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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	
	C C00489856
Check if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
McCarthy Hennings Media, Inc.	11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1850 M Street, N.W., #235	Amount
City State Zip Code	596.45
Washington DC 20004	Transaction ID : SE.7319 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	M M / D D / Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Kennedy, John Neely, , ,	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For: Primary General ✓ Other (specify) ► Runoff
Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination
Mailing Address 1850 M Street, N.W., #235	11 22 2016 Amount
City State Zip Code	596.44
Washington DC 20004	Transaction ID : SE.7320 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Campbell, Foster, Lonnnie, , II	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General X Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	1192.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
Watkins, Nancy H., , , [Electronically Filed] Date	1 23 2016
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI END	TOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
ESAFund				C C00489856			
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee			Date	e of Public Distribution/Dissemination			
Mentzer Media Services, Inc.				11 22 2016			
Mailing Address 600 Fairmount Avenue, #306			Amo	punt			
City	State	Zip Code	— F	16648.50			
Towson	MD	21286		Transaction ID : SE.7326 Date of Disbursement or Obligation			
Purpose of Expenditure media placement		Category/ Type		M = M / D = D / Y = Y = Y			
Name of Federal Candidate		x Support	Office Soug	ght: House District:			
Kennedy, John Neely, , ,		Oppose	Presi				
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disburseme 2016	ent For:			
Full Name of Payee			Date	e of Public Distribution/Dissemination			
Mentzer Media Services, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 600 Fairmount Avenue, #306			Amo	ount			
City	State	Zip Code	-	851.50			
Towson	MD	21286		saction ID : SE.7328 e of Disbursement or Obligation			
Purpose of Expenditure media placement		Category/ Type		M = M / D = D / Y = Y = Y			
Name of Federal Candidate		Support	Office Sou	ght: House District:			
Campbell, Foster, Lonnnie, , II		X Oppose	Presi	ident Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disburseme 2016	ent For:			
(a) SUBTOTAL of Itemized Independent Expenditures	i		· [17500.00			
(b) SUBTOTAL of Unitemized Independent Expenditu	res		, [
			_ =	4 4			
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
Watkins, Nancy H., , ,	[Electron	ically Filed] Date	M M M	23 2016			
9							

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

Schedule E)		PAGE 3 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
ESAFund		C C00489856				
Check if 24-hour report 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y				
Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination				
Mailing Address 600 Fairmount Avenue, #306		11 22 2016 Amount				
City State	Zip Code	8019.00				
Towson MD	21286	Transaction ID : SE.7331 Date of Disbursement or Obligation				
Purpose of Expenditure media placement	Category/ Type	M M / D D / Y Y Y Y				
Name of Federal Candidate	Support	Office Sought: House District:				
Campbell, Foster, Lonnnie, , II	X Oppose	President X Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General O16				
Full Name of Payee Mentzer Media Services, Inc. Mailing Address 600 Fairmount Avenue, #306		Date of Public Distribution/Dissemination M M M / 22 / 2016 Amount				
City State	Zip Code	5892.00				
Towson MD	21286	Transaction ID : SE.7334 Date of Disbursement or Obligation				
Purpose of Expenditure media placement	Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate	Support 0	Office Sought: House District:				
Campbell, Foster, Lonnnie, , II	x Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016 ✓ Other (specify) ✓ Runoff				
(a) SUBTOTAL of Itemized Independent Expenditures		13911.00				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.						
	Electronically Filed] Date	11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature						

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

Schedule E)	THE OIL OF MISE 2.12.		1101.20				PAGE 4 FOR SE OF	OF FORM 24/4	4
	MITTEE (In Full)					FEC II	DENTIFICATION		
ESAFund						I a T	C00489856		
							000.00011		
Check if X 24	4-hour report 48-hour report	✗ New rep	oort An	mends repo	ort filed or	n Mark	/ D D /	Y Y Y Y	Y
Full Name of					Γ	Date of Public	c Distribution/	'Disseminati	ion
	r Media Services, Inc.					11 ·	22	2016	Y
Mailing Add	ress 600 Fairmount Avenue, #306				,	Amount			
City		State	Zip Code					1886.0	0
Towson		MD	21286			Transaction ID : SE.7338 Date of Disbursement or Obligation			
Purpose of media place	Expenditure ement		Category/ Type			M M M	/ D D /	Doligation	Y
Name of Fe	ederal Candidate			Cupport	Office	Cought:	Ноисо	District:	
	Foster, Lonnnie, , II			Support Oppose	Office S		House Senate		LA
Caland	lar Year-To-Date			——————————————————————————————————————		ement For:	Primary	State. —	neral
	ection for Office Sought		0.00)	2016 -	Cther (sp		Runoff	
Full Name	of Payee				1		ic Distribution/		
<u> </u>						M = M	/ D D /	Y Y Y Y	Y
Mailing Add	ress				,	Amount			
O:4-7		Ctoto	7: Cada		r				$\neg \neg$
City		State	Zip Code						
Purpose of	Expenditure		I			Date of Disbu	ursement or C	_	
1 dipose c.			Category/ Type		$\Box oxed{oxed}$	M M	/ D = D /	Y	Y
Name of Fe	ederal Candidate			Support	Office S	Sought:	House	District:	
				Oppose	P	President	Senate	State:	
	dar Year-To-Date			\neg	Disburs	sement For:	Primary	Ge	eneral
Per Ei	ection for Office Sought					Other (sp	pecify) 🕨		
									-
(a) SUBTOT	AL of Itemized Independent Expend	itures			▶ [-	1886.00)
(b) SUBTOT	AL of Unitemized Independent Expe	enditures			·· • [
(a) TOTAL II	ndependent Expenditures				Г				-
(C) TOTAL II	паерепаетт Ехрепанатез				> [-	34489.89)
with, or at the	y of perjury I certify that the indepe e request or suggestion of, any can tee) any political party committee or	didate or authorized							
	Watkins, Nancy H., , ,	[Electron	ically Filed]	Date	e 11	23	201	6	
Signature							-		