

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WE ARE KENTUCKY		FEC IDENTIFICATION NUMBER ▼ C C00547422
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Moore Campaigns LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 615 Florida Ave #1		Amount 61610.00
City Washington	State DC	Zip Code 20001
Purpose of Expenditure Mailing	Category/ Type	Transaction ID : SE.4336 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014
Name of Federal Candidate MITCH MCCONNELL		Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 223220.00		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ Oppose ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61610.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	61610.00

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.

William H. May

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature