Image# 14978047539 PAGE 1 / 22

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use	Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ole: If typing, ne lines.	type	12FE4M5			
Keep Conservatives Ur	nited							
ADDRESS (number and street)	Post Office Box 246							Ш
Check if different								
than previously reported. (ACC)	Wake Forest				NC	27588		
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE 🛦	Z	IP CODE ▲	
C C00499525		3. IS THIS REPORT	× NE\	W OR	AM (A	MENDED)		
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May	/ 20 (M5)	Aug	20 (M8)	Nov 20 (Non-Election Year Only)	//11)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun	20 (M6)	Sep	20 (M9)	Dec 20 (Non-Election Year Only)	/112)
April 15		Apr 20 (M4)	Jul	20 (M7)	Oct	20 (M10)	Jan 31 (Y	E)
Quarterly Report (Q July 15	(c) 12-Day		imary (12P)		General	(12G)	Runoff (12	!R)
Quarterly Report (Q	2) Report for t		onvention (120	C)	Special	(12S)		
Quarterly Report (Q	3)	1	M = M / D	D /	Y . Y . Y . Y	1 i	n the	-
January 31 Year-End Report (YI	E)	Election on					State of	_
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect Report for the second control of the secon		eneral (30G)		Runoff (30R)	Special (30	0S)
Termination Report (TER)		Election on	M - M / D	D /	Y		n the State of	٦
		Election on				•	otate of	_
5. Covering Period 07	01 / 2	2014	through	M M 09	30	2014	Y	
I certify that I have examined thi	s Report and to the he	est of my knowle	dge and heli	ef it is tru	e correct an	d complete		
Type or Print Name of Treasurer	-							
					M	/ D D) / Y Y Y Y	Υ
Signature of Treasurer Bob H	iarris	[E	lectronically Fi	led] Da	ate 10	01	2014	_
NOTE: Submission of false, errone	eous, or incomplete infor	mation may subje	ect the person	signing th	is Report to t	he penalties	of 2 U.S.C. §437	7g.
Office						FEC	FORM 3X	
Use Only							v. 12/2004	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Keep Conservatives United 07 2014 09 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3034.59 January 1, 2014 (b) Cash on Hand at 24246.48 Beginning of Reporting Period..... 366150.00 62000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 86246.48 369184.59 6(a) and 6(c) for Column B)..... 59913.87 342851.98 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 26332.61 26332.61 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 94500.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Keen	Conser	vatives	United
Nech	COLISCI	valives	Ullitea

Report Covering the Period: From: 07	01 2014	To: 09 30 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total This Period	Caleffical feat-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	35000.00	292150.00
· · · · · ·		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	35000.00	292150.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	3.50	0.00
` '		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35000.00	292150.00
Transfers From Affiliated/Other	7	
Party Committees	0.00	0.00
Tarty Committees	0.00	
3. All Loans Received	27000.00	74000.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	5.00
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i ando (iioin concado i io)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	62000.00	366150.00
12, 10, 17, 10, 17, and 10(0))	02000.00	330130.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	62000.00	366150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
I. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		7		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures(c) Total Operating Expenditures	6876.76	79819.81		
(add 21(a)(i), (a)(ii), and (b))▶	6876.76	79819.81		
Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	53037.11	252032.17		
Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	11000.00		
Fodoral Floation Activity (2.11.5.C. \$421/20))				
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	59913.87	342851.98		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	59913.87	342851.98		
from Line 31)	35913.07	342031.90		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	35000.00	292150.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35000.00	292150.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6876.76	79819.81
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	6876.76	79819.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE		6	OF	22		
(che	(check only one)								
×	11a		11b		11c		12	2	
	13		14		15		16	6	17

