## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Sc	chedule E)			PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					
Ν	lew York 2014			C00563171	
Check if 24-hour report					
	Full Name of Payee Target Enterprises	<del>_</del>	Date of	Public Distribution/Dissemination	
				6 03 2014	
	Mailing Address 15260 Ventura Blvd.				
	Ste. 1240			10.4700.00	
Ì	City State Zip Co Sherman Oaks CA 91403		Transac	124780.00 tion ID : SE.4116	
Ì		ა 		Disbursement or Obligation	
	Purpose of Expenditure IE-Stefanik-Media Buy  Cate	egory/ Type 004	M O6		
	Name of Federal Candidate	X Support	Office Sought:	House District: 21	
	ELISE M. STEFANIK	Oppose	President	Senate State: NY	
	Calendar Year-To-Date Per Election for Office Sought  Dist 201			bursement For:	
	Full Name of Payee		Date of	Public Distribution/Dissemination	
			M	M / D D / Y Y Y Y	
	Mailing Address		Amount		
			Allouin		
	City State Zip Code			, , , , , , , , , , , , , , , , , , , ,	
			Date of	Date of Disbursement or Obligation	
	Purpose of Expenditure Cate	egory/ Type	M	M / D = D / Y = Y = Y	
	Name of Federal Candidate	Support	Office Sought:	House District:	
		Oppose	President		
	Calendar Year-To-Date		Disbursement F		
	Per Election for Office Sought			er (specify) >	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) CURTOTAL of Heiberiand Index and at Formalisms					
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>-</b>	7	
	(c) TOTAL Independent Expenditures		<b>.</b>	124780.00	
				2) 2) 2	
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.					
	Lisa Lisker	C:1_ 11	M M / D		
	Signature [Electronically F	Date Date	06	05 2014	