



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ESAFund

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="2016"/>		1342450.76
(b) Cash on Hand at Beginning of Reporting Period.....	530861.67	
(c) Total Receipts (from Line 19) .....	180000.00	680005.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	710861.67	2022455.76
7. Total Disbursements (from Line 31).....	369706.50	1681300.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	341155.17	341155.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	63141.00	

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

Write or Type Committee Name

ESAFund

Report Covering the Period: From: 07 / 01 / 2016 To: 07 / 13 / 2016

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).....	180000.00	680000.00
(ii) Unitemized .....	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	180000.00	680005.00
(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) .....	180000.00	680005.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	180000.00	680005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	180000.00	680005.00

**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 .....	2317.00	24595.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2317.00	24595.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E) .....	367389.50	1536705.29
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
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 (Including Non-Federal Donations).....	0.00	20000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	369706.50	1681300.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	369706.50	1681300.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	180000.00	680005.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	180000.00	680005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2317.00	24595.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2317.00	24595.30

**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 6 OF 15
<input checked="" 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 type="checkbox"/> 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)  
**ESAFund**

**A. American Warrior, Inc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3118 Cummings Road  
City Garden City State KS Zip Code 67846  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.6528**  
Amount of Each Receipt this Period 50000.00  
 Memo Item

**B. Conestoga Energy Partners, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1701 N. Kansas Avenue Suite 101  
City Liberal State KS Zip Code 67901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.6530**  
Amount of Each Receipt this Period 30000.00  
 Memo Item

**C. Oberndorf, William, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 505 Sansome Street, #1950  
City San Francisco State CA Zip Code 94111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
n/a investor  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 07 / 13 / 2016  
**Transaction ID : SA11AI.6561**  
Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180000.00
<b>TOTAL</b> This Period (last page this line number only).....	180000.00

**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"/> 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

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)  
**ESAFund**

**A. Del Cielo Media, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1427 Leslie Avenue  
Suite 102

City Alexandria State VA Zip Code 22301

Purpose of Disbursement media placement-not disseminated

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY 07 / 07 / 2016

FEC Identification Number C

**Transaction ID : SB21B.6534**

Amount of Each Disbursement this Period 2317.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2317.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2317.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ESAFund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RedPrint Strategy</b>			Nature of Debt (Purpose): online advertising
Mailing Address P. O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.6582</b>	
Amount Incurred This Period 29250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RedPrint Strategy</b>			Nature of Debt (Purpose): direct mail services
Mailing Address P. O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.6583</b>	
Amount Incurred This Period 16945.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 16945.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RedPrint Strategy</b>			Nature of Debt (Purpose): direct mail services
Mailing Address P. O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.6584</b>	
Amount Incurred This Period 16945.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 16945.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	63141.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	63141.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	63141.00



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>ESAFund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489856</span> </div>
---	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Del Cielo Media, LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 08 / 2016</div>			
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3849.75</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Alexandria</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22301</td> </tr> </table>		City Alexandria	State VA	Zip Code 22301
City Alexandria		State VA	Zip Code 22301	
Purpose of Expenditure media placement				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3849.75</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item <b>Del Cielo Media, LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 08 / 2016</div>			
Mailing Address 1427 Leslie Avenue Suite 102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1283.25</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Alexandria</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22301</td> </tr> </table>		City Alexandria	State VA	Zip Code 22301
City Alexandria		State VA	Zip Code 22301	
Purpose of Expenditure media placement				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Marshall, Roger W., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5133.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5133.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

Watkins, Nancy H., ,

*[Electronically Filed]*

Date

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

11 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Del Cielo Media, LLC
Mailing Address: 1427 Leslie Avenue, Suite 102, Alexandria, VA 22301
Purpose of Expenditure: media placement
Amount: 214464.00
Transaction ID: SE.6557
Date of Disbursement or Obligation: 07/07/2016
Name of Federal Candidate: Huelskamp, Timothy A., , Support
Office Sought: House, District: 01, State: KS
Disbursement For: Primary

Full Name of Payee: Norway Hill Associates, Inc.
Mailing Address: 30 Norway Hill Road, Hancock, NH 03449
Purpose of Expenditure: direct voter contact/direct marketing
Amount: 35776.88
Transaction ID: SE.6552
Date of Disbursement or Obligation: 07/11/2016
Name of Federal Candidate: Ayotte, Kelly A., , Support
Office Sought: Senate, State: NH
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 250240.88
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,
Signature

