

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00560599	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Eusatrix Corp		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address P.O. Box 2543		Amount 500.00	
City Palm Springs	State CA	Zip Code 92263	Transaction ID : SE.16358
Purpose of Expenditure Voter Contact	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate MARY L LANDRIEU		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 1500.00		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		☐ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	500.00

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.

Patrick Krason

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature