

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

Ending Spending Action Fund

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)
- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)
- Election on MM/DD/YYYY in the State of
- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 10/16/2014 through MM/DD/YYYY 11/24/2014

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 12/04/2014

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

Ending Spending Action Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input data-bbox="415 552 574 613" type="text" value="YYYY"/>	<input data-bbox="626 552 1052 613" type="text"/>	<input data-bbox="1101 552 1526 613" type="text"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="626 646 1052 707" type="text"/>	
(c) Total Receipts (from Line 19)	<input data-bbox="626 741 1052 802" type="text"/>	<input data-bbox="1101 741 1526 802" type="text"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="626 869 1052 930" type="text"/>	<input data-bbox="1101 869 1526 930" type="text"/>
7. Total Disbursements (from Line 31).....	<input data-bbox="626 966 1052 1026" type="text"/>	<input data-bbox="1101 966 1526 1026" type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="626 1094 1052 1155" type="text"/>	<input data-bbox="1101 1094 1526 1155" type="text"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="626 1222 1052 1283" type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="626 1350 1052 1411" type="text"/>	

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

Ending Spending Action Fund

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).....	5541834.08	23833156.24
(ii) Unitemized	478.00	1027.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5542312.08	23834183.24
(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)	5542312.08	23834183.24
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	100000.00
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))..... ▶	5542312.08	23934183.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5542312.08	23934183.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	228375.22	321605.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	228375.22	321605.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	160000.00
24. Independent Expenditures (use Schedule E)	6314712.60	22213464.18
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	100.00
(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	100.00
29. Other Disbursements	0.00	0.00
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)) ..	6603087.82	22695169.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6603087.82	22695169.87

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)	5542312.08	23834183.24
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5542312.08	23834083.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	228375.22	321605.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	228375.22	321605.69

**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 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Cliff Asness

Mailing Address Two Greenwich Plaza

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AQR Capital Management investment manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period
150000.00

Full Name (Last, First, Middle Initial)
B. Joseph Coors Jr.

Mailing Address 2981 Kendrick Street

City State Zip Code
Golden CO 80401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
n/a retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.6131

Amount of Each Receipt this Period
25000.00

Full Name (Last, First, Middle Initial)
C. Diversified Resources, Inc.

Mailing Address 29425 Chagrin Blvd., #300

City State Zip Code
Pepper Pike OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.6056

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	185000.00
TOTAL This Period (last page this line number only).....▶	

**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 7 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. Ending Spending, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Slaters Lane
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 86589.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.6224
 Amount of Each Receipt this Period
 44946.25
 In-kind - legal fees

B. Ending Spending, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Slaters Lane
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 88534.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.6219
 Amount of Each Receipt this Period
 1945.00
 In-kind - legal fees

c. Ending Spending, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Slaters Lane
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 88880.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.6221
 Amount of Each Receipt this Period
 346.50
 In-kind - legal fees

SUBTOTAL of Receipts This Page (optional).....▶	47237.75
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. Ending Spending, Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 815 Slaters Lane

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
148880.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period
60000.00

In-kind - fundraising consulting

B. Ending Spending, Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 815 Slaters Lane

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
172454.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.6077

Amount of Each Receipt this Period
23573.30

In-kind - admin

c. Ending Spending, Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 815 Slaters Lane

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203514.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period
31060.00

In-kind - legal fees

SUBTOTAL of Receipts This Page (optional).....▶	114633.30
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236279.21

Date of Receipt
11 / 10 / 2014
Transaction ID : SA11AI.6199

Amount of Each Receipt this Period
32765.00

In-kind - legal fees

Full Name (Last, First, Middle Initial)
B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251994.74

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.6203

Amount of Each Receipt this Period
15715.53

In-kind - admin

Full Name (Last, First, Middle Initial)
c. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263477.24

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.6226

Amount of Each Receipt this Period
11482.50

In-kind - legal fees

SUBTOTAL of Receipts This Page (optional).....	59963.03
TOTAL This Period (last page this line number only).....	

**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 10 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Richard D. Gaby

Mailing Address 445 Old Homestead Trail

City State Zip Code
Johns Creek GA 30097

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gaby Foundation trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.6147

Amount of Each Receipt this Period
100000.00

Full Name (Last, First, Middle Initial)
B. Haworth, Inc.

Mailing Address 1 Haworth Center

City State Zip Code
Holland MI 49423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11AI.6002

Amount of Each Receipt this Period
50000.00

Full Name (Last, First, Middle Initial)
C. Louis T. Hutchison Jr.

