

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

|                      |    |
|----------------------|----|
| PAGE                 | OF |
| FOR SE OF FORM 24/48 |    |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME OF COMMITTEE (In Full)  |  | FEC IDENTIFICATION NUMBER ▼<br>C |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | M M / D D / Y Y Y Y Y Y          |  |

|  |       |   |  |
|--|-------|---|--|
| Full Name of Payee                                   |       | Date of Public Distribution/Dissemination<br>M M / D D / Y Y Y Y Y Y  |  |
| Mailing Address                                      |       | Amount<br>M M / D D / Y Y Y Y Y Y   |  |
| City   | State | Zip Code  | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y Y Y  |
| Purpose of Expenditure                               |       | Category/Type   |  |
| Name of Federal Candidate                            |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><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<br><input type="checkbox"/> Other (specify) ► |  |

|  |       |   |  |
|--|-------|---|--|
| Full Name of Payee                                   |       | Date of Public Distribution/Dissemination<br>M M / D D / Y Y Y Y Y Y  |  |
| Mailing Address                                      |       | Amount<br>M M / D D / Y Y Y Y Y Y   |  |
| City   | State | Zip Code  | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y Y Y  |
| Purpose of Expenditure                               |       | Category/Type   |  |
| Name of Federal Candidate                            |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><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<br><input type="checkbox"/> Other (specify) ► |  |

|   |   |                         |
|---|---|-------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....    | ► | M M / D D / Y Y Y Y Y Y |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... | ► | M M / D D / Y Y Y Y Y Y |
| (c) TOTAL Independent Expenditures.....                   | ► | M M / D D / Y Y Y Y Y Y |

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.

Signature \_\_\_\_\_

Date

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|