[Electronically Filed]

Date 11/09/2016

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>ESAFund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489856
---	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Norway Hill Associates, Inc.</b>		Date of Public Distribution/Dissemination <span style="margin-left: 20px;">MM / DD / YYYY</span> <b>07 / 12 / 2016</b>	
Mailing Address <b>30 Norway Hill Road</b>		Amount <span style="margin-left: 20px;">11925.62</span>	
City <b>Hancock</b>	State <b>NH</b>	Zip Code <b>03449</b>	<b>Transaction ID : SE.6554</b>
Purpose of Expenditure <b>direct voter contact/direct marketing</b>		Category/Type	Date of Disbursement or Obligation <span style="margin-left: 20px;">MM / DD / YYYY</span> <b>07 / 11 / 2016</b>
Name of Federal Candidate: <b>Hassan, Margaret Wood, , ,</b>		<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: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>412697.50</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>RedPrint Strategy</b>		Date of Public Distribution/Dissemination <span style="margin-left: 20px;">MM / DD / YYYY</span> <b>07 / 13 / 2016</b>	
Mailing Address <b>P. O. Box 710993</b>		Amount <span style="margin-left: 20px;">29250.00</span>	
City <b>Herndon</b>	State <b>VA</b>	Zip Code <b>20171</b>	<b>Transaction ID : SE.7241</b>
Purpose of Expenditure <b>online advertising</b>		Category/Type	Date of Disbursement or Obligation <span style="margin-left: 20px;">MM / DD / YYYY</span>
Name of Federal Candidate: <b>Huelskamp, Timothy A., , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>0.00</b></span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="margin-left: 20px;"><b>11925.62</b></span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
<b>(a) TOTAL</b> Independent Expenditures .....	<span style="margin-left: 20px;"></span>

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.

*Watkins, Nancy H., , ,*

**[Electronically Filed]**

Date

MM / DD / YYYY  
**11 / 09 / 2016**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee RedPrint Strategy
Mailing Address P. O. Box 710993
City Herndon State VA Zip Code 20171
Purpose of Expenditure direct mail services
Name of Federal Candidate: Huelskamp, Timothy A., ,
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary

Full Name of Payee RedPrint Strategy
Mailing Address P. O. Box 710993
City Herndon State VA Zip Code 20171
Purpose of Expenditure direct mail services
Name of Federal Candidate: Marshall, Roger W., ,
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

11 / 09 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: media production
Category/Type:
Name of Federal Candidate: Huelskamp, Timothy A., ,
Support: [ ], Oppose: [x]
Office Sought: [x] House, District: 01, State: KS
Calendar Year-To-Date Per Election for Office Sought: 221472.00
Disbursement For: [x] Primary, [ ] General 2016

Full Name of Payee: RedPrint Strategy
Mailing Address: P. O. Box 710993
City: Herndon, State: VA, Zip Code: 20171
Purpose of Expenditure: media production
Category/Type:
Name of Federal Candidate: Marshall, Roger W., ,
Support: [x], Oppose: [ ]
Office Sought: [x] House, District: 01, State: KS
Calendar Year-To-Date Per Election for Office Sought: 222097.00
Disbursement For: [x] Primary, [ ] General 2016

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2500.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....
(a) 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: Watkins, Nancy H., , [Electronically Filed] Date: 11 / 09 / 2016

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>ESAFund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00489856
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>RedPrint Strategy</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P. O. Box 710993	Amount <input type="text"/> 7500.00 <b>Transaction ID : SE.6559</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure media production Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 319687.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Wilson Perkins Allen</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1319 Classen Drive	Amount <input type="text"/> 45045.00 <b>Transaction ID : SE.6569</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Oklahoma City State OK Zip Code 73103	
Purpose of Expenditure research Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Huelskamp, Timothy A., , ,	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 267142.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 52545.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

Watkins, Nancy H., , ,

*[Electronically Filed]*

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
ESAFund
FEC IDENTIFICATION NUMBER
C C00489856

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Wilson Perkins Allen
Mailing Address 1319 Classen Drive
City Oklahoma City State OK Zip Code 73103
Purpose of Expenditure research
Category/Type
Name of Federal Candidate: Marshall, Roger W., ,
Support Oppose
Office Sought: House District: 01
President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 312187.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 45045.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 367389.50

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.

Watkins, Nancy H., ,

[Electronically Filed]

Date

11 / 09 / 2016

Signature