



**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="5893703.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1000545.00"/>	<input type="text" value="13391434.39"/>
(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="6894248.44"/>	<input type="text" value="13393416.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2840320.56"/>	<input type="text" value="9339488.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4053927.88"/>	<input type="text" value="4053927.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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: 10 / 01 / 2012 To: 10 / 17 / 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).....	1000000.00	13380182.73
(ii) Unitemized .....	545.00	1357.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000545.00	13381540.20
(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) .....	1000545.00	13381540.20
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	7414.19
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	2480.00
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))..... ▶	1000545.00	13391434.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1000545.00	13391434.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	226911.80	3953976.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	226911.80	3953976.16
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) .....	2415408.76	4937512.32
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 .....	100000.00	100000.00
(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)).....	100000.00	100000.00
29. Other Disbursements .....	98000.00	348000.00
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)) ..	2840320.56	9339488.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2840320.56	9339488.48

**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) .....	1000545.00	13381540.20
34. Total Contribution Refunds (from Line 28(d)) .....	100000.00	100000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	900545.00	13281540.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	226911.80	3953976.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7414.19
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	226911.80	3946561.97

: 97 `A=G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A=N5HCB

Form/Schedule: F3XA  
Transaction ID :

In response to your Request for Additional Information dated March 12, 2013: Instead of the intended form, an incorrect Form 24 upload occurred through FECFiler, loading a prior cycle report. The correct Form 24 was later uploaded when that error was discovered during preparation of the Pre-General report. The error was not discovered until this time because the FECFiler software does not make a distinction between a closed report and filed report. Instead, when a report is closed FECFiler changes the line to the same color and makes no further changes in visual indications to distinguish between a filed report and one that is only closed but not filed. Please consider this change request to the FECFiler application.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 32  
(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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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. Dr. Miriam Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3355 Las Vegas Blvd. S.  
City Las Vegas State NV Zip Code 89109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Adelson Clinic Occupation physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 11 / 2012**  
**Transaction ID : SA11AI.4508**  
Amount of Each Receipt this Period  
**500000.00**

**B. Sheldon G. Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3355 Las Vegas Blvd. S.  
City Las Vegas State NV Zip Code 89109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Las Vegas Sands Corp. Occupation chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 11 / 2012**  
**Transaction ID : SA11AI.4509**  
Amount of Each Receipt this Period  
**500000.00**

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1000000.00</b>

**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. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-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  
10 / 01 / 2012

**Transaction ID : SB21B.4414**

Amount of Each Disbursement this Period

-241485.00

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-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  
10 / 01 / 2012

**Transaction ID : SB21B.4415**

Amount of Each Disbursement this Period

-80495.00

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

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  
10 / 10 / 2012

**Transaction ID : SB21B.4482**

Amount of Each Disbursement this Period

217339.69

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

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

-104640.31

**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. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement literature

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

Transaction ID : SB21B.4483

Amount of Each Disbursement this Period

842853.00

Full Name (Last, First, Middle Initial)

**B. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

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 / 10 / 2012

Transaction ID : SB21B.4484

Amount of Each Disbursement this Period

9350.00

Full Name (Last, First, Middle Initial)

**C. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement media placement-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  
10 / 10 / 2012

Transaction ID : SB21B.4485

Amount of Each Disbursement this Period

-446076.75

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

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

406126.25

**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. American Media & Advocacy Group**

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
media placement-See Line 24

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2012

**Transaction ID : SB21B.4486**

Amount of Each Disbursement this Period

-148692.25
------------

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	03	/	2012

**Transaction ID : SB21B.4436**

Amount of Each Disbursement this Period

20.00
-------

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	05	/	2012

**Transaction ID : SB21B.4444**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-148652.25
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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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

Transaction ID : SB21B.4445

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. 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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

Transaction ID : SB21B.4465

Amount of Each Disbursement this Period

20.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. 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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

Transaction ID : SB21B.4472

Amount of Each Disbursement this Period

20.00

Category/  
Type

**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. 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 / 10 / 2012

**Transaction ID : SB21B.4481**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. 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 / 10 / 2012

**Transaction ID : SB21B.4495**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. 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 / 11 / 2012

**Transaction ID : SB21B.4502**

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. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

**Transaction ID : SB21B.4510**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

**Transaction ID : SB21B.4511**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB21B.4514**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

50.00
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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

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. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
website development

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  
10 / 05 / 2012

**Transaction ID : SB21B.4446**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
website development-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  
10 / 10 / 2012

**Transaction ID : SB21B.4474**

Amount of Each Disbursement this Period

-15000.00

Full Name (Last, First, Middle Initial)