Mailing Address 10516 Woodhaven Ridge Road

City State Zip Code
Parker CO 80134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Apokalyyis c.e.o.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.6122

Amount of Each Receipt this Period
50000.00

SUBTOTAL of Receipts This Page (optional).....▶	200000.00
TOTAL This Period (last page this line number only).....▶	

**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 11 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. David D. Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 S. Tejon, #222
 City Colorado Springs State CO Zip Code 80903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation real estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.6058
 Amount of Each Receipt this Period
10000.00

B. John C. Kennedy III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4150 East Paris Avenue, S.E.
 City Kentwood State MI Zip Code 49512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Autocam Medical Occupation president/c.e.o.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11AI.5915
 Amount of Each Receipt this Period
50000.00

C. Seth Klarman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 St. James Ave., Suite 1700
 City Boston State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Baupost Group, L.L.C. Occupation c.e.o.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.5922
 Amount of Each Receipt this Period
200000.00

SUBTOTAL of Receipts This Page (optional)..... **260000.00**
TOTAL This Period (last page this line number only).....

**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 12 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial) A. Daniel S. Loeb		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2014 Transaction ID : SA11AI.6124
Mailing Address 390 Park Avenue FL 18		Amount of Each Receipt this Period 250000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C	Name of Employer Third Point, LLC	Occupation investment manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250000.00	

Full Name (Last, First, Middle Initial) B. William C. Martin		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2014 Transaction ID : SA11AI.6036
Mailing Address 115 Depot Street		Amount of Each Receipt this Period 4000.00
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C	Name of Employer First Martin	Occupation president
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Linda McMahon		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 Transaction ID : SA11AI.5919
Mailing Address 14 Hurlingham Drive		Amount of Each Receipt this Period 100000.00
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150000.00	

SUBTOTAL of Receipts This Page (optional).....▶	354000.00
TOTAL This Period (last page this line number only).....▶	

**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 13 OF 71
	<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	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial) A. Robert L. Mercer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Mailing Address 600 Route 25A		Transaction ID : SA11AI.5916
City East Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750000.00
Name of Employer Renaissance Technologies Corp.	Occupation investment management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750000.00	

Full Name (Last, First, Middle Initial) B. Cornelia Mrose		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 3 Stonewall Circle		Transaction ID : SA11AI.6054
City West Harrison	State NY	Zip Code 10604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation radio host	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hugh P. Nunnally Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address P. O. Box 30068		Transaction ID : SA11AI.5920
City Sea Island	State GA	Zip Code 31561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

SUBTOTAL of Receipts This Page (optional).....▶	765500.00
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial) A. J. Joe Ricketts		Date of Receipt 10 / 22 / 2014 Transaction ID : SA11AI.5956
Mailing Address 607 Upper Hoback Road		Amount of Each Receipt this Period 10000.00
City Little Jackson Hole	State WY	Zip Code 82922
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation entrepreneur
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4130000.00	

Full Name (Last, First, Middle Initial) B. J. Joe Ricketts		Date of Receipt 10 / 29 / 2014 Transaction ID : SA11AI.6125
Mailing Address 607 Upper Hoback Road		Amount of Each Receipt this Period 750000.00
City Little Jackson Hole	State WY	Zip Code 82922
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation entrepreneur
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4880000.00	

Full Name (Last, First, Middle Initial) C. J. Joe Ricketts		Date of Receipt 11 / 20 / 2014 Transaction ID : SA11AI.6230
Mailing Address 607 Upper Hoback Road		Amount of Each Receipt this Period 490000.00
City Little Jackson Hole	State WY	Zip Code 82922
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation entrepreneur
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5370000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250000.00
TOTAL This Period (last page this line number only).....▶	

**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 15 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Marlene Ricketts

Mailing Address P. O. Box 31519

City State Zip Code
Omaha NE 68131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
n/a retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.6075

Amount of Each Receipt this Period
1000000.00

Full Name (Last, First, Middle Initial)
B. Paul C. Schorr, II

Mailing Address P. O. Box 51310

City State Zip Code
Lincoln NE 68505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Comcor Holding, Inc. president and c.e.o.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.6129

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Peter F. Secchia

Mailing Address 220 Lyon N.W., #510

City State Zip Code
Grand Rapids MI 49503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sibsco, LLC managing partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.5927

Amount of Each Receipt this Period
25000.00

SUBTOTAL of Receipts This Page (optional).....▶	1025500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. Paul Singer
Full Name (Last, First, Middle Initial)
Mailing Address 40 W. 57th Street, 30th Floor
City New York State NY Zip Code 10019
FEC ID number of contributing federal political committee. **C**
Name of Employer Elliott Management Corp. Occupation c.e.o.
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 2900000.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11AI.5954
Amount of Each Receipt this Period 500000.00

B. Paul Singer
Full Name (Last, First, Middle Initial)
Mailing Address 40 W. 57th Street, 30th Floor
City New York State NY Zip Code 10019
FEC ID number of contributing federal political committee. **C**
Name of Employer Elliott Management Corp. Occupation c.e.o.
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 3150000.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11AI.6076
Amount of Each Receipt this Period 250000.00

