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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONCERNED AMERICAN VOTERS	C C00525899
Check if \times 24-hour report 48-hour report New report \times Amends report filed on 05 / 11 / 2014	
Full Name of Payee NorthStar Campaign Systems	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 11237 Davenport St Ste 110B	Amount
City State Zip Code	297.77
Omaha NE 68156	Transaction ID: WFT20144122150-1 Date of Disbursement or Obligation
Purpose of Expenditure Phone minutes Category/ Type	05 11 2014
Name of Federal Candidate Support	Office Sought: X House District: 02
Smith Bryan Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 583.10	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	297.77
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	297.77
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 Y Y Y Y Y Y Y Y Y Y
Signature	