Name of Federal Candidate
NAN HAYWORTH Support Oppose
Office Sought: House District: 18
President Senate State: NY
Calendar Year-To-Date
Per Election for Office Sought
126876.79
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Buying Time
Mailing Address
650 Massachusetts Ave NW
Ste 210
City
Washington State
DC Zip Code
20001-3728
Date of Public Distribution/Dissemination
10 / 28 / 2014
Amount
42047.00
Transaction ID : VN7BA9X08Q2
Date of Disbursement or Obligation
10 / 20 / 2014
Purpose of Expenditure
Radio Advertising Category/Type
004
Name of Federal Candidate
Doug Ose Support Oppose
Office Sought: House District: 07
President Senate State: CA
Calendar Year-To-Date
Per Election for Office Sought
151223.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82047.00
(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.
David Donnelly [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mack Sumner Communications
Mailing Address
2001 N Beauregard St
Ste 420
City
Alexandria State
VA Zip Code
22311-1750
Purpose of Expenditure
Mail Category/
Type 004
Name of Federal Candidate
Marilinda Garcia Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
147976.11

Date of Public Distribution/Dissemination
10 / 21 / 2014
Amount
26637.44
Transaction ID : VN7BA9X2CN1
Date of Disbursement or Obligation
10 / 21 / 2014
Office Sought:
House District: 02
State: NH
Disbursement For:
General 2014

Full Name of Payee
Mack Sumner Communications
Mailing Address
2001 N Beauregard St
Ste 420
City
Alexandria State
VA Zip Code
22311-1750
Purpose of Expenditure
Mail Category/
Type 004
Name of Federal Candidate
John Katko Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
87130.86

Date of Public Distribution/Dissemination
10 / 21 / 2014
Amount
23991.18
Transaction ID : VN7BA9X2CQ7
Date of Disbursement or Obligation
10 / 21 / 2014
Office Sought:
House District: 24
State: NY
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 50628.62
(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.
David Donnelly [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mission Control, Inc.
Mailing Address
114 Mansfield Hollow Rd
A
City
Mansfield Center State
CT Zip Code
06250-1316
Purpose of Expenditure
Mail Category/
Type 004
Name of Federal Candidate
Doug Ose Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
151223.78

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
25442.84
Transaction ID : VN7BA9X2C49
Date of Disbursement or Obligation
10 / 21 / 2014
Office Sought:
House District: 07
Senate State: CA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mission Control, Inc.
Mailing Address
114 Mansfield Hollow Rd
A
City
Mansfield Center State
CT Zip Code
06250-1316
Purpose of Expenditure
Mail Category/
Type 004
Name of Federal Candidate
Carlos Curbelo Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
125446.25

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
26300.00
Transaction ID : VN7BA9X2C80
Date of Disbursement or Obligation
10 / 21 / 2014
Office Sought:
House District: 26
Senate State: FL
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51742.84
(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.
David Donnelly
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mission Control, Inc.
Mailing Address
114 Mansfield Hollow Rd
A
City
Mansfield Center State
CT Zip Code
06250-1316
Purpose of Expenditure
Mail Category/
Type 004

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
26089.66
Transaction ID : VN7BA9X2CC0
Date of Disbursement or Obligation
10 / 21 / 2014

Name of Federal Candidate
NAN HAYWORTH
Support
Oppose
Office Sought:
House
Senate
District: 18
State: NY

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Revolution Media Enterprises
Mailing Address
1306 Pennsylvania Ave SE
Apt 101
City
Washington State
DC Zip Code
20003-3156
Purpose of Expenditure
Online Advertising Production Category/
Type 004

Date of Public Distribution/Dissemination
10 / 21 / 2014
Amount
6000.00
Transaction ID : VN7BA9X25H6
Date of Disbursement or Obligation
10 / 21 / 2014

Name of Federal Candidate
Mitch McConnell
Support
Oppose
Office Sought:
House
Senate
District:
State: KY