C. Stephens, Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 111 Center Street Suite 299
City Little Rock State AR Zip Code 72201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 29 / 2014
Transaction ID : SA11AI.6123
Amount of Each Receipt this Period 150000.00

SUBTOTAL of Receipts This Page (optional).....▶ 900000.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. Swanson Industries, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2608 Smithtown Road
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.6207
 Amount of Each Receipt this Period
 5000.00

B. Richard E. Uihlein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1396 N. Waukegan Road
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Uline c.e.o.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : SA11AI.5945
 Amount of Each Receipt this Period
 300000.00

C. Viaero Wireless
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 W. Platte Avenue
 City Ft. Morgan State CO Zip Code 80701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.5975
 Amount of Each Receipt this Period
 50000.00

SUBTOTAL of Receipts This Page (optional).....▶	355000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 71
(check only one)

<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
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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)
A. Alfred P. West Jr.

Mailing Address 2023 Waynesborough Road

City Paoli State PA Zip Code 19301

FEC ID number of contributing federal political committee. **C**

Name of Employer SEI Investments Company Occupation chairman and c.e.o.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period
25000.00

Full Name (Last, First, Middle Initial)
B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	5541834.08

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. eDonations

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
online fundraising

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.5926

Amount of Each Disbursement this Period

90.03

Full Name (Last, First, Middle Initial)

B. eDonations

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
online fundraising

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : SB21B.6192

Amount of Each Disbursement this Period

106.11

Full Name (Last, First, Middle Initial)

C. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - legal fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.6225

Amount of Each Disbursement this Period

44946.25

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

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

45142.39

**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 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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.6220

Amount of Each Disbursement this Period

1945.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.6223

Amount of Each Disbursement this Period

346.50

Category/
Type

Full Name (Last, First, Middle Initial)

C. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - fundraising consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.6229

Amount of Each Disbursement this Period

60000.00

Category/
Type

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

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

62291.50

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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - admin

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.6078

Amount of Each Disbursement this Period

23573.30

Full Name (Last, First, Middle Initial)

B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.6198

Amount of Each Disbursement this Period

31060.00

Full Name (Last, First, Middle Initial)

C. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.6200

Amount of Each Disbursement this Period

32765.00

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

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

87398.30

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - admin

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.6204

Amount of Each Disbursement this Period

15715.53

Full Name (Last, First, Middle Initial)

B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
In-kind - legal fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.6227

Amount of Each Disbursement this Period

11482.50

Full Name (Last, First, Middle Initial)

C. TargetPoint Consulting, Inc.

Mailing Address 66 Canal Center Plaza, #555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
research

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.6182

Amount of Each Disbursement this Period

5600.00

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

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

32798.03

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 16 / 2014

Transaction ID : SB21B.5908

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 16 / 2014

Transaction ID : SB21B.5917

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 16 / 2014

Transaction ID : SB21B.5918

Amount of Each Disbursement this Period

15.00

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

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

50.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : SB21B.5925

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : SB21B.5938

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB21B.5942

Amount of Each Disbursement this Period

20.00

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

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

55.00

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**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : SB21B.5944

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.5953

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.5966

Amount of Each Disbursement this Period

20.00

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

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

50.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB21B.5955

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB21B.5959

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB21B.5960

Amount of Each Disbursement this Period

20.00

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

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

55.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5961

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5962

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5963

Amount of Each Disbursement this Period

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

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

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : SB21B.5978

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.5981

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.5997

Amount of Each Disbursement this Period

20.00

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

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

60.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
10		24		2014

Transaction ID : SB21B.5998

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
10		24		2014

Transaction ID : SB21B.5999

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
10		24		2014

Transaction ID : SB21B.6003

Amount of Each Disbursement this Period

15.00

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

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

55.00

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**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6034

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6035

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6062

Amount of Each Disbursement this Period

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

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

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
10		27		2014

Transaction ID : **SB21B.6071**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
10		27		2014

Transaction ID : **SB21B.6072**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

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
10		27		2014

Transaction ID : **SB21B.6073**

Amount of Each Disbursement this Period

15.00

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

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

55.00

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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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.6074

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.6079

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.6110

Amount of Each Disbursement this Period

20.00

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

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

55.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.6113

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.6114

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.6115

Amount of Each Disbursement this Period

15.00

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

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

50.00

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6117

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6118

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6133

Amount of Each Disbursement this Period

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

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

**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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6134

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6155

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6193

Amount of Each Disbursement this Period

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

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

**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

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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : SB21B.6194

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. The Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
service charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : SB21B.6231

Amount of Each Disbursement this Period

15.00

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

35.00

228375.22

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

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)
Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

A. Congressional Leadership Fund

Mailing Address 1747 Pennsylvania Avenue, N.W.
5th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	4

Transaction ID : SB23.6196

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kentuckians for Strong Leadership

