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

Check if24-hour report	JMBER ▼
Check if 24-hour report	
Check if24-hour report	
Ell News of Davis	mination
Full Name of Payee Date of Public Distribution/Disser	
	2014
Mailing Address 1890 Star Shoot Parkway Amount	
#17-250	2025 00
City State Zip Code 2 Lexington KY 40509 Transaction ID: 12419753 Date of Disbursement or Obligat	26375.00
Purpose of Expenditure	YYYY
Name of Federal Candidate Support Office Sought: X House District	et: 02
Rep. Mike K. Simpson Oppose President Senate State	e: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 201164.55 Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Disse	mination
Mailing Address	
Amount	
City State Zip Code	
Date of Disbursement or Obligat	iion
Purpose of Expenditure Category/ Type	YYYY
Name of Federal Candidate Support Office Sought: House District	 pt:
Oppose President Senate State	e:
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	375.00
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.	
Dr. Douglas Hadnot [Electronically Filed] Date 04 30 2014	1
Signature	_