

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CONSERVATIVES FOR A BETTER NORTH CAROLINA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00702324
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>BATTALION STRATEGIES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 25 / 2019</b>
Mailing Address <b>717 KING ST</b> <b>STE 300</b>		Amount <b>34711.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>VOTER CONTACT/FLYER PRODUCTION/DISTRIBUTION</b>	Category/Type	Transaction ID : <b>SE.4112</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 25 / 2019</b>
Name of Federal Candidate <b>SHEPARD, PHILLIP RAY, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought	<b>34711.00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special-Primary</b>

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>34711.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	<b>34711.00</b>

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.

OZANUS, WILLIAM, K, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 25 / 2019**

Signature