Mailing Address P. O. Box 7895

City Louisville State KY Zip Code 40257

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	4

Transaction ID : SB23.6061

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Advantage Direct
Mailing Address
2300 Clarendon Blvd.
Suite 303
City
Alexandria State
VA Zip Code
22201
Purpose of Expenditure
telephone calls Category/
Type

Date of Public Distribution/Dissemination
10 / 23 / 2014
Amount
68000.00
Transaction ID : SE.6020
Date of Disbursement or Obligation
10 / 22 / 2014

Name of Federal Candidate
Scott Brown
Support
Oppose
Office Sought:
House
Senate
State: NH
Calendar Year-To-Date
Per Election for Office Sought
2240811.11

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
American Media & Advocacy Group
Mailing Address
815 Slaters Lane
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
media placement Category/
Type

Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
160000.00
Transaction ID : SE.6010
Date of Disbursement or Obligation
10 / 21 / 2014

Name of Federal Candidate
Gregory John Orman
Support
Oppose
Office Sought:
House
Senate
State: KS
Calendar Year-To-Date
Per Election for Office Sought
1293017.67

Disbursement For:
Primary
General
Other (specify)

Table with 3 rows: (a) SUBTOTAL of Itemized Independent Expenditures 228000.00, (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
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 815 Slaters Lane	Amount 910067.20
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6041 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 5048115.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 815 Slaters Lane	Amount 390028.80
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6047 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate David Perdue	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 5438144.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1300096.00
(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
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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		

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 815 Slaters Lane		Amount 29578.90	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6184
Purpose of Expenditure media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Scott Brown		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		4426695.06	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 815 Slaters Lane		Amount 100602.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6171
Purpose of Expenditure media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Gregory John Orman		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		1527607.84	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130180.90
(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.

Signature Nancy H. Watkins [Electronically Filed] Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee Basswood Research	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014
Mailing Address 4550 Montgomery Avenue North Tower, Suite 906	Amount 42000.00
City State Zip Code Bethesda MD 20814	Transaction ID : SE.6213 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Purpose of Expenditure research	Category/Type
Name of Federal Candidate Mary L. Landriau	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 805135.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff

Full Name of Payee Cambridge Analytica	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 1211 6th Avenue	Amount 105000.00
City State Zip Code New York NY 10036	Transaction ID : SE.5986 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure research	Category/Type
Name of Federal Candidate Art Robinson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 309269.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	147000.00
(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]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cambridge Analytica
Mailing Address
1211 6th Avenue
City
New York State
NY Zip Code
10036
Purpose of Expenditure
research
Category/Type
Name of Federal Candidate
Peter A. DeFazio
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
379269.34

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
70000.00
Transaction ID : SE.5987
Date of Disbursement or Obligation
10 / 23 / 2014
Office Sought:
House District: 04
President Senate State: OR
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Cambridge Analytica
Mailing Address
1211 6th Avenue
City
New York State
NY Zip Code
10036
Purpose of Expenditure
online advertising
Category/Type
Name of Federal Candidate
Art Robinson
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
526769.34

Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
147500.00
Transaction ID : SE.6004
Date of Disbursement or Obligation
10 / 24 / 2014
Office Sought:
House District: 04
President Senate State: OR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 217500.00
(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.
Signature Nancy H. Watkins [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee Cambridge Analytica	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 1211 6th Avenue	Amount 147500.00
City State Zip Code New York NY 10036	Transaction ID : SE.6005 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure online advertising	Category/Type
Name of Federal Candidate Peter A. DeFazio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 674269.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address P. O. Box 1877	Amount 6750.00
City State Zip Code Alexandria VA 22313	Transaction ID : SE.6164 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure online advertising	Category/Type
Name of Federal Candidate Scott Brown	<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 4397116.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	154250.00
(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 M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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		

Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address P. O. Box 1877	Amount 6500.00
City Alexandria	State VA
Zip Code 22313	Transaction ID : SE.6165
Purpose of Expenditure online advertising	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Category/Type	
Name of Federal Candidate David Perdue	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought 5677673.05	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address P. O. Box 1877	Amount 6750.00
City Alexandria	State VA
Zip Code 22313	Transaction ID : SE.6166
Purpose of Expenditure online advertising	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Category/Type	
Name of Federal Candidate Pat Roberts	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought 1353739.71	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13250.00
(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

MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund
FEC IDENTIFICATION NUMBER C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CD, Inc.
Mailing Address P. O. Box 1877
City Alexandria State VA Zip Code 22313
Purpose of Expenditure online advertising
Category/Type

Date of Public Distribution/Dissemination 10/31/2014
Amount 25000.00
Transaction ID : SE.6168
Date of Disbursement or Obligation 10/31/2014

Name of Federal Candidate Gregory John Orman
Support Oppose
Office Sought: House Senate State: KS

Disbursement For: Primary General 2014
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 1378739.71

