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 ▼	
CREDO SUPERPAC	C C00507517
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee The Spoken Hub	Date of Public Distribution/Dissemination
· ·	10 24 2014
Mailing Address PO Box 615	Amount
City State Zip Code	7509.60
Manhasset NY 11030	Transaction ID : SE.17051 Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	10 / 24 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
CORY GARDNER Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought 64840.46	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Allouit
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 Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	> 7509.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	> 7509.60
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.	
Becky Bond [Electronically Filed] Date	e 10 24 2014
Signature	