	I Statements may not be sold or used by any pertite name and address of any political committee to	
NAME OF COMMITTEE (In Full) Keep Conservatives United		
Full Name (Last, First, Middle Initial) Glen Raven, Inc. Mailing Address 1831 North Park Avenue		Date of Receipt
City Glen Raven	State Zip Code NC 27217	07 08 2014 Transaction ID : SA11AI.4423
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	
Full Name (Last, First, Middle Initial) Robert L Luddy Mailing Address 4641 Paragon Park Rd		Date of Receipt 07 08 2014
City	State Zip Code NC 27616	Transaction ID : SA11AI.4389
Raleigh FEC ID number of contributing federal political committee.	C 2/616	Amount of Each Receipt this Period 10000.00
Name of Employer Captive Aire Systems	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 60000.00	
Full Name (Last, First, Middle Initial) C. Republican State Leadership Co	ommittee	Date of Receipt
Mailing Address 1201 F Street, NW, #675		07 07 2014
City Washington	State Zip Code DC 20004	Transaction ID : SA11AI.4388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000.00
Name of Employer	Occupation	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 95000.00	
SUBTOTAL of Receipts This Page (optional).	>	35000.00
TOTAL This Period (last page this line number	er only)	35000.00

SCHEDULE A (FEC Form 3X))	Llos concrete cohedula/s\	FOR LINE	7 OF	22		
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check onl		_		
. E.IIIEED ITEVEN 10		Detailed Summary Page	11a	11b	11c	12	
		, , ,	X 13	14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using t							
NAME OF COMMITTEE (In Full)							
Keep Conservatives United							
Full Name (Last, First, Middle Initial) A. Bob Harris			Date o	f Receipt			
Mailing Address 3806 Lassiter Mill Rd			07	/ D 0		2014 .	
City	State	Zip Code	Trans	saction ID	: SA13.437	7	
Raleigh	NC	27609	Amoun	t of Each	Receipt this	Period	
FEC ID number of contributing federal political committee.	С					15000.00	0
Name of Franksian	l Occupation		Loan				
Name of Employer	Occupation						
Self-Employed	Research C						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		65750.00	1				
Other (specify)		00700.00	4				
Full Name (Last, First, Middle Initial) 3. Bob Harris			Date o	f Receipt			
Mailing Address 3806 Lassiter Mill Rd			M = M	/ D	D / Y	Y Y Y	-
			08	1	3	2014	
City	State	Zip Code	Trans		: SA13.4428	3	
Raleigh	NC	27609	Amoun	t of Each	Receipt this	Period	
FEC ID number of contributing							
federal political committee.	C			-		12000.00)
Name of Employer	Occupation		Loan				
Self-Employed							
Receipt For:	Research C						
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		77750.00					
			-				
Full Name (Last, First, Middle Initial)	1						
D			Date o	f Receipt			
Mailing Address			М - М	/ D	D / Y	Y = Y = Y	1
-							
City	State	Zip Code					
			Amoun	t of Each	Receipt this	Period	
FEC ID number of contributing	С						
federal political committee.	U			7	7		
Name of Employer	Occupation						
Receipt For:	Aggregato	Year-to-Date ▼					
Primary General	/ iggregate	Total to Duto ¥	-				
Other (specify)							

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

27000.00

27000.00

17

SCHEDULE B (FEC Form 3X) FOR LINE NUMB						
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(0110011 0111	• ·		
		Detailed Summary Page		22 23 28a 28b	24 25 26 28c 29 30b	
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full)					
\rangle	Keep Conservatives United					
_	Full Name (Last, First, Middle Initial)			Date of Disbursem	oont	
Α.	BB&T			Date of Disburseit		
	Mailing Address 6659 Falls of Neuse Rd			07 21	2014	
	•	State Zip Code		Transaction ID :	SB21B.4429	
	Raleigh Purpose of Disbursement	NC 27615	T	-		
	PAC Bank Service Fees			Amount of Each D	Disbursement this Period	
	Candidate Name		Category/		64.00	
	Office Sought: House Disburser	ment For:	Туре		01.00	
		Primary General				
	President	Other (specify) ▼				
_	State: District:					
В.	Full Name (Last, First, Middle Initial) BB&T			Date of Disbursem	nent	
				M M / D D		
	Mailing Address 6659 Falls of Neuse Rd			08 21	2014	
	•	State Zip Code NC 27615		Transaction ID :	SB21B.4433	
	Raleigh Purpose of Disbursement	NC 27615		-		
	PAC Bank Service Fees			Amount of Each D	Disbursement this Period	
	Candidate Name		Category/ Type		156.00	
	Office Sought: House Disbursen		-	1		
	Senate President	Primary General Other (specify) ▼				
	State: District:	Care (epochy)				
_	Full Name (Last, First, Middle Initial)			Date of Disbursem	nent	
٠.	CM&Co, LLC			M M / D D		
	Mailing Address PO Box 97275			07 21	2014	
	,	State Zip Code		Transaction ID :	SB21B.4432	
	Raleigh Purpose of Disbursement	NC 27624		-		
	PAC Accounting Services			Amount of Each D	Disbursement this Period	
	Candidate Name		Category/ Type		2161.10	
	Office Sought: House Disburser				7	
		Primary General				
	State: District:	Other (specify) ▼				
	2.00.00					
s	UBTOTAL of Disbursements This Page (optional)				2381.10	
Ι,	OTAL This Poyled (lost need this line number only)					
1 1	OTAL This Period (last page this line number only)			1 40 1		

