

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
ESAFund

ADDRESS (number and street) 610 S. Boulevard
Check if different than previously reported. (ACC) Tampa FL 33606

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00489856 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) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins [Electronically Filed] Date 07 / 15 / 2016

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)

Page 2

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.....	299917.97	
(c) Total Receipts (from Line 19)	500005.00	500005.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	799922.97	1842455.76
7. Total Disbursements (from Line 31).....	269061.30	1311594.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	530861.67	530861.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

ESAFund

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

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).....	500000.00	500000.00
(ii) Unitemized	5.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	500005.00	500005.00
(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)	500005.00	500005.00
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))..... ▶	500005.00	500005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	500005.00	500005.00

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	20951.30	22278.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20951.30	22278.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	100000.00
24. Independent Expenditures (use Schedule E)	178110.00	1169315.79
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	20000.00	20000.00
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)) ..	269061.30	1311594.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	269061.30	1311594.09

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)	500005.00	500005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500005.00	500005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20951.30	22278.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20951.30	22278.30

**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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Bernard Marcus
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 West Paces Ferry Road
 Suite 615
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation philanthropist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500000.00**

Date of Receipt **06 / 15 / 2016**
Transaction ID : SA11AI.6516
 Amount of Each Receipt this Period **500000.00**
 Memo Item

B.
 Full Name (Last, First, Middle Initial)
 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
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500000.00
TOTAL This Period (last page this line number only).....	500000.00

**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"/> 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)
ESAFund

Full Name (Last, First, Middle Initial)

A. Jones Day

Mailing Address P. O. Box 7805

City Washington State DC Zip Code 20044

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2016

Transaction ID : **SB21B.6506**

Amount of Each Disbursement this Period

218.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Jones Day

Mailing Address P. O. Box 7805

City Washington State DC Zip Code 20044

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : **SB21B.6522**

Amount of Each Disbursement this Period

16725.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement accounting services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : **SB21B.6505**

Amount of Each Disbursement this Period

4006.64

Memo Item

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

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

20950.39

20950.39

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 checked="" 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)
ESAFund

A. Independent Voice for Illinois PAC

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2016

Transaction ID : **SB23.6525**

Amount of Each Disbursement this Period: 50000.00

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

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

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

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 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)
ESAFund

Full Name (Last, First, Middle Initial)

A. A Great Day SC

Mailing Address 1201 Main Street

City Columbia State SC Zip Code 29201

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SB29.6499

Amount of Each Disbursement this Period

20000.00

Memo Item

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

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

Amount of Each Disbursement this Period

Memo Item

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

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

Amount of Each Disbursement this Period

Memo Item

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

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

20000.00

20000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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 Norway Hill Associates, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016
Mailing Address 30 Norway Hill Road	Amount 24562.50
City State Zip Code Hancock NH 03449	Transaction ID : SE.6486 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2016
Purpose of Expenditure direct voter contact/direct marketing	Category/Type
Name of Federal Candidate Kelly A. Ayotte <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>NH</u>
Calendar Year-To-Date Per Election for Office Sought 211447.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Norway Hill Associates, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016
Mailing Address 30 Norway Hill Road	Amount 8187.50
City State Zip Code Hancock NH 03449	Transaction ID : SE.6491 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2016
Purpose of Expenditure direct voter contact/direct marketing	Category/Type
Name of Federal Candidate Margaret Wood Hassan <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>NH</u>
Calendar Year-To-Date Per Election for Office Sought 219635.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32750.00
(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.

Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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 Norway Hill Associates, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 26 / 2016
Mailing Address 30 Norway Hill Road	Amount 79695.00
City State Zip Code Hancock NH 03449	Transaction ID : SE.6509 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 25 / 2016
Purpose of Expenditure direct voter contact/direct marketing	Category/Type
Name of Federal Candidate Kelly A. Ayotte <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>NH</u>
Calendar Year-To-Date Per Election for Office Sought 299505.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Norway Hill Associates, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 26 / 2016
Mailing Address 30 Norway Hill Road	Amount 26565.00
City State Zip Code Hancock NH 03449	Transaction ID : SE.6510 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 25 / 2016
Purpose of Expenditure direct voter contact/direct marketing	Category/Type
Name of Federal Candidate Margaret Wood Hassan <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>NH</u>
Calendar Year-To-Date Per Election for Office Sought 326070.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	106260.00
(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.

Nancy H. Watkins

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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 <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 17 / 2016
Mailing Address 30 Norway Hill Road	Amount 29062.50
City Hancock State NH Zip Code 03449	Transaction ID : SE.6518 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 09 / 2016
Purpose of Expenditure direct voter contact/direct marketing Category/Type 	Name of Federal Candidate Kelly A. Ayotte <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 355132.50	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Norway Hill Associates, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 17 / 2016
Mailing Address 30 Norway Hill Road	Amount 9687.50
City Hancock State NH Zip Code 03449	Transaction ID : SE.6520 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 09 / 2016
Purpose of Expenditure direct voter contact/direct marketing Category/Type 	Name of Federal Candidate Margaret Wood Hassan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 364820.00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38750.00
(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.

Nancy H. Watkins
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
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 Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 175.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure online advertising	Category/Type
Name of Federal Candidate Kelly A. Ayotte	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NH
Calendar Year-To-Date Per Election for Office Sought	219810.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 29 / 2016
Mailing Address 1033 N. Fairfax Street Suite 400	Amount 175.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure online advertising	Category/Type
Name of Federal Candidate Kelly A. Ayotte	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NH
Calendar Year-To-Date Per Election for Office Sought	364995.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	350.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	178110.00

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 2016