## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Kentuckians For Strong Leadership	C C00543256
	10
DMM Media	of Public Distribution/Dissemination
Mailing Address 1911 N. Fort Myer Drive	10 13 2014
Ste 400	
City State Zip Code  Arlington VA 22209 Trans	17241.01 saction ID : 1
Date of Evpanditure	of Disbursement or Obligation
TV / Media Production Category/ Type	10 13 / 2014
Name of Federal Candidate  Support  Office Sough	
Alison Lundergan Grimes	ent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2014  O	nt For:
	of Public Distribution/Dissemination
	10 13 2014
Mailing Address P.O. Box 25093	unt
City State Zip Code	1062925.00
Date	action ID: 2 of Disbursement or Obligation
Purpose of Expenditure TV / Media Placement  Category/ Type	10 10 2014
Name of Federal Candidate Support Office Sough	ht: House District:
Alison Lundergan Grimes Oppose Preside	lent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014  OC	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	1080166.01
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	1080166.01
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.	
Caleb Crosby  [Electronically Filed] Date 10	14 2014
Signature	