

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>THE CONSERVATIVE STRIKEFORCE</b>                                                                                                                                 | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00457291       </div> |
| 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<br><b>ACTIVE ENGAGEMENT LLC</b>      |             |                                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 05 / 2014</div> </div>                                                                                                                                                     |  |  |
| Mailing Address 44084 RIVERSIDE PKWY<br>SUITE 350       |             |                                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>                                                                                                                                                                                                                |  |  |
| City<br>LANSLOWNE                                       | State<br>VA | Zip Code<br>20176                                                                                     | <b>Transaction ID : SE.98749</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 05 / 2014</div> </div>                                                                                                                        |  |  |
| Purpose of Expenditure<br>VOTER CONTACT eMAILS          |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate<br>MARY L LANDRIEU                                                                                                                                                                                                                                                                      |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>              | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |  |  |

|                                                         |       |                                                                                                    |                                                                                                                                                                                                                                                                                       |  |  |
|---------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee                                      |       |                                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>                                                                                                                                            |  |  |
| Mailing Address                                         |       |                                                                                                    | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                           |  |  |
| City                                                    | State | Zip Code                                                                                           | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>                                                                                                                                                   |  |  |
| Purpose of Expenditure                                  |       | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Name of Federal Candidate                                                                                                                                                                                                                                                             |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |  |

|                                                                    |                                                                                          |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</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.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 06 / 2014

Signature