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CILCUX OIII)	(check only one)		
	Detailed Summary Page	X 21b 27	22 28a	23 24 25 26 28b 28c 29 30b	
Anniet and the second					
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
Keep Conservatives United					
Full Name (Last, First, Middle Initial)					
A. Ellis Boyle Law PLLC			Date of Di	sbursement	
Mailing Address 507 N Blount St			07	14 2014	
City	State Zip Code		Transact	ion ID : SB21B.4436	
Raleigh	NC 27604		Transact	IOII ID . 3D2 I D. 14 30	
Purpose of Disbursement PAC Legal Services			Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		501.66	
Office Sought: House Disburse	ement For:	.,,,,			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Di	sbursement	
B. Impact Strategies, Inc.			Date of Di	D D / Y Y Y Y	
Mailing Address PO Box 18165			07	21 2014	
City Raleigh	State Zip Code NC 27619		Transact	ion ID : SB21B.4431	
Purpose of Disbursement Advertising Production - IE Prepayment	27013		A	Facility Dishaman and Main Books d	
Candidate Name			Amount of	Each Disbursement this Period	
Caldidate Name		Category/ Type		3850.00	
	ement For:				
Senate President	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Ogletree, Deakins, Nash, Smoak	& Stewart,		Date of Dis	sbursement	
Mailing Address Post Office Box 89			07	14 2014	
City	State Zip Code		T	in ID ODOAD 4404	
Columbia	SC 29202		iransact	ion ID : SB21B.4434	
Purpose of Disbursement PAC Legal Services					
Candidate Name			Amount of	Each Disbursement this Period	
Canadate Name		Category/ Type		144.00	
Office Sought: House Disburse	ement For:	.,,,,			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				4495.66	
CODITION DISDUISCING THIS LAYE (Optional)					
TOTAL This Period (last page this line number onl	y)			6876.76	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 22 FOR LINE 13 OF FORM 3X

		Botanou Guillinary 11	-9-
AME OF COMMITTEE (In Full)		Tr	ansaction ID : SC/10.4103
Geep Conservatives United			
LOAN SOURCE Full Name (Last, First, Middle I	nitial)		Election:
Bob Harris	Tilliai,		Primary
			General
Mailing Address 3806 Lassiter Mill Rd			Other (specify) ▼
City Raleigh State	e NC ZIP Cod	de 27609	
Original Amount of Loan Cu	mulative Payment To	Date B	alance Outstanding at Close of This Period
3500.00		0.00	3500.00
3300.00		0.00	3300.00
TERMS			2
Date Incurred	Date Due	Interest R	
08 30 2011	ÓN	DEMAND 0	.00 % (apr) Yes X No
			, (CF:)
List All Endorsers or Guarantors (if any) to Loa	an Source	· · · · · · ·	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City State ZI	P Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		A1	
City State ZI	P Code	Amount Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	,		
City Chair 71	D. Codo	Amount	
City State ZI	P Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State ZI	P Code	Guaranteed	
		Outstanding:	· · · · · · · · · · · · · · · · · · ·
		. [3500.00
UBTOTALS This Period This Page (optional)		<u> </u>	3500.00
OTALS This Period (last page in this line only)			
DIALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule	e D, for this line. If I	no Schedule D, carry f	orward to appropriate line of Summary.
	*		

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 22 PAGE 11 FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full) Keep Conservatives United			Transaction ID : SC/10.4104
LOAN SOURCE Full Name (Last, First, Mi Bob Harris	ddle Initial)		Election: Primary General
Mailing Address 3806 Lassiter Mill Rd			Other (specify)
City Raleigh	State NC ZIP Co	ode 27609	
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at Close of This Period
3000.00	7	0.00	3000.00
TERMS	Data Data	Laterra	O commend
Date Incurred M 09	Date Due	N DEMAND	st Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line onl Carry outstanding balance only to LINE 3, Sc	у)	>	3000.00 3000.00 ry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 22 FOR LINE 13 OF FORM 3X

Mailing Address Occi Amo City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Name	Transaction ID : SC/10.4189
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris Mailing Address 3806 Lassiter Mill Rd City Raleigh State NC ZIP Code 2: Original Amount of Loan Cumulative Payment To Date 14000.00 TERMS Date Incurred Date Due 03 17 2012 ON DEM. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Nam Mailing Address Occi City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam	Flection:
Mailing Address 3806 Lassiter Mill Rd City Raleigh State NC ZIP Code 2 Original Amount of Loan Cumulative Payment To Date 14000.00 TERMS Date Incurred Date Due Mo3 17 2012 MM M / D D / ON DEM. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Nam Mailing Address Occi City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam	Flection:
City Raleigh Original Amount of Loan Cumulative Payment To Date 14000.00 TERMS Date Incurred Date Due 03	Primary General
Original Amount of Loan Cumulative Payment To Date 14000.00 TERMS Date Incurred 03	Other (specify) ▼
TERMS Date Incurred Date Due Mos M / DTP / Y 2012 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Nam Nam City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam	7609
TERMS Date Incurred Date Due Mos	Balance Outstanding at Close of This Period
Date Incurred Date Due May 177 / 2012 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Nam Nam City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam Nam	0.00 14000.00
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name (Last, First, Middle Initial) City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Name (Last, First, Middle Initial)	Interest Rate Secured:
1. Full Name (Last, First, Middle Initial) Mailing Address Occi Amo City State ZIP Code Outs 2. Full Name (Last, First, Middle Initial) Nam	
Mailing Address Occi Amo City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam	
City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam	ne of Employer
City State ZIP Code Gua Outs 2. Full Name (Last, First, Middle Initial) Nam	upation
	ount ranteed standing:
Mailing Address Occi	ne of Employer
	upation
	ount ranteed standing:
3. Full Name (Last, First, Middle Initial) Nam	ne of Employer
Mailing Address Occo	upation
,	ount dranteed standing:
4. Full Name (Last, First, Middle Initial) Nam	ne of Employer
Mailing Address Occi	upation
	ount ranteed standing:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no So	

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 22
FOR LINE 13 OF FORM 3X

	Detailed Suffillary Page 1 311 = 13 31 1 3111 31
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4296
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Bob Harris	Primary
	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify)
	Code 27609
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS Date Incommed	Determine Comment
Date Incurred Date I	V V V
04 21 2014	ON DEMAND 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
0.1	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oity State Zii Gode	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	·
SUBTOTALS This Period This Page (optional)	15000.00
(optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.

LOANS Use sep for each Detailed

Use separate schedule(s) for each category of the Detailed Summary Page FO

PAGE 14 OF 22
FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full) Keep Conservatives United			Transaction ID : SC/10.4352
LOAN SOURCE Full Name (Last, First, Midd Bob Harris	lle Initial)		Election: Primary General
Mailing Address 3806 Lassiter Mill Rd			Other (specify) ▼
City Raleigh	State NC ZIP Cod	e 27609	
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at Close of This Period
32000.00	, ,	0.00	32000.00
TERMS	Data Dua	luterest	Data Casurado
Date Incurred Mod / 20 / Y Y Y Y Y M	Date Due	Interest DEMAND	Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Sche		>	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

s) PAGE 15 OF 22 FOR LINE 13 OF FORM 3X

	Botanou Guillinary Fago
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4377
Geep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Bob Harris	Primary
	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify)
City Raleigh State NC ZIP Co	ode 27609
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
07 / 02 / Y Y Y Y Y ON	N ĎEMÁNĎ 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amazount
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
,	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
UBTOTALS This Period This Page (optional)	15000.00
OTAL C This Devied (lost need in this live and)	
OTALS This Period (last page in this line only)	P
carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule for each category of the Detailed Summary Pace

