

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
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		MM / DD / YYYY

Full Name of Payee <b>Staples</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 24 / 2016
Mailing Address US Route 1		Amount 656.93
City Alexandria	State VA	Zip Code 22314-0000
Purpose of Expenditure IE-Glenn-Printing	Category/ Type	Transaction ID : E6FACB0183D354D98A1B Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate Darryl Glenn	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 828.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>U.S. Postal Service</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 24 / 2016
Mailing Address 475 Lenfant Plz SW		Amount 114.29
City Washington	State DC	Zip Code 20260-0004
Purpose of Expenditure IE-Glenn-Postage	Category/ Type	Transaction ID : E8114805B53D9468D9CF Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate Darryl Glenn	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 828.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	771.22
(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 Filed]

Date

MM / DD / YYYY  
06 / 08 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
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 <b>U.S. Postal Service</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 24 / 2016</b>	
Mailing Address <b>475 Lenfant Plz SW</b>			Amount <b>57.14</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20260-0004</b>	Transaction ID : <b>E610085414F494EE083E</b>	
Purpose of Expenditure <b>IE-Glenn-Postage</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 24 / 2016</b>	
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>828.36</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 31 / 2016</b>	
Mailing Address <b>PO Box 388</b>			Amount <b>534.75</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E99B2FE4A62304741AF4</b>	
Purpose of Expenditure <b>IE-Glenn-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 31 / 2016</b>	
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>2668.46</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>591.89</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
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NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
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 <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 31 / 2016</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>1305.35</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E059EDA5AA4C8480F90C</b>		
Purpose of Expenditure <b>IE-Glenn-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 31 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>2668.46</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2016</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>287.25</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E637F180C4A1B444EA90</b>		
Purpose of Expenditure <b>IE-Glenn-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>12955.71</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1592.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
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 <b>Conservative Connector LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2016</b>		
Mailing Address <b>435 East Main St. Ste. 250</b>			Amount <b>10000.00</b>		
City <b>Greenwood</b>	State <b>IN</b>	Zip Code <b>46143-1464</b>	Transaction ID : <b>EB5AD083075124030846</b>		
Purpose of Expenditure <b>IE-Glenn-Email Marketing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 08 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>12955.71</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Campaign Solutions</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 08 / 2016</b>		
Mailing Address <b>117 N Saint Asaph St</b>			Amount <b>10250.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-3109</b>	Transaction ID : <b>EF8A78A95D065424CAD4</b>		
Purpose of Expenditure <b>IE-Glenn-Email List Rental</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>23205.71</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>20250.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>23205.71</b>

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