

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                                                                    |                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>THE CONSERVATIVE STRIKEFORCE</b>                                                                                                                                 |  |                                                                                                    | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00457291       </div>                                                                                                                                          |  |
| Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |                                                                                                    |                                                                                                                                                                                                                                                                                            |  |
| Full Name (Last, First, Middle Initial) of Payee<br><b>STRATEGIC CAMPAIGN GROUP INC</b>                                                                                                            |  |                                                                                                    | Date<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM<br/>11</div> <div style="border: 1px solid black; padding: 2px;">DD<br/>05</div> <div style="border: 1px solid black; padding: 2px;">YYYY<br/>2012</div> </div> |  |
| Mailing Address 4600 N FAIRFAX DRIVE<br>SUITE 802                                                                                                                                                  |  |                                                                                                    | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">18490.00</div>                                                                                                                                                                                            |  |
| City ARLINGTON      State VA      Zip Code 22203                                                                                                                                                   |  | <b>Transaction ID : SE.143424</b>                                                                  |                                                                                                                                                                                                                                                                                            |  |
| Purpose of Expenditure<br>GOTV CALLS (11/05/2012)                                                                                                                                                  |  | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House      State: IN<br><input checked="" type="checkbox"/> Senate      District: 00<br><input type="checkbox"/> President                                                                                                                         |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>RICHARD E MOURDOCK                                                                                                               |  |                                                                                                    | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                     |  |
| Calendar Year-To-Date Per Election for Office Sought                                                                                                                                               |  |                                                                                                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                                                                 |  |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">18490.00</div>                                                                                                              |  |                                                                                                    | <div style="border: 1px solid black; padding: 2px; text-align: right;">18490.00</div>                                                                                                                                                                                                      |  |

  

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|-------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee                              |  |                                                                                                 | Date<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> |  |
| Mailing Address                                                               |  |                                                                                                 | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                                                                             |  |
| City      State      Zip Code                                                 |  |                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                                                                                       |  |
| Purpose of Expenditure                                                        |  | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;"></div> | Office Sought: <input type="checkbox"/> House      State:<br><input type="checkbox"/> Senate      District:<br><input type="checkbox"/> President                                                                                                                   |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:                |  |                                                                                                 | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                         |  |
| Calendar Year-To-Date Per Election for Office Sought                          |  |                                                                                                 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                                                                                                                     |  |
| <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |  |                                                                                                 | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                                                                                       |  |

  

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|------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; text-align: right;">18490.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>         |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; text-align: right;">18490.00</div> |

  

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.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

MM  
11

DD  
05

YYYY  
2012