Full Name of Payee Crossroads Media, LLC
Mailing Address 66 Canal Center Plaza Suite 555
City Alexandria State VA Zip Code 22314
Purpose of Expenditure media placement
Category/Type

Date of Public Distribution/Dissemination 10/24/2014
Amount 200000.00
Transaction ID : SE.6024
Date of Disbursement or Obligation 10/22/2014

Name of Federal Candidate Jeanne Shaheen
Support Oppose
Office Sought: House Senate State: NH

Disbursement For: Primary General 2014
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 2440811.11

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 225000.00
(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 12/04/2014

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

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
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	

Full Name of Payee Crossroads Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2014 </div>
Mailing Address 66 Canal Center Plaza Suite 555	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 34150.00 </div>
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6025 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2014 </div>
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Jeanne Shaheen	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 2782361.11 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Crossroads Media, LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2014 </div>
Mailing Address 66 Canal Center Plaza Suite 555	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 601825.00 </div>
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6026 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 23 / 2014 </div>
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Jeanne Shaheen	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 3384186.11 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 943375.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> _____ </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.

Nancy H. Watkins

 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 Crossroads Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 66 Canal Center Plaza Suite 555	Amount 150550.00
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Scott Brown	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Scott Brown	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
3757465.71	

Full Name of Payee Crossroads Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 66 Canal Center Plaza Suite 555	Amount 450131.25
City State Zip Code Alexandria VA 22314	
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Jeanne Shaheen	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Jeanne Shaheen	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
4231572.41	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	600681.25
(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
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee Crossroads Media, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 66 Canal Center Plaza Suite 555	Amount 150043.75
City State Zip Code Alexandria VA 22314	Transaction ID : SE.6154 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Scott Brown	<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"/> Other (specify) _____ District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____ 4381616.16

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 805 15th Street, N.W. Suite 300	Amount 988.00
City State Zip Code Washington DC 20005	Transaction ID : SE.6084 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure online advertising	Category/Type
Name of Federal Candidate David Perdue	<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"/> Other (specify) _____ District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____ 3860402.84

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	151031.75
(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 M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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		MM / DD / YYYY

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 805 15th Street, N.W. Suite 300	Amount 988.00
City Washington State DC Zip Code 20005	Transaction ID : SE.6086
Purpose of Expenditure online advertising Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mary Michelle Nunn <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: GA
Calendar Year-To-Date Per Election for Office Sought 3861390.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Full Name of Payee DDC Advocacy	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 805 15th Street, N.W. Suite 300	Amount 7430.61
City Washington State DC Zip Code 20005	Transaction ID : SE.6088
Purpose of Expenditure telephone calls Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate David Perdue <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: GA
Calendar Year-To-Date Per Election for Office Sought 3868821.45	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	8418.61
(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 **12 / 04 / 2014**

Signature

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

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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		MM / DD / YYYY

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 805 15th Street, N.W. Suite 300		Amount 7430.61
City Washington	State DC	Zip Code 20005
Purpose of Expenditure telephone calls	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mary Michelle Nunn	<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought 3876252.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 805 15th Street, N.W. Suite 300		Amount 116270.72
City Washington	State DC	Zip Code 20005
Purpose of Expenditure direct mail	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate David Perdue	<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought 3992522.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	123701.33
(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.

Signature Nancy H. Watkins [Electronically Filed] Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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 <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.6091
Purpose of Expenditure direct mail	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mary Michelle Nunn		<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<input type="text"/>		<input type="text"/>	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <input type="text"/>	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.6063
Purpose of Expenditure telephone calls	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Pat Roberts		<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>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<input type="text"/>		<input type="text"/>	

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

Nancy H. Watkins

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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		MM / DD / YYYY

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 15194.52	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.6137
Purpose of Expenditure telephone calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Pat Roberts		<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: KS
Calendar Year-To-Date Per Election for Office Sought		1346989.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 209668.55	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.6141
Purpose of Expenditure telephone calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate David Perdue		<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: GA
Calendar Year-To-Date Per Election for Office Sought		5671173.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	224863.07
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
DDC Advocacy
Mailing Address
805 15th Street, N.W.
Suite 300
City
Washington State
DC Zip Code
20005
Purpose of Expenditure
telephone calls
Category/Type
Name of Federal Candidate
Pat Roberts
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1427005.84

Date of Public Distribution/Dissemination
10 / 31 / 2014
Amount
48266.13
Transaction ID : SE.6169
Date of Disbursement or Obligation
10 / 31 / 2014
Office Sought:
House
Senate
State: KS
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
DDC Advocacy
Mailing Address
805 15th Street, N.W.
Suite 300
City
Washington State
DC Zip Code
20005
Purpose of Expenditure
telephone calls
Category/Type
Name of Federal Candidate
Mary Michelle Nunn
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
5681664.91

Date of Public Distribution/Dissemination
11 / 03 / 2014
Amount
3991.86
Transaction ID : SE.6189
Date of Disbursement or Obligation
11 / 03 / 2014
Office Sought:
House
Senate
State: GA
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52257.99
(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
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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	

