

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep Conservatives United			FEC IDENTIFICATION NUMBER ▼ C C00499525		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Impact Strategies, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address PO Box 18165			Amount 2696.03		
City Raleigh	State NC	Zip Code 27619	Transaction ID : SE.4374		
Purpose of Expenditure Radio Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Name of Federal Candidate PHILIP EDWARD JR BERGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		79484.09	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee Impact Strategies, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address PO Box 18165			Amount 2696.03		
City Raleigh	State NC	Zip Code 27619	Transaction ID : SE.4375		
Purpose of Expenditure Radio Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Name of Federal Candidate BRADLEY MARK WALKER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		82180.12	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5392.06		
(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.					
Signature <i>Bob Harris</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 07 / 2014	

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PAGE	2	OF	2
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Impact Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address PO Box 18165		Amount 9312.00	
City Raleigh	State NC	Zip Code 27619	Transaction ID : SE.4376
Purpose of Expenditure TV Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate PHILIP EDWARD JR BERGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 91492.12		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
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.....	9312.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	14704.06

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.

Bob Harris
[Electronically Filed]

Date

MM / DD / YYYY
07 / 07 / 2014

Signature