

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee THE LUKENS COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 23 / 2016	
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR		Amount 66804.26	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SE.4544
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee THE LUKENS COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 23 / 2016	
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR		Amount 61100.00	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SE.4545
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	127904.26
(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.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY
01 / 23 / 2016

Signature

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

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee THE LUKENS COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 23 / 2016	
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR		Amount 50700.00	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SE.4546
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1749502.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <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..... ▶	50700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	178604.26

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.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY
01 / 23 / 2016

Signature