Full Name of Payee First Tuesday Partners, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 703 Prospect Avenue	Amount 8750.00
City State Zip Code Winnetka IL 60093	Transaction ID : SE.6149 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Scott Brown	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 4390366.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee FP1 Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P. O. Box 16504	Amount 2500.00
City State Zip Code Alexandria VA 22302	Transaction ID : SE.5909 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 16 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Mary Michelle Nunn	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 3859414.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11250.00
(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
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
FP1 Strategies, LLC
Mailing Address
P. O. Box 16504
City
Alexandria State
VA Zip Code
22302
Purpose of Expenditure
media production Category/
Type

Date of Public Distribution/Dissemination
10 / 23 / 2014
Amount
12525.00
Transaction ID : SE.6016
Date of Disbursement or Obligation
10 / 24 / 2014

Name of Federal Candidate
Mary Michelle Nunn
Support
Oppose
Office Sought:
House
Senate
State: GA

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
4124518.50
Full Name of Payee
FP1 Strategies, LLC
Mailing Address
P. O. Box 16504
City
Alexandria State
VA Zip Code
22302
Purpose of Expenditure
media production Category/
Type

Date of Public Distribution/Dissemination
10 / 25 / 2014
Amount
6765.00
Transaction ID : SE.6038
Date of Disbursement or Obligation
10 / 24 / 2014

Name of Federal Candidate
Mary Michelle Nunn
Support
Oppose
Office Sought:
House
Senate
State: GA

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 19290.00
(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 12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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	

Full Name of Payee FP1 Strategies, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address P. O. Box 16504	Amount 6765.00
City Alexandria	State VA
Zip Code 22302	Transaction ID : SE.6040
Purpose of Expenditure media production	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate David Perdue	<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought	4138048.50 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee FP1 Strategies, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address P. O. Box 16504	Amount 305.00
City Alexandria	State VA
Zip Code 22302	Transaction ID : SE.6080
Purpose of Expenditure media production	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate David Perdue	<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought	5438449.50 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7070.00
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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	

Full Name of Payee FP1 Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address P. O. Box 16504	Amount 1305.00
City Alexandria State VA Zip Code 22302	Transaction ID : SE.6081 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Mary Michelle Nunn	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 5438754.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee FP1 Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address P. O. Box 16504	Amount 1375.00
City Alexandria State VA Zip Code 22302	Transaction ID : SE.6082 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate David Perdue	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 5440129.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1680.00
(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
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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	

Full Name of Payee FP1 Strategies, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address P. O. Box 16504	Amount 1375.00
City Alexandria	State VA
Zip Code 22302	Transaction ID : SE.6083
Purpose of Expenditure media production	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mary Michelle Nunn	<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
5441504.50	

Full Name of Payee Greener and Hook	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 2101 Wilson Blvd., Suite 402	Amount 3200.00
City Arlington	State VA
Zip Code 22201	Transaction ID : SE.6015
Purpose of Expenditure media production	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mary Michelle Nunn	<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>GA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
4111993.50	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4575.00
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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 M / D D D / Y Y Y Y Y Y

Full Name of Payee Harbinger, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1919 M Street, N.W. Suite 200		Amount 3761.07	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.6183
Purpose of Expenditure advertising design		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Scott Brown		<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: NH
Calendar Year-To-Date Per Election for Office Sought		4430456.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Harris Media, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 611 S. Congress Avenue Suite 400		Amount 20000.00	
City Austin	State TX	Zip Code 78704	Transaction ID : SE.6142
Purpose of Expenditure online advertising		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate David Perdue		<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: GA
Calendar Year-To-Date Per Election for Office Sought		5461504.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23761.07
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
IMGE, LLC
Mailing Address
603 King Street
4th Floor
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
media placement
Category/Type
Name of Federal Candidate
Mary L. Landriou
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
847964.68

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
25000.00
Transaction ID : SE.6234
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought:
House
Senate
State: LA
Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Majority Strategies, Inc.
Mailing Address
135 Professional Drive
Suite 104
City
Ponte Vedra Beach State
FL Zip Code
32082
Purpose of Expenditure
printing/mail
Category/Type
Name of Federal Candidate
Art Robinson
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
51161.60

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
51161.60
Transaction ID : SE.5982
Date of Disbursement or Obligation
10 / 22 / 2014
Office Sought:
House
Senate
State: OR
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76161.60
(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
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		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		MM / DD / YYYY

Full Name of Payee Majority Strategies, Inc.	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 135 Professional Drive Suite 104	Amount 34107.74
City State Zip Code Ponte Vedra Beach FL 32082	Transaction ID : SE.5983
Purpose of Expenditure printing/mail	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Peter A. DeFazio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

