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

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼
C C00507517

Check if [X] 24-hour report [ ] 48-hour report [X] New report [ ] Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
The Spoken Hub

Mailing Address PO Box 615

City: Manhasset | State: NY | Zip Code: 11030

Purpose of Expenditure
Phones

Category/ Type

Date of Public Distribution/Dissemination
10 / 22 / 2014

Amount
2400.00

Transaction ID : SE.17042

Date of Disbursement or Obligation
10 / 22 / 2014

Name of Federal Candidate
TERRI LYNN LAND

[ ] Support [X] Oppose

Office Sought: [ ] House [X] Senate [ ] President District: 00 State: MI

Calendar Year-To-Date Per Election for Office Sought
60889.70

Disbursement For: [ ] Primary [X] General 2014 [ ] Other (specify) ▶

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination

Amount

Date of Disbursement or Obligation

Name of Federal Candidate

[ ] Support [ ] Oppose

Office Sought: [ ] House [ ] Senate [ ] President District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 2400.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 2400.00

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.

Becky Bond ***[Electronically Filed]*** Date 10 / 23 / 2014

Signature