**C. CD, Inc.**

Mailing Address P. O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
website development-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  
10 / 10 / 2012

**Transaction ID : SB21B.4475**

Amount of Each Disbursement this Period

-15000.00

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

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

-15000.00

**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. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
direct mail services-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  
10 / 01 / 2012

**Transaction ID : SB21B.4390**

Amount of Each Disbursement this Period

-159000.00

Full Name (Last, First, Middle Initial)

**B. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
telephone calls-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  
10 / 01 / 2012

**Transaction ID : SB21B.4407**

Amount of Each Disbursement this Period

-73171.00

Full Name (Last, First, Middle Initial)

**C. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
direct mail services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : SB21B.4467**

Amount of Each Disbursement this Period

424000.00

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

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

191829.00

**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. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
telephone calls

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : SB21B.4468**

Amount of Each Disbursement this Period

146342.00

Full Name (Last, First, Middle Initial)

**B. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
door-to-door GOTV field operations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : SB21B.4470**

Amount of Each Disbursement this Period

211000.00

Full Name (Last, First, Middle Initial)

**C. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
political strategy consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : SB21B.4471**

Amount of Each Disbursement this Period

15000.00

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

372342.00

**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. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
direct mail services-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  
10 / 12 / 2012

**Transaction ID : SB21B.4516**

Amount of Each Disbursement this Period

-212000.00

Full Name (Last, First, Middle Initial)

**B. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
door-to-door GOTV field operations-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  
10 / 13 / 2012

**Transaction ID : SB21B.4520**

Amount of Each Disbursement this Period

-105500.00

Full Name (Last, First, Middle Initial)

**C. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
door-to-door GOTV field operations-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  
10 / 13 / 2012

**Transaction ID : SB21B.4521**

Amount of Each Disbursement this Period

-105500.00

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

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

-423000.00

**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. DDC Advocacy**

Mailing Address 174 Waterfront Street, Suite 500

City National Harbor State MD Zip Code 20745

Purpose of Disbursement  
telephone calls-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  
10 / 14 / 2012

**Transaction ID : SB21B.4518**

Amount of Each Disbursement this Period

-73171.00

Full Name (Last, First, Middle Initial)

**B. eDonations**

Mailing Address 118 St. Asaphs 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 / 02 / 2012

**Transaction ID : SB21B.4439**

Amount of Each Disbursement this Period

108.81

Full Name (Last, First, Middle Initial)

**C. Robert Watkins & Company**

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
accounting services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2012

**Transaction ID : SB21B.4440**

Amount of Each Disbursement this Period

5849.30

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

-67212.89

**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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2012

**Transaction ID : SB21B.4513**

Amount of Each Disbursement this Period

200275.00

Category/  
Type

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-See line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

**Transaction ID : SB21B.4535**

Amount of Each Disbursement this Period

-200275.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Twelve 28 Strategies**

Mailing Address 2443 Antler Point Drive

City Henderson State NV Zip Code 89074

Purpose of Disbursement  
research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : SB21B.4464**

Amount of Each Disbursement this Period

14950.00

Category/  
Type

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

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

14950.00

226911.80

# 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 checked="" 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. J. Joe Ricketts

Mailing Address 607 Upper Hoback Road

City Little Jackson Hole State WY Zip Code 82922

Purpose of Disbursement  
contribution refund

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 / 04 / 2012

Transaction ID : SB28A.4443

Amount of Each Disbursement this Period

100000.00

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)..... ▶

100000.00

100000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. American Majority Action Fund, Inc.

Mailing Address P. O. Box 309

City Purcellville State VA Zip Code 20134

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 M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2012

Transaction ID : SB29.4435

Amount of Each Disbursement this Period

98000.00
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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
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Amount of Each Disbursement this Period

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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
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Amount of Each Disbursement this Period

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

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

98000.00
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98000.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Ending Spending Action Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>CD, Inc.</b>		Date MM / DD / YYYY <b>10 / 05 / 2012</b>
Mailing Address <b>P. O. Box 1877</b>		Amount <b>232077.50</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22313</b>	<b>Transaction ID : SE.4447</b>	
Purpose of Expenditure online advertising	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Mitt Romney</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2630862.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>CD, Inc.</b>		Date MM / DD / YYYY <b>10 / 05 / 2012</b>
Mailing Address <b>P. O. Box 1877</b>		Amount <b>232077.50</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22313</b>	<b>Transaction ID : SE.4448</b>	
Purpose of Expenditure online advertising	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2862940.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>464155.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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 **04 / 11 / 2013**

