24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Unintimidated PAC	
	C C00576108
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP Media Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 N Union Street, Suite 200	09 15 2015 Amount
City State Zip Code	602122.00
City State Zip Code Alexandria VA 22314	Transaction ID : 1
Purpose of Expenditure	Date of Disbursement or Obligation
TV/Radio Ad Placement Category/ Type 004	09 10 7 2015
Name of Federal Candidate Support Office	e Sought: House District:
Scott Walker Oppose	President Senate State: IA
4557000 54	ursement For: Primary General
Per Election for Office Sought 1557090.54 2016	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	602122.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Evpanditures	
(c) TOTAL Independent Expenditures	602122.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
K vi cili	
	09 17 2015
Signature	