



IOWA CITIZENS FOR COMMUNITY IMPROVEMENT

ACTION FUND2001 Forest Avenue
Des Moines, IA 50311
ph 515.282.0484
fx 515.283.0031
www.cciaction.org

RECEIVED

2014 SEP 10 PM 2:33

FEC MAIL CENTER

September 10, 2014

To whom it may concern,

In an attempt to comply with its 48-hour reporting requirements and fulfill the underlying policy goals of providing timely, transparent reporting of its independent expenditures, Iowa Citizens for Community Improvement Action Fund is filing this 48-Hour Report at the beginning of its canvassing effort estimating its expenses through the general election and then will file an amended report to reflect actual expenditures once the amounts are known.

Although we have attempted to report a reasonable estimate of our independent expenditures, it is inevitable that the final numbers reported will vary from these estimates. Furthermore, in situations when the specific amounts paid to various payees is unknowable at this time, this estimate aggregates estimates for certain expenditures (e.g., "canvasser - tbd") on a single line, while the amended report will list individual payees and the amounts paid to each.

Lastly, no contributions were received for the purpose of furthering the independent expenditures.

A handwritten signature in black ink that reads "Hugh S. Espey". The signature is fluid and cursive, with the first name being the most prominent.

Hugh S. Espey

Executive Director

Iowa Citizens for Community Improvement Action Fund

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

2014 SEP 10 PM 2:35

1. (a) Name of Individual, Organization or Corporation Iowa Citizens for Community Improvement Action Fund		FEC MAIL CENTER
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 Forest Avenue		
(c) City, State and ZIP Code Des Moines, IA 50311		
2. Occupation and Name of Employer (for Individual Filers Only)		3. FEC Identification Number C 9 0 0 1 3 8 9 7

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD:

FROM 09 / 10 / 2014
THROUGH 11 / 04 / 2014

6. TOTAL CONTRIBUTIONS 0.00
7. TOTAL INDEPENDENT EXPENDITURES 46,458.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Hugh S. Espey

Hugh S. Espey 9.10.14

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 5,220.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
5,220.00		

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 2,600.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
7,820.00		

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 2,184.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
10,004.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....	10,004.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Canvasser - TBD		Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 2001 Forest Avenue		Amount 2,700.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
12,704.00			

Full Name (Last, First, Middle Initial) of Payee Direct Marketing Associates		Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 1900 Delaware Avenue		Amount 3,920.00	
City Des Moines	State IA	Zip Code 50317	
Purpose of Expenditure Direct Mail Services	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
16,624.00			

Full Name (Last, First, Middle Initial) of Payee L C Printing		Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 401 SW 8th Street		Amount 4,760.00	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure Door hangers/Palm cards	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
21,384.00			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11,380.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee The Erickson Agency		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 8299 50th Avenue		Amount 560.00
City Prole	State IA	
Zip Code 50229		
Purpose of Expenditure Consulting - material design	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21,944.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 600.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought: 22,544.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Iowa Citizens for Community Improvement		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 420.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Stationary/office supplies	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 22,964.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1,580.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Iowa Citizens for Community Improvement		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 1,344.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Computer/internet/phone usage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24,308.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Iowa Citizens for Community Improvement		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 448.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure office space	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24,756.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,792.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 5,220.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
5,220.00		

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 2,600.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
7,820.00		

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 2,184.00
City Des. Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
10,004.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10,004.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Canvasser - TBD		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 2,700.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		12,704.00	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Direct Marketing Associates		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4	
Mailing Address 1900 Delaware Avenue		Amount 3,080.00	
City Des Moines	State IA	Zip Code 50317	
Purpose of Expenditure Direct Mail Services	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		15,784.00	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee L C Printing		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4	
Mailing Address 401 SW 8th Street		Amount 3,740.00	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure Door hangers/Palm cards	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		19,524.00	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9,520.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee The Erickson Agency		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 8299 50th Avenue		Amount 440.00
City Prole	State IA	
Zip Code 50229		
Purpose of Expenditure Consulting - material design	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19,964.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Iowa Citizens for Community Improvement		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 352.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure office space	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,316.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Iowa Citizens for Community Improvement		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 330.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Stationary/office supplies	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,646.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1,122.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Iowa Citizens for Community Improvement		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 1,056.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Computer/internet/phone usage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21,702.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1,056.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	46,458.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>9/10/2014</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i> PREPARER (8/2013)	<i>9/11/2014</i> DATE PREPARED