

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

NAME OF COMMITTEE (In Full) Concerned American Voters
FEC IDENTIFICATION NUMBER C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Voter Contact Services, LLC
Mailing Address 107 S. West St, PMB 501
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Staffing and Services for Field Canvassers Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2015
Amount 6265.48
Transaction ID : SE.5697
Date of Disbursement or Obligation 10 / 23 / 2015

Name of Federal Candidate RAND PAUL
Support Oppose
Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1227155.50

Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee Voter Contact Services, LLC
Mailing Address 107 S. West St, PMB 501
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Staffing and Services for Field Canvassers Category/Type 001

Date of Public Distribution/Dissemination 11 / 02 / 2015
Amount 126989.98
Transaction ID : SE.5695
Date of Disbursement or Obligation 11 / 02 / 2015

Name of Federal Candidate RAND PAUL
Support Oppose
Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1354145.48

Disbursement For: Primary General 2016
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 133255.46

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.

Signature Edward King [Electronically Filed] Date 11 / 02 / 2015

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5695

This report includes the full value of services rendered by the vendor for this period; a debit related to the prior month's services increases the actual amount to be paid.

Form/Schedule:

Transaction ID: