## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  Mayday PAC		FEC IDENTIFICATION NUMBER ▼
		C C00562587
Check if 24-hour report X 48-hour report New report	ort X Amends report	filed on 10 / 02 / 2014
Full Name of Payee Change Campaign Super PAC		Date of Public Distribution/Dissemination
Mailing Address PO Box 73395		09 30 2014 Amount
City State	Zip Code	2000.00
Washington DC	20056-3395	Transaction ID : VNV0C9R9WY1 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Costs Grassroots and Communication Services	Category/ Type	09 30 / 2014
Name of Federal Candidate	Support C	Office Sought: X House District: 06
Paul Clements	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
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		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	)	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		2000.00
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	04 23 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	l	