

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Allen West Guardian Fund			FEC IDENTIFICATION NUMBER ▼ C C00493221		
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 of Payee Diversified Direct, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 02 / 2014		
Mailing Address 9702 Industrial Drive			Amount 18465.00		
City Bridgeview	State IL	Zip Code 60455-2305	Transaction ID : EB2FF9207C2BE4AA19E4		
Purpose of Expenditure Direct Mail Piece		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Mark Bircher		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		18465.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diversified Direct, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2014		
Mailing Address 9702 Industrial Drive			Amount 18465.00		
City Bridgeview	State IL	Zip Code 60455-2305	Transaction ID : EAE55EC3190A442CDBA:		
Purpose of Expenditure Direct Mail Piece		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Mark Bircher		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		36930.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36930.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 <i>Gregory Wilder</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 14 / 2014	

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Allen West Guardian Fund		FEC IDENTIFICATION NUMBER ▼ C C00493221	
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 of Payee Diversified Direct, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2014	
Mailing Address 9702 Industrial Drive		Amount 2352.00	
City Bridgeview	State IL	Zip Code 60455-2305	Transaction ID : E37B8040A101A4A09A1D Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Recorded phone call		Category/ Type	
Name of Federal Candidate Mark Bircher		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		39282.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2352.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	39282.00

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.

Gregory Wilder

[Electronically Filed]

Date

MM / DD / YYYY
01 / 14 / 2014

Signature