24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LAF LINDI	TOTILS		PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Allen West Guardian Fund				C C00493221
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Pound Feinstein & Associates			M	f Public Distribution/Dissemination
Mailing Address 5614 Connecticut Avenue NW			Amoun	10 17 2014 It
Suite 270				
City Washington	State DC	Zip Code 20015-2604		39730.26 Action ID: EB919D07FCD484128933 of Disbursement or Obligation
Purpose of Expenditure Direct mail		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:
Tom Cotton		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, 2	49355.45	Disbursement 2014 Ot	For: Primary
Full Name of Payee Pound Feinstein & Associates			M	f Public Distribution/Dissemination
Mailing Address 5614 Connecticut Avenue NW			Amour	nt
Suite 270				
City Washington	State DC	Zip Code 20015-2604		45506.37 ction ID : EF513F227A0F0408ABA1 If Disbursement or Obligation
Purpose of Expenditure Direct mail		Category/ Type	M	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:
Joni Ernst		Oppose	Preside	nt Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	, ,	295131.56	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			85236.63
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Gregory Wilder	[Electroni	ically Filed] Date	M M /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

1mage# 14978456255 PAGE 2 / 3

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F24N Transaction ID:

The accumulated totals for each candidate are incorrect. I am working with the software vendor to correct the problem. The correct totals will appear on an upcoming amendment.

Form/Schedule: Transaction ID:

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

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Allen West Guardian Fund	C C00493221			
	J			
Check if 24-hour report 48-hour report New report Amends report filed	on			
Full Name of Payee Targeted Creative Communications	Date of Public Distribution/Dissemination			
raigeted Oreative Confindincations	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 106 South Columbus Street	Amount			
City State Zip Code	2200.00			
Alexandria VA 22314-3036	Transaction ID : E56F3440D7B2844E791A Date of Disbursement or Obligation			
Purpose of Expenditure Teletown Hall Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: X House District: 02			
Martha McSally Oppose	President Senate State: AZ			
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
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	e Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Disbu	ursement For: Primary General			
Per Election for Office Sought	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	2200.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	87436.63			
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.				
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				