

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

NAME OF COMMITTEE (In Full) <b>FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00455923
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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Atlantic List Company</b>	Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <span style="float:right">02 / 08 / 2013</span>
Mailing Address 2425 Wilson Blvd Suite 500	Amount <span style="float:right">1500.00</span>
City State Zip Code Arlington VA 22201	
Purpose of Expenditure Mailing List Rental	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1500.00</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : SE.5827**

Full Name (Last, First, Middle Initial) of Payee <b>Atlantic List Company</b>	Date <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <span style="float:right">02 / 08 / 2013</span>
Mailing Address 2425 Wilson Blvd Suite 500	Amount <span style="float:right">2400.00</span>
City State Zip Code Arlington VA 22201	
Purpose of Expenditure Mailing List Rental	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">3900.00</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : SE.5831**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="float:right">3900.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="float:right">3900.00</span>

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

Donna Doe  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2013