

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

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00587022       </div>	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>			

Full Name of Payee <b>Atlantic Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            08 / 28 / 2018         </div>		
Mailing Address <b>Box 297</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           5000.00         </div>		
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	<b>Transaction ID : SE.5304</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            08 / 28 / 2018         </div>		
Purpose of Expenditure <b>Marketing</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 5px;"></div>	Name of Federal Candidate <b>ROGERS, WENDY, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           59238.64         </div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Campaign Headquarters</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            08 / 28 / 2018         </div>		
Mailing Address <b>P.O. Box 257</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           5000.00         </div>		
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>	<b>Transaction ID : SE.5301</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            08 / 28 / 2018         </div>		
Purpose of Expenditure <b>Advertising</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 5px;"></div>	Name of Federal Candidate <b>ROGERS, WENDY, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           52360.90         </div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

*Fahy, Amanda, , ,*

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2018

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) <b>COURAGEOUS CONSERVATIVES PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00587022
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 <b>Grenax Broadcasting II, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 28 / 2018</b>
Mailing Address <b>112 E Rte 66</b>		Amount <b>1877.74</b>
City <b>Flagstaff</b>	State <b>AZ</b>	Zip Code <b>86001</b>
Purpose of Expenditure <b>Marketing</b>	Category/Type	Transaction ID : <b>SE.5300</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 28 / 2018</b>
Name of Federal Candidate <b>ROGERS, WENDY, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1877.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>11877.74</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.

Fahy, Amanda, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 30 / 2018**

Signature