

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) 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)
 - 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] 04 / 01 / 2012 through [MM] / [DD] / [YYYY] 05 / 31 / 2012

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 10 / 14 / 2012

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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 type="text" value="2012"/>	<input type="text" value="1981.97"/>	<input type="text" value="1981.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1981.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="510231.47"/>	<input type="text" value="510231.47"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="512213.44"/>	<input type="text" value="512213.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="505567.06"/>	<input type="text" value="505567.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6646.38"/>	<input type="text" value="6646.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Ending Spending Action Fund

Report Covering the Period: From: 04 / 01 / 2012 To: 05 / 31 / 2012

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).....	510000.00	510000.00
(ii) Unitemized	231.47	231.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	510231.47	510231.47
(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)	510231.47	510231.47
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	510231.47	510231.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	510231.47	510231.47

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	704.06	704.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	704.06	704.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	254863.00	254863.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	250000.00	250000.00
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)) ..	505567.06	505567.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	505567.06	505567.06

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)	510231.47	510231.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	510231.47	510231.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	704.06	704.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	704.06	704.06

**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 14
	<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	

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

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

Mailing Address 607 Upper Hoback Road

City Little JacksonHole State WY Zip Code 82922

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

Name of Employer self-employed Occupation entrepreneur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
 250000.00

B. J. Joe Ricketts
Full Name (Last, First, Middle Initial)

Mailing Address 607 Upper Hoback Road

City Little JacksonHole State WY Zip Code 82922

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

Name of Employer self-employed Occupation entrepreneur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
 250000.00

C. J. Joe Ricketts
Full Name (Last, First, Middle Initial)

Mailing Address 607 Upper Hoback Road

City Little JacksonHole State WY Zip Code 82922

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

Name of Employer self-employed Occupation entrepreneur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....▶	510000.00
TOTAL This Period (last page this line number only).....▶	510000.00

**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. CD, Inc.

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
website services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : SB21B.4186

Amount of Each Disbursement this Period

609.06

Full Name (Last, First, Middle Initial)

B. Smart Media Group, LLC

Mailing Address 814 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
media placement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period

200363.00

Full Name (Last, First, Middle Initial)

C. Smart Media Group, LLC

Mailing Address 814 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
See Line 24

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2012

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

-100181.50

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

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

100790.56

**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. Smart Media Group, LLC

Mailing Address 814 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
See Line 24

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2012

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

-100181.50

Full Name (Last, First, Middle Initial)

B. Strategic Perception, Inc.

Mailing Address 6158 Mulholland Highway

City Hollywood State CA Zip Code 90068

Purpose of Disbursement
media production

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Transaction ID : SB21B.4206

Amount of Each Disbursement this Period

48000.00

Full Name (Last, First, Middle Initial)

C. Strategic Perception, Inc.

Mailing Address 6158 Mulholland Highway

City Hollywood State CA Zip Code 90068

Purpose of Disbursement
See Line 24

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2012

Transaction ID : SB21B.4207

Amount of Each Disbursement this Period

-24000.00

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

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

-76181.50

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

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. Strategic Perception, Inc.

Mailing Address 6158 Mulholland Highway

City Hollywood State CA Zip Code 90068

Purpose of Disbursement
See Line 24

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : SB21B.4208

Amount of Each Disbursement this Period

-24000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-24000.00

609.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Ending Spending Action Fund Wisconsin

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SB29.4180

Amount of Each Disbursement this Period

250000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

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

250000.00

250000.00

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 (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address 814 King Street		Amount 100181.50
City Alexandria	State VA	
Zip Code 22314	Transaction ID : SE.4161	
Purpose of Expenditure media placement	Category/ Type 	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debra S. Fischer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 100181.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address 814 King Street		Amount 100181.50
City Alexandria	State VA	
Zip Code 22314	Transaction ID : SE.4173	
Purpose of Expenditure media placement	Category/ Type 	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon C. Bruning		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 248363.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200363.00
(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 M M / D D / Y Y Y Y Y Y
10 / 14 / 2012

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 (Last, First, Middle Initial) of Payee Strategic Perception, Inc.		Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address 6158 Mulholland Highway		Amount 24000.00
City Hollywood	State CA	
Zip Code 90068	Transaction ID : SE.4167	
Purpose of Expenditure media production	Category/ Type 	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debra S. Fischer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 124181.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Strategic Perception, Inc.		Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address 6158 Mulholland Highway		Amount 24000.00
City Hollywood	State CA	
Zip Code 90068	Transaction ID : SE.4172	
Purpose of Expenditure media production	Category/ Type 	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon C. Bruning		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 148181.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48000.00
(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 M M / D D / Y Y Y Y Y Y
10 / 14 / 2012

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 (Last, First, Middle Initial) of Payee Strategic Perception, Inc.	Date MM / DD / YYYY 05 / 22 / 2012
Mailing Address 6158 Mulholland Highway	Amount 6500.00
City Hollywood State CA Zip Code 90068	
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Debra S. Fischer	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
254863.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4181

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	254863.00

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

Nancy H. Watkins **[Electronically Filed]** Date **10 / 14 / 2012**

Signature _____

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4181

This payment was for the independent expenditure reported May 14, 2012 in support of Debra Fischer on May 13, 2012.

Form/Schedule:

Transaction ID: