

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

NAME OF COMMITTEE (In Full) CREDO SUPERPAC
FEC IDENTIFICATION NUMBER C C00507517
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee The Spoken Hub
Mailing Address PO Box 615
City Manhasset State NY Zip Code 11030
Purpose of Expenditure Phones
Name of Federal Candidate TERRI LYNN LAND
Calendar Year-To-Date Per Election for Office Sought 58489.79

Date of Public Distribution/Dissemination 10 / 17 / 2014
Amount 1000.00
Transaction ID : SE.16448
Date of Disbursement or Obligation 10 / 17 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: MI
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: [] [] President [] Senate State: []
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 1000.00

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.

Signature Becky Bond [Electronically Filed] Date 10 / 17 / 2014