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 16 OF 22

FOR LINE 13 OF FORM 3X

eep Conservatives U LOAN SOURCE Full Name Bob Harris		ddle Initial)		Election: Primary
Mailing Address 3806 Lassit	er Mill Rd			General Other (specify) ▼
City Raleigh		State NC	ZIP Code ₂₇₆₀₉	
Original Amount of Loan		Cumulative Payn		Balance Outstanding at Close of This Perio
7	12000.00	7	0.00	12000.00
TERMS Date Incurred	ı	Da	te Due Inte	erest Rate Secured:
08 / 13 / Y	2014	M = M / D = D	ON DEMAND	0.00 % (apr) Yes X No
List All Endorsers or Guar	antors (if any) t	o Loan Source		
1. Full Name (Last, First, N	Middle Initial)		Name of Employ	yer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, M	iddle Initial)		Name of Employ	yer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, M	iddle Initial)		Name of Employ	yer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, M	iddle Initial)		Name of Employ	yer
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
BTOTALS This Period This	Page (optional)		>	12000.00
TALS This Period (last page	e in this line onl	y)		94500.00

SCH ITEM

TEMIZED INDEPENDENT EXPENDIT	URES		PAGE 17 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Keep Conservatives United			
			C C00499525
Check if 24-hour report 48-hour report	ort New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Advantage Inc.			07
Mailing Address 2300 Clarendon Blvd			Amount
STE 303			Amount
City	State	Zip Code	322.05
Arlington	VA	22201	Transaction ID : SE.4425 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Telemarketing		Type	07 14 2014
Name of Federal Candidate		X Support	Office Sought: X House District: 06
PHILIP EDWARD JR BERGER		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		129825.17	Disbursement For: Primary General 2014 Runoff Runoff
Full Name of Payee Creative Direct, LLC			Date of Public Distribution/Dissemination
No. History Andreas			07 07 2014
Mailing Address 25 E. Main St			Amount
City	State	Zip Code	3240.00
Richmond	VA	23219	Transaction ID : SE.4378 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Direct Mail Advertising		Type	07 07 2014
Name of Federal Candidate		Support	Office Sought: X House District: 06
BRADLEY MARK WALKER		Oppose	President Senate State: NC
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought		94732.12	2014
(a) SUBTOTAL of Itemized Independent Exp	enditures		> 3562.05
(b) SUBTOTAL of Unitemized Independent E	Evnanditurae		
(b) SOBTOTAL OF OTHER HIZER HIGEPERGENT L	xperialitares		
(a) TOTAL Independent Evnenditures			
(c) TOTAL Independent Expenditures			

Un party committee) any political party committee or its agent.

Bob Harris	[Electronically Filed]	Date	10 M	/ 01	/	2014
Signature						

SCHEI ITEMIZE

	URES		PAGE 18 OF 22 FOR LINE 24 OF FORM 3)
E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
ep Conservatives United			C C00499525
ck if 24-hour report 48-hour rep	ort New I	report Amends report	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Creative Direct, LLC			07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 25 E. Main St			Amount
Dity	State	Zip Code	9720.00
Richmond	VA	23219	Transaction ID : SE.4379 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Advertising		Category/ Type	07
Name of Federal Candidate		X Support	Office Sought: X House District: 06
PHILIP EDWARD JR BERGER		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		104452.12	Disbursement For:
Full Name of Payee		'	Date of Public Distribution/Dissemination
Creative Direct, LLC			07
Mailing Addroce			Amount
Mailing Address 25 E. Main St			
25 E. Main St City	State	Zip Code	2801.00
City Richmond	State VA	Zip Code 23219	Transaction ID : SE.4394 Date of Disbursement or Obligation
City		•	Transaction ID : SE.4394
City Richmond Purpose of Expenditure		Category/ Type	Transaction ID : SE.4394 Date of Disbursement or Obligation 07 09 2014
City Richmond Purpose of Expenditure Direct Mail Advertising		23219 Category/	Transaction ID : SE.4394 Date of Disbursement or Obligation M M M / D 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond Purpose of Expenditure Direct Mail Advertising Name of Federal Candidate		Category/ Type Support	Transaction ID : SE.4394 Date of Disbursement or Obligation M 07

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.

(c) TOTAL Independent Expenditures.....

Bob Harris	[Electronically Filed]	Date	10 N	/ 01	/	2014
Signature						

m	age# 14978047557					
	CHEDULE E (FEC Form :					
TΕ	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 19	
					FOR LINE	24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICAT	TON NUMBER ▼
ĸ	Geep Conservatives United				C C00499525	
Ch	neck if 24-hour report 48-hou	r report New rep	ort Amends repo	ort filed on	M / D D	YYYYY
	Full Name of Payee			Date o	of Public Distributio	n/Dissemination
	Digifonics, Inc.				_ M / D D	/ Y Y Y Y
	Mailing Address			— L	07 08	2014
	Mailing Address 1632 Pricewood			Amour	nt	
	City	State	Zip Code			2050.00
	Apex	NC	27502	Transac	ction ID : SE.4386	
	Durage of Evaporditure			Date o	of Disbursement or	Obligation
	Purpose of Expenditure Online Advertisment Production		Category/ Type	M	07 07	2014
	Name of Federal Candidate		Support	Office Sought	t: X House	District: 06
	BRADLEY MARK WALKER		X Oppose	Preside		State: NC
	Calendar Year-To-Date Per Election for Office Sought		111502.12	Disbursement 2014 X Ot	t For: Prima ther (specify) ▶	ry General Runoff
	Full Name of Payee Impact Strategies, Inc.	-			of Public Distribution	n/Dissemination
	Mailing Address PO Box 18165			Amou	تنا تنا	2014
	City	State	Zip Code			2696.03
	Raleigh	NC	27619	Transa	ction ID : SE.4367	2000.00
			27019		of Disbursement or	Obligation
	Purpose of Expenditure Radio Advertising		Category/ Type	М	07 / 02	2014
	Name of Federal Candidate		Support	Office Sough	it: X House	District: 06
	PHILIP EDWARD JR BERGER					NC
			Oppose	Preside		Otate.
	Calendar Year-To-Date Per Election for Office Sought		79484.09	Disbursemen 2014	t For: Prima other (specify) ▶	ry General Runoff
	(a) SUBTOTAL of Itemized Independen	it Expenditures		· [4746.03
	(b) SUBTOTAL of Unitemized Independ	lent Expenditures		•	7 7	

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.

(c) TOTAL Independent Expenditures.....

Bob Harris	[Electronically Filed]	Date	10 /	01	/	2014
Signature		2410		_		

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	OUEDIUE E /EEO E OV)			
	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITUR	EC		PAGE 20 OF 22
	INIZED INDEPENDENT EXPENDITOR	iES		PAGE 20 OF 22 FOR LINE 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	Geep Conservatives United			
	'			C C00499525
Ch	neck if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on
	Full Name of Payee Impact Strategies, Inc.			Date of Public Distribution/Dissemination
	Mailing Addraes			07 07 7 2014
	PO Box 18165			Amount
	City	State	Zip Code	2696.03
	Raleigh	NC	27619	Transaction ID : SE.4368 Date of Disbursement or Obligation
	Purpose of Expenditure		Category/	Date of Disbursement of Obligation
	Radio Advertising		Type	07 02 2014
	Name of Federal Candidate		Support	Office Sought: X House District: 06
	BRADLEY MARK WALKER		Oppose	President Senate State: NC
	Calendar Year-To-Date		82180.12	Disbursement For: Primary General 2014
	Per Election for Office Sought	, , , ,	02100.12	Other (specify) Runoff
	Full Name of Payee			Date of Public Distribution/Dissemination
	Impact Strategies, Inc.			
				07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 18165			
	Mailing Address PO Box 18165	Stata	Zin Code	07 07 2014 Amount
	Mailing Address PO Box 18165 City	State NC	Zip Code	07 07 2014 Amount 9312.00
	Mailing Address PO Box 18165 City Raleigh	State NC	Zip Code 27619	07 07 2014 Amount
	Mailing Address PO Box 18165 City		·	07 07 2014 Amount 9312.00 Transaction ID : SE.4369
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure		27619 Category/ Type	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 07 02 00 00 00 00 00 00 00
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising		27619 Category/	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 07 02 7 2014
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate		Category/ Type Support Oppose	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 07 02 V 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER		27619 Category/ Type Support	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 07 02 V 2014 Office Sought: House District: 06 President Senate State: NC
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER Calendar Year-To-Date Per Election for Office Sought	NC	Category/ Type Support Oppose 91492.12	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 07 02 V 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Runoff
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER Calendar Year-To-Date	NC	Category/ Type Support Oppose 91492.12	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 07 02 V 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Runoff
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER Calendar Year-To-Date Per Election for Office Sought	NC	Category/ Type Support Oppose 91492.12	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 02 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Runoff
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expendent	NC	Category/ Type Support Oppose 91492.12	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 02 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Runoff
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expendent	dituresenditures	Category/ Type Support Oppose 91492.12	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 02 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Runoff
	Mailing Address PO Box 18165 City Raleigh Purpose of Expenditure TV Advertising Name of Federal Candidate PHILIP EDWARD JR BERGER Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditure	dituresenditures	Category/ Type Support Oppose 91492.12	Amount 9312.00 Transaction ID: SE.4369 Date of Disbursement or Obligation 07 02 2014 Office Sought: House District: 06 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Runoff

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.

Bob Harris	[Electronically Filed]	Date	10	01	2014
Signature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE		OF	22	
	FOR L	INE 24	OF F	ORM 3X	
Г	DENTIFICATION NUMBER W				

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Keep Conservatives United		C C00499525		
Check if 24-hour report 48-hour report New report	Amends report filed of	on Mam / Dab / Yayayay		
Full Name of Payee Impact Strategies, Inc.		Date of Public Distribution/Dissemination		
Mailing Address PO Box 18165		07 08 2014 Amount		
City.	r. Codo	11200.00		
	7619 T	11300.00 Fransaction ID : SE.4391 Date of Disbursement or Obligation		
Purpose of Expenditure TV Advertising	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office	Sought: X House District:06		
PHILIP EDWARD JR BERGER		President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	Disbur 122802.12 2014	sement For:		
Full Name of Payee Impact Strategies, Inc.	,	Date of Public Distribution/Dissemination 07 08 2014		
Mailing Address PO Box 18165		Amount		
City State Zi	ip Code	3900.00		
Raleigh NC 2	7619	Transaction ID : SE.4399 Date of Disbursement or Obligation		
Purpose of Expenditure TV Advertising	Category/ Type	07 08 2014		
Name of Federal Candidate	Support Office	Sought: X House District:06		
BRADLEY MARK WALKER		President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	126702.12 Disbur 2014	rsement For: Primary General Other (specify) ► Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	15200.00		
(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.				
Bob Harris [Electronical	<i>Ily Filed]</i> Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE		OF	22
FOR L	NE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Keep Conservatives United C C00499525				
Check if 24-hour report 48-hour report New report Amends	s report filed on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Snyder Interactive	07			
Mailing Address 115 Pasquotank Dr	Amount			
City State Zip Code	5000.00			
Raleigh NC 27609	Transaction ID : SE.4380 Date of Disbursement or Obligation			
Purpose of Expenditure Online Advertising Category/ Type	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Supp	ort Office Sought: X House District: 06			
BRADLEY MARK WALKER Oppo				
Calendar Year-To-Date Per Election for Office Sought 109452.12	Disbursement For: Primary General 2014			
Full Name of Page	Carlot (Speedily) >			
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 Supp	oort Office Sought: House District:			
Oppo				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General			
	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	53037.11			
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.				
Bob Harris [Electronically Filed]	Date 10 01 2014			
Signature				