

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Kentuckians For Strong Leadership	FEC IDENTIFICATION NUMBER C C00543256
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 </div>	

Full Name (Last, First, Middle Initial) of Payee
Main Street Media Group

Date
11 / 05 / 2013

Mailing Address P.O. Box 25093

Amount
317958.20

City State Zip Code
Alexandria VA 22313

Transaction ID : E.001

Purpose of Expenditure
TV / Media Placement

Category/Type

Office Sought: House State: KY
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Alison Lundergan Grimes

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1001677.73

Disbursement For: Primary General
2014 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Upgrade Films

Date
11 / 05 / 2013

Mailing Address 3299 K Street NW, Ste 200

Amount
15215.43

City State Zip Code
Washington DC 20007

Transaction ID : E.002

Purpose of Expenditure
TV / Media Production

Category/Type

Office Sought: House State: KY
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Alison Lundergan Grimes

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1001677.73

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	333173.63
(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.

Caleb Crosby

[Electronically Filed]

Date 11 / 05 / 2013

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Kentuckians For Strong Leadership	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00543256 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 </div>	

Full Name (Last, First, Middle Initial) of Payee Targeted Victory		Date <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 </div>
Mailing Address 1033 N Fairfax Street, Ste 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5000.00</div>
City Alexandria State VA Zip Code 22314		
Purpose of Expenditure Web Ads	Category/Type	Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Alison Lundergan Grimes		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1001677.73</div>		2014

Transaction ID : E.003

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">338173.63</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.

Caleb Crosby
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 05 / 2013