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

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) Senate Conservatives Fund	FEC IDENTIFICATION NUMBER C C00448696			
Check if X 24-hour report 48-hour report X New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
Senate Conservatives Fund	04 / 05 / 2014			
Mailing Address PO Box 388	Amount			
City State	Zip Code 40.5	5		
Alexandria VA	22313-0388 Transaction ID : E8F1C4514698A4EB9 Date of Disbursement or Obligation	9E3		
Purpose of Expenditure IE-Mooney-Online Processing	Category/ Type 04 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y		
Name of Federal Candidate	Support Office Sought: House District: 02	2		
Alexander Xavier Mooney	Oppose President Senate State: W	/		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: X Primary Gene 2014 Other (specify) ▶	eral		
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Disseminatio			
Mailing Address PO Box 388	04	_		
City State	Zip Code 39.00	П		
Alexandria VA	22313-0388 Transaction ID : E734F4A8B002E44B69 Date of Disbursement or Obligation	9A6		
Purpose of Expenditure IE-Mooney-Online Processing	Category/ Type 04 12 2014	Y		
Name of Federal Candidate	Support Office Sought: X House District: 0	2		
Alexander Xavier Mooney	Oppose President Senate State: W	<u>/</u>		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	eral		
(a) SUBTOTAL of Itemized Independent Expenditures				
(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.				
	tronically Filed] Date 04 29 2014			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TOTILO	PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Senate Conservatives Fund		C C00448696		
Check if Z 24-hour report 48-hour report Mew report Amends report filed on Amends report fi				
Full Name of Payee		Date of Public Distribution/Dissemination		
Senate Conservatives Fund		04 19 2014		
Mailing Address PO Box 388		Amount		
City State	Zip Code	154.50		
Alexandria VA	22313-0388	Transaction ID : E0F9C27A799D84BA7952 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Mooney-Online Processing	Category/ Type	04 19 / 2014		
Name of Federal Candidate	Support Support	Office Sought: House District: 02		
Alexander Xavier Mooney	Oppose	President Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought	13703.09	Disbursement For:		
Full Name of Payee		Date of Public Distribution/Dissemination		
Senate Conservatives Fund		04 26 2014		
Mailing Address PO Box 388		Amount		
City State	Zip Code	56.85		
Alexandria VA	22313-0388	Transaction ID : EDF145B82B67E4F579A7 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Mooney-Online Processing	Category/ Type	04 26 2014		
Name of Federal Candidate	X Support	Office Sought: House District: 02		
Alexander Xavier Mooney	Oppose	President Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought	13759.94	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		211.35		
(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.				
Paul Kilgore[Electronic	ically Filed] Date	04		
Signature	_			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TIES	PAGE 3 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Senate Conservatives Fund		C C00448696		
Check if 24-hour report 48-hour report New report	Amends report filed or	M = M / D = D / Y = Y = Y		
Full Name of Payee		Date of Public Distribution/Dissemination		
Kirk Sisco		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address c/o Mary Collins Agency Inc.		mount		
2909 Cole Ave. Ste. 250	-			
City State Zip	Code	321.00		
Dallas TX 752 Purpose of Expenditure		ransaction ID : E6C2DA2F6FFD74A39994 Date of Disbursement or Obligation		
IE-Mooney-Media Production	ategory/ Type	04 / 29 / 2014		
Name of Federal Candidate	X Support Office S	ought: X House District: 02		
Alexander Xavier Mooney	Oppose P	resident Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought 6536	Disburse 2014	ement For:		
Full Name of Payee	1	Date of Public Distribution/Dissemination		
Donnybrook Production Services		04 28 / 2014		
Mailing Address 17 Parkview Drive	<i>A</i>	Amount		
City State Zip	Code	1000.00		
		ansaction ID : E9BFE3F4C3A774E8B9E2 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Mooney-Media Production Ca	ategory/ Type	04 29 / 2014		
Name of Federal Candidate	Support Office S	lought: X House District: 02		
Alexander Xavier Mooney		resident Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought	65385.94 Disburse 2014	ement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	······	1321.00		
(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.				
Paul Kilgore [Electronically	y Filed] Date 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Senate Conservatives Fund	C C00448696			
Check if 24-hour report 48-hour report Mew report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
McLaughlin & Associates	04 28 2014			
Mailing Address 566 South Route 303	Amount			
City State Zip Code	50305.00			
Blauvelt NY 10913-1916	Transaction ID : E76F8587AFC804BDFB00 Date of Disbursement or Obligation			
Purpose of Expenditure IE-Mooney-Media Buy Category/ Type	04 24 7 2014			
Name of Federal Candidate Support Office 9	Sought: X House District: 02			
Alexander Xavier Mooney	President Senate State: WV			
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation			
Name of Federal Candidate Support Office	Sought: House District:			
Oppose p	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	sement For: Primary General Other (specify) ▶			
	Carer (speerly) -			
(a) SUBTOTAL of Itemized Independent Expenditures	50305.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	51916.90			
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.				
Paul Kilgore [Electronically Filed] Date 04	M / 29 / 2014			
Signature				