

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

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00587022	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 31 / 2019</div> </div>	

Full Name of Payee <b>Atlantic Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 30 / 2019	
Mailing Address <b>Box 297</b>		Amount 11441.44	
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	Transaction ID : <b>SE.5720</b>
Purpose of Expenditure Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 30 / 2019	
Name of Federal Candidate <b>TRUMP, DONALD J, ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Atlantic Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 30 / 2019	
Mailing Address <b>Box 297</b>		Amount 903.27	
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	Transaction ID : <b>SE.5722</b>
Purpose of Expenditure Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 30 / 2019	
Name of Federal Candidate <b>Harris, Kamala, D, ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	12344.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

Fahy, Amanda, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 22 / 2019

Signature

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**(Schedule E)**

PAGE	2	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00587022											
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>31</td> <td></td> <td>2019</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		31		2019
M M M	/	D D D	/	Y Y Y Y Y Y									
01		31		2019									

Full Name of Payee <b>Atlantic Media</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2019</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		30		2019
M M M	/	D D D	/	Y Y Y Y Y Y									
01		30		2019									
Mailing Address <b>Box 297</b>		Amount <table border="1"> <tr> <td colspan="5">903.27</td> </tr> </table>		903.27									
903.27													
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	Transaction ID : <b>SE.5723</b>										
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2019</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		30		2019
M M M	/	D D D	/	Y Y Y Y Y Y									
01		30		2019									
Name of Federal Candidate <b>DELANEY, JOHN K., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">903.27</td> </tr> </table>		903.27									
903.27													
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____											

Full Name of Payee <b>Atlantic Media</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2019</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		30		2019
M M M	/	D D D	/	Y Y Y Y Y Y									
01		30		2019									
Mailing Address <b>Box 297</b>		Amount <table border="1"> <tr> <td colspan="5">903.27</td> </tr> </table>		903.27									
903.27													
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	Transaction ID : <b>SE.5724</b>										
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2019</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		30		2019
M M M	/	D D D	/	Y Y Y Y Y Y									
01		30		2019									
Name of Federal Candidate <b>Gillibrand, Kirsten, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">13247.98</td> </tr> </table>		13247.98									
13247.98													
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____											

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5">1806.54</td> </tr> </table>	1806.54				
1806.54						
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

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.

Fahy, Amanda, , ,

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Date

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05		22		2019

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00587022	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 01</div> <div><small>D D D</small> 31</div> <div><small>Y Y Y Y Y Y</small> 2019</div> </div>	

Full Name of Payee <b>Atlantic Media</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 01</div><div><small>D D D</small> 30</div><div><small>Y Y Y Y Y Y</small> 2019</div></div>	
Mailing Address <b>Box 297</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">903.27</div>	
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	Transaction ID : <b>SE.5725</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 01</div><div><small>D D D</small> 30</div><div><small>Y Y Y Y Y Y</small> 2019</div></div>
Purpose of Expenditure <b>Advertising</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate <b>WARREN, ELIZABETH ANN, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1806.54</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small></div><div><small>D D D</small></div><div><small>Y Y Y Y Y Y</small></div></div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small></div><div><small>D D D</small></div><div><small>Y Y Y Y Y Y</small></div></div>
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
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 <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	903.27
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	15054.52

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