

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

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep Conservatives United			FEC IDENTIFICATION NUMBER ▼ C C00499525		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 06 / 13 / 2014</div>					
Full Name of Payee Impact Strategies, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 05 / 17 / 2014</div>		
Mailing Address PO Box 18165			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13347.20</div>		
City Raleigh State NC Zip Code 27619		Transaction ID : SE.4417 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 05 / 15 / 2014</div>			
Purpose of Expenditure TV Media Buy, Ad Was Changed on 6/12/2014 and 7/10/2014		Category/Type			
Name of Federal Candidate PHILIP EDWARD JR BERGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: NC <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13347.20</div>					
Full Name of Payee Impact Strategies, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 06 / 12 / 2014</div>		
Mailing Address PO Box 18165			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8753.28</div>		
City Raleigh State NC Zip Code 27619		Transaction ID : SE.4418 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 05 / 15 / 2014</div>			
Purpose of Expenditure Changed TV Ad On 6/12/2014, New Allocation, No New Disbursement		Category/Type			
Name of Federal Candidate PHILIP EDWARD JR BERGER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: NC <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22100.48</div>					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22100.48</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
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 <u>Bob Harris</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 07 / 10 / 2014</div>		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep Conservatives United		FEC IDENTIFICATION NUMBER ▼ C C00499525	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 06 / 13 / 2014	

Full Name of Payee Impact Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 12 / 2014	
Mailing Address PO Box 18165		Amount 5835.52	
City Raleigh	State NC	Zip Code 27619	Transaction ID : SE.4419
Purpose of Expenditure Changed TV Ad On 6/12/2014, New Allocation, No New Disbursement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014
Name of Federal Candidate BRADLEY MARK WALKER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		27936.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee Impact Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address PO Box 18165		Amount 2328.00	
City Raleigh	State NC	Zip Code 27619	Transaction ID : SE.4420
Purpose of Expenditure Changed TV Ad On 7/10/2014, New Allocation, No New Disbursement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014
Name of Federal Candidate BRADLEY MARK WALKER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		30264.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8163.52
(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.

Bob Harris

[Electronically Filed]

Date

MM / DD / YYYY
07 / 10 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep Conservatives United		FEC IDENTIFICATION NUMBER ▼ C C00499525	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014	

Full Name of Payee Impact Strategies, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address PO Box 18165		Amount 776.00	
City Raleigh	State NC	Zip Code 27619	Transaction ID : SE.4421
Purpose of Expenditure Changed TV Ad On 7/10/2014, New Allocation, No New Disbursement		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
Name of Federal Candidate PHILIP EDWARD JR BERGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31040.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type	
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) SUBTOTAL of Itemized Independent Expenditures..... ▶	776.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	31040.00

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.

Bob Harris

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Signature