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 ▼
Allen West Guardian Fund	C C00493221
	0 000100221
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee Revolution Media Group	Date of Public Distribution/Dissemination
·	10 12 2014
Mailing Address 1020 Princess Street	Amount
City State Zip Code	160000.00
Alexandria VA 22314-2247	Transaction ID: E82682464E6FB4A87883 Date of Disbursement or Obligation
Purpose of Expenditure Radio advertising Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Joni Ernst Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought Disbrace 204760.09	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Anount
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 Support Office	e Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	160000.00
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.	
24.0	10 14 2014
Signature	