

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

ESAFund

ADDRESS (number and street) 610 S. Boulevard

Check if different than previously reported. (ACC) Tampa FL 33606

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00489856

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 08/02/2016 in the State of KS

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on / / in the State of

5. Covering Period 07/01/2016 through 07/13/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins [Electronically Filed] Date 07/21/2016

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

Table with 10 columns and 1 row. Office Use Only. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ESAFund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		1342450.76
(b) Cash on Hand at Beginning of Reporting Period.....	530861.67	
(c) Total Receipts (from Line 19)	180000.00	680005.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	710861.67	2022455.76
7. Total Disbursements (from Line 31).....	369706.50	1681300.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	341155.17	341155.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	63141.00	

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

ESAFund

Report Covering the Period: From: 07 / 01 / 2016 To: 07 / 13 / 2016

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).....	180000.00	680000.00
(ii) Unitemized	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	180000.00	680005.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	180000.00	680005.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	180000.00	680005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	180000.00	680005.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2317.00	24595.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2317.00	24595.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E)	367389.50	1536705.29
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	0.00	20000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	369706.50	1681300.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	369706.50	1681300.59

DETAILED SUMMARY PAGE
of Disbursements

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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)	180000.00	680005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	180000.00	680005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2317.00	24595.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2317.00	24595.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ESAFund

Full Name (Last, First, Middle Initial)
A. American Warrior, Inc.

Mailing Address 3118 Cummings Road

City Garden City State KS Zip Code 67846

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
 07 / 01 / 2016

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period
50000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Conestoga Energy Partners, LLC

Mailing Address 1701 N. Kansas Avenue Suite 101

City Liberal State KS Zip Code 67901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : SA11AI.6530

Amount of Each Receipt this Period
30000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. William E. Oberndorf

Mailing Address 505 Sansome Street, #1950

City San Francisco State CA Zip Code 94111

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

Name of Employer Occupation
n/a investor

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
 07 / 13 / 2016

Transaction ID : SA11AI.6561

Amount of Each Receipt this Period
100000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180000.00
TOTAL This Period (last page this line number only).....▶	180000.00

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ESAFund

Full Name (Last, First, Middle Initial)

A. Del Cielo Media, LLC

Mailing Address 1427 Leslie Avenue
Suite 102

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
media placement-not disseminated

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
07 / 07 / 2016

Transaction ID : SB21B.6534

Amount of Each Disbursement this Period

2317.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2317.00

2317.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ESAFund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy	Nature of Debt (Purpose): online advertising
Mailing Address P. O. Box 710993	
City State Zip Code Herndon VA 20171	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6582	
Amount Incurred This Period 29250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy	Nature of Debt (Purpose): direct mail services
Mailing Address P. O. Box 710993	
City State Zip Code Herndon VA 20171	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6583	
Amount Incurred This Period 16945.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 16945.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy	Nature of Debt (Purpose): direct mail services
Mailing Address P. O. Box 710993	
City State Zip Code Herndon VA 20171	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6584	
Amount Incurred This Period 16945.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 16945.50

1) SUBTOTALS This Period This Page (optional)..... ▶	63141.00
2) TOTALS This Period (last page this line number only)..... ▶	63141.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	63141.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount 3849.75
City State Zip Code Alexandria VA 22301	Transaction ID : SE.6538 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2016
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Timothy A. Huelskamp	<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

3849.75

Full Name of Payee <input type="checkbox"/> Memo Item Del Cielo Media, LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount 1283.25
City State Zip Code Alexandria VA 22301	Transaction ID : SE.6540 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2016
Purpose of Expenditure media placement	Category/Type
Name of Federal Candidate Roger W. Marshall	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

5133.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5133.00
(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 MM / DD / YYYY
07 / 21 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Del Cielo Media, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount 214464.00
City State Zip Code Alexandria VA 22301	
Purpose of Expenditure media placement	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2016
Name of Federal Candidate Timothy A. Huelskamp	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
219597.00	

Full Name of Payee Norway Hill Associates, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2016
Mailing Address 30 Norway Hill Road	Amount 35776.88
City State Zip Code Hancock NH 03449	
Purpose of Expenditure direct voter contact/direct marketing	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2016
Name of Federal Candidate Kelly A. Ayotte	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 2016 <input type="checkbox"/> Other (specify) ▶
400771.88	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	250240.88
(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
07 / 21 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Norway Hill Associates, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2016
Mailing Address 30 Norway Hill Road	Amount 11925.62
City State Zip Code Hancock NH 03449	Transaction ID : SE.6554 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2016
Purpose of Expenditure direct voter contact/direct marketing	Category/Type
Name of Federal Candidate Margaret Wood Hassan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 412697.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RedPrint Strategy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2016
Mailing Address P. O. Box 710993	Amount 1875.00
City State Zip Code Herndon VA 20171	Transaction ID : SE.6547 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2016
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Timothy A. Huelskamp <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1875.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13800.62
(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
07 / 21 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee RedPrint Strategy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 08 / 2016
Mailing Address P. O. Box 710993	Amount 625.00
City State Zip Code Herndon VA 20171	
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Roger W. Marshall	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 11 / 2016
Name of Federal Candidate Roger W. Marshall	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
220222.00	

Full Name of Payee RedPrint Strategy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 12 / 2016
Mailing Address P. O. Box 710993	Amount 7500.00
City State Zip Code Herndon VA 20171	
Purpose of Expenditure media production	Category/Type
Name of Federal Candidate Timothy A. Huelskamp	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 13 / 2016
Name of Federal Candidate Timothy A. Huelskamp	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
317812.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8125.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ESAFund	FEC IDENTIFICATION NUMBER ▼ C C00489856
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Wilson Perkins Allen <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 12 / 2016
Mailing Address 1319 Classen Drive	Amount 45045.00
City State Zip Code Oklahoma City OK 73103	Transaction ID : SE.6569 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 11 / 2016
Purpose of Expenditure research	Category/Type
Name of Federal Candidate Timothy A. Huelskamp <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 265267.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Wilson Perkins Allen <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 12 / 2016
Mailing Address 1319 Classen Drive	Amount 45045.00
City State Zip Code Oklahoma City OK 73103	Transaction ID : SE.6571 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 11 / 2016
Purpose of Expenditure research	Category/Type
Name of Federal Candidate Roger W. Marshall <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 310312.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90090.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	367389.50

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

Nancy H. Watkins [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Signature _____