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32089.66
(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 David Donnelly [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
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 Stones' Phones	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1309 F St NW Ste 200	Amount 7769.05
City Washington State DC Zip Code 20004-1183	Transaction ID : VN7BA9X25W3 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Phone Calls Category/Type 001	Name of Federal Candidate NAN HAYWORTH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 126876.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Stones' Phones	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1309 F St NW Ste 200	Amount 7769.05
City Washington State DC Zip Code 20004-1183	Transaction ID : VN7BA9X25X1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Phone Calls Category/Type 001	Name of Federal Candidate Carlos Curbelo <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 125446.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15538.10
(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.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Buying Time
Mailing Address
650 Massachusetts Ave NW
Ste 210
City
Washington State
DC Zip Code
20001-3728
Purpose of Expenditure
Television Advertising
Category/Type
Name of Federal Candidate
Mike Rounds
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1218633.89

Date of Public Distribution/Dissemination
10 / 22 / 2015
Amount
156395.00
Transaction ID : VN7BA9WFYC7
Date of Disbursement or Obligation
10 / 22 / 2014
Office Sought:
House
Senate
State: SD
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Buying Time
Mailing Address
650 Massachusetts Ave NW
Ste 210
City
Washington State
DC Zip Code
20001-3728
Purpose of Expenditure
Television Advertising
Category/Type
Name of Federal Candidate
Mike Rounds
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1218633.89

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
167700.00
Transaction ID : VN7BA9X0CK0
Date of Disbursement or Obligation
10 / 22 / 2014
Office Sought:
House
Senate
State: SD
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 324095.00, (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 David Donnelly [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
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 Buying Time	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 650 Massachusetts Ave NW Ste 210	Amount 11000.00
City Washington State DC Zip Code 20001-3728	Transaction ID : VN7BA9X4BP1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Television Advertising	Category/Type 004
Name of Federal Candidate Mike Rounds	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought 1218633.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mack Sumner Communications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 2001 N Beaugard St Ste 420	Amount 41825.36
City Alexandria State VA Zip Code 22311-1750	Transaction ID : VN7BA9X0CM8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Mail	Category/Type 004
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought 258749.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	151825.36
(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.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Stones' Phones
Mailing Address
1309 F St NW
Ste 200
City
Washington State
DC Zip Code
20004-1183
Purpose of Expenditure
Phone Calls Category/Type
001
Name of Federal Candidate
Marilinda Garcia Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
147976.11

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
2626.99
Transaction ID : VN7BA9X4C50
Date of Disbursement or Obligation
10 / 22 / 2014
Office Sought:
House District: 02
President Senate State: NH
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mack Sumner Communications
Mailing Address
2001 N Beauregard St
Ste 420
City
Alexandria State
VA Zip Code
22311-1750
Purpose of Expenditure
Mail Category/Type
004
Name of Federal Candidate
Marilinda Garcia Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
147976.11

Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
27221.48
Transaction ID : VN7BA9XADN7
Date of Disbursement or Obligation
10 / 24 / 2014
Office Sought:
House District: 02
President Senate State: NH
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 29848.47
(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 David Donnelly [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
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 Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 1199 N Fairfax St Ste 220	Amount 1975.02
City State Zip Code Alexandria VA 22314-1437	
Purpose of Expenditure Radio Ad Production	Category/Type 004
Name of Federal Candidate Doug Ose	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Doug Ose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
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) ▶
151223.78	

Full Name of Payee Buying Time	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 650 Massachusetts Ave NW Ste 210	Amount 41707.60
City State Zip Code Washington DC 20001-3728	
Purpose of Expenditure Radio Advertising	Category/Type 004
Name of Federal Candidate Larry Pressler	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Larry Pressler	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
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) ▶
1218633.89	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43682.62
(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.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Every Voice Action
FEC IDENTIFICATION NUMBER
C C00566208
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Murphy Vogel Askew Reilly LLC
Mailing Address
1199 N Fairfax St
Ste 220
City
Alexandria State
VA Zip Code
22314-1437
Purpose of Expenditure
Radio Ad Production Category/
Type
004

Date of Public Distribution/Dissemination
10 / 29 / 2014
Amount
1856.13
Transaction ID : VN7BA9XH2A1
Date of Disbursement or Obligation
10 / 29 / 2014

Name of Federal Candidate
Larry Pressler
Support
Oppose
Office Sought:
House
Senate
State: SD
Calendar Year-To-Date
Per Election for Office Sought
1218633.89

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Murphy Vogel Askew Reilly LLC
Mailing Address
1199 N Fairfax St
Ste 220
City
Alexandria State
VA Zip Code
22314-1437
Purpose of Expenditure
TV Ad Production Category/
Type
004

Date of Public Distribution/Dissemination
10 / 29 / 2014
Amount
6473.50
Transaction ID : VN7BA9XH416
Date of Disbursement or Obligation
10 / 29 / 2014

Name of Federal Candidate
Rick Weiland
Support
Oppose
Office Sought:
House
Senate
State: SD
Calendar Year-To-Date
Per Election for Office Sought
1218633.89

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8329.63
(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 David Donnelly [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 1199 N Fairfax St Ste 220	Amount 6473.50
City State Zip Code Alexandria VA 22314-1437	Transaction ID : VN7BA9XH424 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure TV Ad Production	Category/Type 004
Name of Federal Candidate Larry Pressler	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 1218633.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 114 Mansfield Hollow Rd # A	Amount 15661.86
City State Zip Code Mansfield Center CT 06250-1316	Transaction ID : VN7BA9X2CG2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mail	Category/Type 004
Name of Federal Candidate Marilinda Garcia	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 147976.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22135.36
(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.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
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 New Partners Consulting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 1250 I St NW Ste 200	Amount 250.00
City State Zip Code Washington DC 20005-5994	
Purpose of Expenditure Online Advertising	Category/Type 004
Name of Federal Candidate Larry Pressler	<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>SD</u>
Calendar Year-To-Date Per Election for Office Sought 1218633.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee New Partners Consulting	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 1250 I St NW Ste 200	Amount 250.00
City State Zip Code Washington DC 20005-5994	
Purpose of Expenditure Online Advertising	Category/Type 004
Name of Federal Candidate Rick Weiland	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought 1218633.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500.00
(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.

David Donnelly [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
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 Angle Mastagni Mathews Political Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 507 N Sylvania Ave	Amount 12000.00
City State Zip Code Fort Worth TX 76111-2317	Transaction ID : VN7BA9XMH75 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Phone Calls	Category/Type 001
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 258749.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Stones' Phones	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1309 F St NW Ste 200	Amount 290.90
City State Zip Code Washington DC 20004-1183	Transaction ID : VN7BA9XMHQ9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Phone Calls	Category/Type 001
Name of Federal Candidate Marilinda Garcia	Office Sought: <input checked="" type="checkbox"/> House District: <u> 02 </u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u> NH </u>
Calendar Year-To-Date Per Election for Office Sought 147976.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12290.90
(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.

David Donnelly
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ C C00566208
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stones' Phones	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1309 F St NW Ste 200	Amount 7032.60
City State Zip Code Washington DC 20004-1183	Transaction ID : VN7BA9XMM21 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Phone Calls	Category/Type 001
Name of Federal Candidate Rick Weiland	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
1218633.89	

Full Name of Payee Stones' Phones	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1309 F St NW Ste 200	Amount 4061.41
City State Zip Code Washington DC 20004-1183	Transaction ID : VN7BA9XRAD7 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure GOTV Phone Calls	Category/Type 001
Name of Federal Candidate Rick Weiland	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
1218633.89	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11094.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1263490.35

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.

David Donnelly

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2014