

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

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 FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                            |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                          |  |
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| NAME OF COMMITTEE (In Full)<br><b>Senate Conservatives Fund</b>                                                                                                                                                                                                                                                                                             |  |                                                                            | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00448696                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>                                                                          |  |                                                                            |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                          |  |
| Full Name of Payee<br><b>Senate Conservatives Fund</b>                                                                                                                                                                                                                                                                                                      |  |                                                                            | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> |                                                                                                                                                                                                                                                                                          |  |
| Mailing Address <b>PO Box 388</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                            | Amount<br><span style="border: 1px solid black; padding: 2px;">2077.15</span>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |  |
| City<br><b>Alexandria</b>                                                                                                                                                                                                                                                                                                                                   |  | State<br><b>VA</b>                                                         | Zip Code<br><b>22313-0388</b>                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |  |
| Purpose of Expenditure<br><b>IE-Bevin-Online Processing</b>                                                                                                                                                                                                                                                                                                 |  | Category/Type <span style="border: 1px solid black; padding: 2px;"></span> |                                                                                                                                                                                                                                                 | Transaction ID : <b>E3AEEA20FF18E4115BE8</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> |  |
| Name of Federal Candidate<br><b>Matthew Griswold Bevin</b>                                                                                                                                                                                                                                                                                                  |  |                                                                            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>KY</b>  |                                                                                                                                                                                                                                                                                          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">163484.02</span>                                                                                                                                                                                                                               |  |                                                                            | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                         |                                                                                                                                                                                                                                                                                          |  |
| Full Name of Payee<br><b>Senate Conservatives Fund</b>                                                                                                                                                                                                                                                                                                      |  |                                                                            | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> |                                                                                                                                                                                                                                                                                          |  |
| Mailing Address <b>PO Box 388</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                            | Amount<br><span style="border: 1px solid black; padding: 2px;">1191.90</span>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |  |
| City<br><b>Alexandria</b>                                                                                                                                                                                                                                                                                                                                   |  | State<br><b>VA</b>                                                         | Zip Code<br><b>22313-0388</b>                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |  |
| Purpose of Expenditure<br><b>IE-Bevin-Online Processing</b>                                                                                                                                                                                                                                                                                                 |  | Category/Type <span style="border: 1px solid black; padding: 2px;"></span> |                                                                                                                                                                                                                                                 | Transaction ID : <b>E76832DEA60294974BAC</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> |  |
| Name of Federal Candidate<br><b>Matthew Griswold Bevin</b>                                                                                                                                                                                                                                                                                                  |  |                                                                            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>KY</b>  |                                                                                                                                                                                                                                                                                          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">164675.92</span>                                                                                                                                                                                                                               |  |                                                                            | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                         |                                                                                                                                                                                                                                                                                          |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                            | <span style="border: 1px solid black; padding: 2px;">3269.05</span>                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                            | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                          |  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                            | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                          |  |
| 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>Paul Kilgore</u><br><div style="text-align: right;">[Electronically Filed]</div>                                                                                                                                                                                                                                                               |  |                                                                            | Date <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>                                         |                                                                                                                                                                                                                                                                                          |  |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Senate Conservatives Fund</b>                                     |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00448696                                              |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                                             |                    |                                                                                                                                                         |                                                                                                                                                                 |
|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Jamestown Associates</b>                           |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 25 / 2014</b>                                                                    |                                                                                                                                                                 |
| Mailing Address <b>5 Mapleton Rd Ste 300</b>                                |                    | Amount<br><b>28630.00</b>                                                                                                                               |                                                                                                                                                                 |
| City<br><b>Princeton</b>                                                    | State<br><b>NJ</b> | Zip Code<br><b>08540-9646</b>                                                                                                                           | Transaction ID : <b>E9F8C32FA901144BA96F</b>                                                                                                                    |
| Purpose of Expenditure<br><b>IE-Bevin-Media Buy and Production</b>          |                    | Category/Type                                                                                                                                           | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>02 / 24 / 2014</b>                                                                                   |
| Name of Federal Candidate<br><b>Matthew Griswold Bevin</b>                  |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                          | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>193305.92</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____ |                                                                                                                                                                 |

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

|                                                             |                 |
|-------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>28630.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) TOTAL Independent Expenditures..... ▶                   | <b>31899.05</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.

*Paul Kilgore*
**[Electronically Filed]**

Date

MM / DD / YYYY  
**02 / 25 / 2014**

Signature