

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>CONCERNED AMERICAN VOTERS</b>                                                                                                                                    | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00525899       </div> |
| 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<br><b>NorthStar Campaign Systems</b>                                                                                                                 |                    |                                                                                                                                                                                                                                                          | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>                                                                    |  |  |
| Mailing Address <b>11421 Davenport St</b>                                                                                                                               |                    |                                                                                                                                                                                                                                                          | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           622.02         </div>                                                                                                                        |  |  |
| City<br><b>Omaha</b>                                                                                                                                                    | State<br><b>NE</b> | Zip Code<br><b>68154</b>                                                                                                                                                                                                                                 | <b>Transaction ID : WFT20144242359-1</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y<br/>           05 / 24 / 2014         </div> |  |  |
| Purpose of Expenditure<br>Phone minutes                                                                                                                                 |                    | Category/<br>Type                                                                                                                                                                                                                                        | Name of Federal Candidate<br><b>Birman Igor</b>                                                                                                                                                                                              |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           1824.51         </div> |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b> |                                                                                                                                                                                                                                              |  |  |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                            |                    |                                                                                                                                                                                                                                                          | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                 |  |  |

|                                                                                                                                   |       |                                                                                                                                                                                                                            |                                                                                                                                                                           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee                                                                                                                |       |                                                                                                                                                                                                                            | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div> |  |  |
| Mailing Address                                                                                                                   |       |                                                                                                                                                                                                                            | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           622.02         </div>                                                     |  |  |
| City                                                                                                                              | State | Zip Code                                                                                                                                                                                                                   | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>        |  |  |
| Purpose of Expenditure                                                                                                            |       | Category/<br>Type                                                                                                                                                                                                          | Name of Federal Candidate                                                                                                                                                 |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                           |       | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |                                                                                                                                                                           |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |       |                                                                                                                                                                                                                            | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                         |  |  |

|                                                                    |                                                                                                             |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           622.02         </div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           622.02         </div> |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           622.02         </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.

King Edward

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2014

Signature