85269.34

Full Name of Payee Majority Strategies, Inc.	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 135 Professional Drive Suite 104	Amount 36296.31
City State Zip Code Ponte Vedra Beach FL 32082	Transaction ID : SE.6066
Purpose of Expenditure mail/printing	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Art Robinson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

710565.65

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70404.05
(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 **12 / 04 / 2014**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Majority Strategies, Inc.
Mailing Address
135 Professional Drive
Suite 104
City
Ponte Vedra Beach
State
FL
Zip Code
32082
Purpose of Expenditure
mail/printing
Category/Type
Name of Federal Candidate
Peter A. DeFazio
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
732714.02

Date of Public Distribution/Dissemination
10 / 28 / 2014
Amount
22148.37
Transaction ID : SE.6067
Date of Disbursement or Obligation
10 / 27 / 2014
Office Sought:
House
District: 04
President
Senate
State: OR
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address
1850 M Street, N.W., #235
City
Washington
State
DC
Zip Code
20004
Purpose of Expenditure
media production
Category/Type
Name of Federal Candidate
Cory Gardner
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1509287.12

Date of Public Distribution/Dissemination
10 / 14 / 2014
Amount
9347.12
Transaction ID : SE.5892
Date of Disbursement or Obligation
10 / 16 / 2014
Office Sought:
House
District:
President
Senate
State: CO
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 31495.49, (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.

Signature Nancy H. Watkins [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure media production Category/Type

Date of Public Distribution/Dissemination
10 / 14 / 2014
Amount
9347.12
Transaction ID : SE.5893
Date of Disbursement or Obligation
10 / 16 / 2014

Name of Federal Candidate
Mark E. Udall
Support Oppose
Office Sought: House Senate State: CO

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1518634.24

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure media production Category/Type

Date of Public Distribution/Dissemination
10 / 20 / 2014
Amount
1114.66
Transaction ID : SE.5939
Date of Disbursement or Obligation
10 / 20 / 2014

Name of Federal Candidate
Cory Gardner
Support Oppose
Office Sought: House Senate State: CO

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1594748.90

(a) SUBTOTAL of Itemized Independent Expenditures 10461.78
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 1850 M Street, N.W., #235	Amount 1114.66
City Washington State DC Zip Code 20004	Transaction ID : SE.5940 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure media production Category/Type 	Name of Federal Candidate Mark E. Udall <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1595863.56	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 1850 M Street, N.W., #235	Amount 12952.00
City Washington State DC Zip Code 20004	Transaction ID : SE.6023 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure media production Category/Type 	Name of Federal Candidate Jeanne Shaheen <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3397138.11	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14066.66
(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 M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure media production Category/Type

Date of Public Distribution/Dissemination
10 / 30 / 2014
Amount 17981.59
Transaction ID : SE.6150
Date of Disbursement or Obligation
10 / 29 / 2014

Name of Federal Candidate
Jeanne Shaheen
Support Oppose
Office Sought: House Senate State: NH

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date Per Election for Office Sought 3775447.30

Full Name of Payee
McCarthy Hennings Media, Inc.
Mailing Address 1850 M Street, N.W., #235
City Washington State DC Zip Code 20004
Purpose of Expenditure media production Category/Type

Date of Public Distribution/Dissemination
10 / 30 / 2014
Amount 5993.86
Transaction ID : SE.6151
Date of Disbursement or Obligation
10 / 29 / 2014

Name of Federal Candidate
Scott Brown
Support Oppose
Office Sought: House Senate State: NH

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date Per Election for Office Sought 3781441.16

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 23975.45; (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.

Signature Nancy H. Watkins [Electronically Filed] Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
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	

Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 </div>						
Mailing Address 1850 M Street, N.W., #235	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 17829.68 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20004</td> </tr> </table>	City	State	Zip Code	Washington	DC	20004	Transaction ID : SE.6214 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 14 / 2014 </div>
City	State	Zip Code					
Washington	DC	20004					
Purpose of Expenditure media production	Category/Type						
Name of Federal Candidate Mary L. Landriau	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 822964.68 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff						

Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 </div>						
Mailing Address 1850 M Street, N.W., #235	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1347.48 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20004</td> </tr> </table>	City	State	Zip Code	Washington	DC	20004	Transaction ID : SE.6232 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 </div>
City	State	Zip Code					
Washington	DC	20004					
Purpose of Expenditure media production	Category/Type						
Name of Federal Candidate Mary L. Landriau	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 849312.16 </div>						
Office Sought:	<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 19177.16 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 19177.16 </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.