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

NAME OF COMMITTEE (In Full) <b>Ending Spending Action Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>CD, Inc.</b>	Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address P. O. Box 1877	Amount 15000.00
City Alexandria      State VA      Zip Code 22313	
Purpose of Expenditure website development	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney	
Calendar Year-To-Date Per Election for Office Sought 2877940.00	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**Transaction ID : SE.4476**

Full Name (Last, First, Middle Initial) of Payee <b>CD, Inc.</b>	Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address P. O. Box 1877	Amount 15000.00
City Alexandria      State VA      Zip Code 22313	
Purpose of Expenditure website development	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	
Calendar Year-To-Date Per Election for Office Sought 2892940.00	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <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.4477**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	30000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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 MM / DD / YYYY  
04 / 11 / 2013



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

NAME OF COMMITTEE (In Full) <b>Ending Spending Action Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 (Last, First, Middle Initial) of Payee <b>CD, Inc.</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>          10 / 10 / 2012       </div>
Mailing Address P. O. Box 1877	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">16000.00</span> </div>
City Alexandria                      State VA                      Zip Code 22313	<b>Transaction ID : SE.4493</b>
Purpose of Expenditure web videos	Office Sought: <input type="checkbox"/> House                      State: _____ <input type="checkbox"/> Senate                      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">3504665.16</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>CD, Inc.</b>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>          10 / 10 / 2012       </div>
Mailing Address P. O. Box 1877	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">16000.00</span> </div>
City Alexandria                      State VA                      Zip Code 22313	<b>Transaction ID : SE.4494</b>
Purpose of Expenditure web videos	Office Sought: <input type="checkbox"/> House                      State: _____ <input type="checkbox"/> Senate                      District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: <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; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">3520665.16</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">32000.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;"> </span> </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 04 / 11 / 2013

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

NAME OF COMMITTEE (In Full) <b>Ending Spending Action Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>DDC Advocacy</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 01 / 2012</b>
Mailing Address 174 Waterfront Street, Suite 500		Amount <span style="margin-left: 20px;">159000.00</span>
City National Harbor	State      Zip Code MD            20745	
Purpose of Expenditure direct mail services	Category/ Type	<b>Transaction ID : SE.4391</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">2003634.00</span>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>DDC Advocacy</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 01 / 2012</b>
Mailing Address 174 Waterfront Street, Suite 500		Amount <span style="margin-left: 20px;">73171.00</span>
City National Harbor	State      Zip Code MD            20745	
Purpose of Expenditure telephone calls	Category/ Type	<b>Transaction ID : SE.4408</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">2076805.00</span>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">232171.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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 M / D D D / Y Y Y Y Y Y  
**04 / 11 / 2013**

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

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

Full Name (Last, First, Middle Initial) of Payee <b>DDC Advocacy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 12 / 2012</b>
Mailing Address <b>174 Waterfront Street, Suite 500</b>		Amount <span style="border: 1px solid black; padding: 2px;">212000.00</span>
City <b>National Harbor</b>	State <b>MD</b>	
Zip Code <b>20745</b>	<b>Transaction ID : SE.4517</b>	
Purpose of Expenditure direct mail services	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3732665.16</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>DDC Advocacy</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 13 / 2012</b>
Mailing Address <b>174 Waterfront Street, Suite 500</b>		Amount <span style="border: 1px solid black; padding: 2px;">105500.00</span>
City <b>National Harbor</b>	State <b>MD</b>	
Zip Code <b>20745</b>	<b>Transaction ID : SE.4522</b>	
Purpose of Expenditure door-to-door GOTV field operations	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Mitt Romney</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3838165.16</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">317500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </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.

Nancy H. Watkins

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y  
**04 / 11 / 2013**



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

NAME OF COMMITTEE (In Full) <b>Ending Spending Action Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>McCarthy Hennings Media, Inc.</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>
Mailing Address 1850 M Street, N.W., #235		Amount <b>3303.44</b>
City Washington	State DC	Zip Code 20004
Purpose of Expenditure media production	Category/ Type	<b>Transaction ID : SE.4512</b>
Name of Federal Candidate Supported or Opposed by Expenditure: J. Robert Kerrey		Office Sought: <input type="checkbox"/> House    State: <u>NE</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>23578.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date MM / DD / YYYY <b>10 / 15 / 2012</b>
Mailing Address 1850 M Street, N.W., #235		Amount <b>19353.16</b>
City Washington	State DC	Zip Code 20004
Purpose of Expenditure media production	Category/ Type	<b>Transaction ID : SE.4534</b>
Name of Federal Candidate Supported or Opposed by Expenditure: J. Robert Kerrey		Office Sought: <input type="checkbox"/> House    State: <u>NE</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>42931.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>22656.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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 **04 / 11 / 2013**

