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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
Check if 24-hour report X 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
Full Name of Payee Murphy Vogel Askew Reilly LLC	Date of Public Distribution/Dissemination
	10 11 2014
Mailing Address 1199 N Fairfax St	Amount
Ste 220 City State Zip Code	1000.00
Alexandria VA 22314-1437	Transaction ID : VN7BA9WMSE4 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Production Category/ Type 004	10 13 2014
Name of Federal Candidate Support Office	ce Sought: House District:
Larry Pressler	President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary
Full Name of Payee Murphy Vogel Askow Beilly LLC	Date of Public Distribution/Dissemination
Murphy Vogel Askew Reilly LLC	10 11 2014
Mailing Address 1199 N Fairfax St	Amount
Ste 220	
City State Zip Code Alexandria VA 22314-1437	7601.12 Transaction ID : VN7BA9WMSK3 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Production Category/ Type 004	10 13 2014
Name of Federal Candidate Support Office	ce Sought: House District:
Mike Rounds Oppose	President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	8601.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	8601.12
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.	
Bate	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	