24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
THE CONSERVATIVE STRIKEFORCE	C C00457291
	<u> </u>
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee ACTIVE ENGAGEMENT	Date of Public Distribution/Dissemination
Mailing Address 44084 RIVERSIDE PARKWAY	06 24 2016
SUITE 350	Amount
City State Zip Code	1000.00
LANSDOWNE VA 20176	Transaction ID : SE.8884 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT eMAILS Category/ Type 004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ee Sought:
MIA LOVE Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disb 2016	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1000.00
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.	
	06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	