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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
THE CONSERVATIVE STRIKEFORCE	
	C C00457291
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
ACTIVE ENGAGEMENT	08 10 2016
Mailing Address 44084 RIVERSIDE PARKWAY	00 10 2010
SUITE 350	Amount
City State Zip Code	1000.00
LANSDOWNE VA 20176	Transaction ID : SE.13600  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT eMAILS  Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 04
MIA LOVE Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought  Dist 2016	oursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tuil Name of Fayer	M M / D D / Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Parts of Pickers are not as Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
SCOTT B MACKENZIE  [Electronically Filed]  Date	08 12 2016
Signature Date	2010