

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>VOTE 2 REDUCE DEBT (V2RD)</b>                                                                                                                                    |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563064       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |                                                                                                                                                   |

|                                                                                           |                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Full Name of Payee<br><b>Strategic Media 21</b>                                           |                                                                                                     | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 01 / 2014</b>                                                                                                                                                                                                                                  |                          |
| Mailing Address 560 S. Winchester Blvd<br>Ste 500                                         |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15357.00</div>                                                                                                                                                                                                                   |                          |
| City<br>San Jose                                                                          | State<br>CA                                                                                         | Zip Code<br>95128                                                                                                                                                                                                                                                                                                     | Transaction ID : SE.5156 |
| Purpose of Expenditure<br>Advertising Services and Production                             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 03 / 2014</b>                                                                                                                                                                                                                                         |                          |
| Name of Federal Candidate<br>DAN SULLIVAN                                                 |                                                                                                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                        |                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                   |                                                                                                     | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AK</b><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► _____ |                          |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">81948.97</div> |                                                                                                     | 2014 <input type="checkbox"/> Other (specify) ► _____                                                                                                                                                                                                                                                                 |                          |

|                                                                                   |                                                                                                     |                                                                                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee                                                                |                                                                                                     | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                                                                                                                                                                 |  |
| Mailing Address                                                                   |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                 |  |
| City                                                                              | State                                                                                               | Zip Code                                                                                                                                                                                                                                                                                    |  |
| Purpose of Expenditure                                                            | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                                                                                                                                                        |  |
| Name of Federal Candidate                                                         |                                                                                                     | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                         |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                           |                                                                                                     | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► _____ |  |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                     |                                                                                                                                                                                                                                                                                             |  |

|                                                                    |                                                                                           |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">15357.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ►                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">15357.00</div> |

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.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 03 / 2014**

Signature