24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
Conservative Congress Now!	C C00591354
Check if 24-hour report	
Full Name of Payee Public Concepts, LLC	Date of Public Distribution/Dissemination
	07 19 2016
Mailing Address 5730 Corporate Way	Amount
Suite 214 City State Zip Code	10980.00
West Palm Beach FL 33407	Transaction ID : SE.4133
Purpose of Expenditure	Date of Disbursement or Obligation
direct mail services Category Type	
Name of Federal Candidate	Support Office Sought: X House District: 18
Rebecca Negron	Oppose President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category	Date of Disbursement or Obligation
Тур	"
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Per Liection for Office Sought	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	40000.00
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	10980.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10980.00
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.	
Nancy H. Watkins	M = M / D = D / Y = Y = Y
[Electronically Filed] Date 07 19 2016 Signature	
Signature	