Nancy H. Watkins
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mentzer Media Services, Inc.
Mailing Address: 600 Fairmount Avenue, #306
City: Towson, State: MD, Zip Code: 21286
Purpose of Expenditure: media placement
Category/Type:
Name of Federal Candidate: Cory Gardner
Support: [X] Support, [] Oppose
Office Sought: [] House, [X] Senate, State: CO
Calendar Year-To-Date Per Election for Office Sought: 1556134.24
Date of Public Distribution/Dissemination: 10/20/2014
Amount: 37500.00
Transaction ID: SE.5936
Date of Disbursement or Obligation: 10/17/2014
Disbursement For: [] Primary, [X] General 2014, [] Other (specify)

Full Name of Payee: Mentzer Media Services, Inc.
Mailing Address: 600 Fairmount Avenue, #306
City: Towson, State: MD, Zip Code: 21286
Purpose of Expenditure: media placement
Category/Type:
Name of Federal Candidate: Mark E. Udall
Support: [] Support, [X] Oppose
Office Sought: [] House, [X] Senate, State: CO
Calendar Year-To-Date Per Election for Office Sought: 1593634.24
Date of Public Distribution/Dissemination: 10/20/2014
Amount: 37500.00
Transaction ID: SE.5937
Date of Disbursement or Obligation: 10/17/2014
Disbursement For: [] Primary, [X] General 2014, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 75000.00
(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.
Signature: Nancy H. Watkins
[Electronically Filed]
Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856

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

Full Name of Payee: Mentzer Media Services, Inc.
Mailing Address: 600 Fairmount Avenue, #306
City: Towson, State: MD, Zip Code: 21286
Purpose of Expenditure: media placement
Date of Public Distribution/Dissemination: 11/13/2014
Amount: 763135.00
Transaction ID: SE.6210
Date of Disbursement or Obligation: 11/12/2014
Name of Federal Candidate: Mary L. Landriau
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Resonate Networks
Mailing Address: 11720 Plaza America Drive, 3rd Floor
City: Reston, State: VA, Zip Code: 20190
Purpose of Expenditure: online advertising
Date of Public Distribution/Dissemination: 10/28/2014
Amount: 50000.00
Transaction ID: SE.6103
Date of Disbursement or Obligation: 10/24/2014
Name of Federal Candidate: Jeanne Shaheen
Office Sought: Senate, State: NH
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 813135.00
(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.
Signature: Nancy H. Watkins
Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund
FEC IDENTIFICATION NUMBER C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Rick Reed Media, Inc.
Mailing Address 2601-A Wilson Blvd.
City Arlington State VA Zip Code 22201
Purpose of Expenditure media production
Name of Federal Candidate Gregory John Orman
Office Sought: Senate State: KS
Disbursement For: General 2014
Amount 19583.00
Transaction ID: SE.6009
Date of Disbursement or Obligation 10/24/2014

Full Name of Payee Rick Reed Media, Inc.
Mailing Address 2601-A Wilson Blvd.
City Arlington State VA Zip Code 22201
Purpose of Expenditure media production
Name of Federal Candidate Gregory John Orman
Office Sought: Senate State: KS
Disbursement For: General 2014
Amount 4000.00
Transaction ID: SE.6126
Date of Disbursement or Obligation 10/29/2014

(a) SUBTOTAL of Itemized Independent Expenditures 23583.00
(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.
Signature Nancy H. Watkins [Electronically Filed] Date 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	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 Safari Communications, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address P. O. Box 612	Amount 71400.00
City Molalla State OR Zip Code 97038	Transaction ID : SE.5984 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure direct voter contact	Category/Type
Name of Federal Candidate Art Robinson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 156669.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Safari Communications, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address P. O. Box 612	Amount 47600.00
City Molalla State OR Zip Code 97038	Transaction ID : SE.5985 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure direct voter contact	Category/Type
Name of Federal Candidate Peter A. DeFazio	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 204269.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	119000.00
(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 12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Ending Spending Action Fund
FEC IDENTIFICATION NUMBER
C C00489856
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Spectrum Marketing Companies
Mailing Address
95 Eddy Road
Suite 101
City
Manchester State
NH Zip Code
03102
Purpose of Expenditure
direct mail
Category/
Type
Date of Public Distribution/Dissemination
10 / 24 / 2014
Amount
159777.60
Transaction ID : SE.6021
Date of Disbursement or Obligation
10 / 20 / 2014
Name of Federal Candidate
Jeanne Shaheen
Support
Oppose
Office Sought:
House
Senate
State:
NH
Calendar Year-To-Date
Per Election for Office Sought
2172811.11
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Spectrum Marketing Companies
Mailing Address
95 Eddy Road
Suite 101
City
Manchester State
NH Zip Code
03102
Purpose of Expenditure
direct mail
Category/
Type
Date of Public Distribution/Dissemination
10 / 28 / 2014
Amount
159777.60
Transaction ID : SE.6106
Date of Disbursement or Obligation
10 / 27 / 2014
Name of Federal Candidate
Jeanne Shaheen
Support
Oppose
Office Sought:
House
Senate
State:
NH
Calendar Year-To-Date
Per Election for Office Sought
3606915.71
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 319555.20. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures 6314712.60.

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 12 / 04 / 2014