

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BLACK AMERICA'S POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00300921
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		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Cox Media		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 2741 North Avenue		Amount 11460.00
City Hollywood	State FL	Zip Code 33020
Purpose of Expenditure Radio Advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: Allen West		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 57635.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Cumulus Broadcasting		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 261 Madison Avenue		Amount 5015.00
City New York	State NY	Zip Code 10016
Purpose of Expenditure Radio Advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: MIA LOVE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21990.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	16475.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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.

C.E. Jones
Signature [Electronically Filed] Date MM / DD / YYYY
10 / 31 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) BLACK AMERICA'S POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00300921 </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 (Last, First, Middle Initial) of Payee WSWN-AM	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>					
Mailing Address PO Box 1505	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M M M . 0 0 5000.00 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Belle Glade</td> <td>FL</td> <td>33430</td> </tr> </table>		City	State	Zip Code	Belle Glade	FL
City	State	Zip Code				
Belle Glade	FL	33430				
Purpose of Expenditure Radio Advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: Allen West		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought M M M M . 0 0 62635.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

Transaction ID : SE.66506

Full Name (Last, First, Middle Initial) of Payee	Date <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 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M M M . 0 0 </div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		City	State	Zip Code		
City	State	Zip Code				
Purpose of Expenditure	Category/Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought M M M M . 0 0 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M M M . 0 0 5000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M M M . 0 0 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M M M . 0 0 21475.00 </div>

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C.E. Jones

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012