## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New York 2014		
	C C00563171	
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file		
Full Name of Payee	Date of Public Distribution/Dissemination	
Digital X-Press	M M / D D / Y Y Y Y Y	
Mailing Address 5 Sand Creek Rd.	06 05 2014 Amount	
City State Zip Code	5966.95	
Albany NY 12205	Transaction ID : SE.4139 Date of Disbursement or Obligation	
Purpose of Expenditure IE-Stefanik-Direct Mail  Category/ Type 004	06 17 / 2014	
Name of Federal Candidate Support Office	e Sought: X House District: 21	
ELISE M. STEFANIK Oppose	President Senate State: NY	
	ursement For: X Primary General	
Per Election for Office Sought 348441.09 2014	Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Digital X-Press	06 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 5 Sand Creek Rd.	30 30 2014	
	Amount	
City State Zip Code	5924.29	
Albany NY 12205	Transaction ID : SE.4140	
Purpose of Expenditure	Date of Disbursement or Obligation	
IE-Stefanik-Direct Mail  Category/ Type  O04	06 17 2014	
Name of Federal Candidate Support Offic	e Sought:  House District: 21	
ELISE M. STEFANIK Oppose	President Senate State: NY	
	ursement For: X Primary General	
Calendar Year-To-Date Per Election for Office Sought  Disb 2014		
(a) SUBTOTAL of Itemized Independent Expenditures	11891.24	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7 7 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.		
Lisa Lisker  [Electronically Filed] Date	06 17 2014	
Signature	2014	

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

	Siledule Ly	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
I\	lew York 2014	C C00563171	
Ch	eck if X 24-hour report 48-hour report New report Amends report fil	ed on Man / Dab / Yayayay	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Digital X-Press	06 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 5 Sand Creek Rd.	Amount	
	City State Zip Code	5966.95	
	Albany NY 12205	Transaction ID : SE.4141 Date of Disbursement or Obligation	
	Purpose of Expenditure IE-Stefanik-Direct Mail  Category/ Type 004	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate Support Of	fice Sought: X House District: 21	
	ELISE M. STEFANIK Oppose	President Senate State: NY	
	Calendar Year-To-Date Per Election for Office Sought  Display:	sbursement For:	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Digital X-Press	06 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 5 Sand Creek Rd.	Amount	
	City State Zip Code	5966.95	
	Albany NY 12205	Transaction ID : SE.4142  Date of Disbursement or Obligation	
	Purpose of Expenditure IE-Stefanik-Direct Mail  Category/ Type  004	06 17 2014	
	Name of Federal Candidate Support Of	fice Sought: X House District: 21	
	ELISE M. STEFANIK Oppose	President Senate State: NY	
		sbursement For: X Primary General  114 Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures	11933.90	
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	23825.14	
	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.		
	Lisa Lisker [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature		

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