

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) We Deserve Better PAC		FEC IDENTIFICATION NUMBER ▼ C C00562819	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014 </div>	

Full Name of Payee Concentric Direct		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014 </div>	
Mailing Address 200 Ashford Center North Suite 500		Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </div>	
City Atlanta	State GA	Zip Code 30338	Transaction ID : SE.4109
Purpose of Expenditure Internet Advertising	Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014 </div>	
Name of Federal Candidate ERIC CANTOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Office Sought: <input checked="" type="checkbox"/> House District: 07		State: VA	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </div>	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address		Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y </div>
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House District: _____		State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </div>	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> 3900.00 </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.

David Coleman Muzio

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014

Signature