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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
RECLAIM AMERICA PAC	C C00500025
Check if Z 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayaya
Full Name of Payee Connection Strategy LLC	Date of Public Distribution/Dissemination
	06 02 Y Y Y Y Y Y
Mailing Address PO Box 2192	Amount
City State Zip Code	20823.02
Arlington VA 22202	Transaction ID : SE.4173 Date of Disbursement or Obligation
Purpose of Expenditure IE-Ernst-Telemarkting Category/ Type 004	06 02 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
JONI K ERNST Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disl 229579.14	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	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	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify) ▶
	Guier (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	20823.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20823.02
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Lisa Lisker [Electronically Filed] Date	06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	