

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

NAME OF COMMITTEE (In Full) AMERICA VOTES ACTION FUND	FEC IDENTIFICATION NUMBER C C00492520
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 11 / 05 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee PLAN Action Nevada		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 855 Daniel Drive		Amount 615.00
City Reno	State NV	
Purpose of Expenditure Canvass operations	Category/Type	Transaction ID : WFT20121161231-1
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford A Steven		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
29337.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Bank of America Visa		Date MM / DD / YYYY 11 / 09 / 2012
Mailing Address PO Box 15731		Amount 999.43
City Wilmington	State DE	
Purpose of Expenditure Canvass operations	Category/Type	Transaction ID : WFT20121161238-1
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford Steven		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
29337.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1614.43
(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.

Susan Finkle Sourlis

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2012

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NAME OF COMMITTEE (In Full) AMERICA VOTES ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00492520
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Starsmiles Dentistry		Date M M / D D / Y Y Y Y Y Y 11 / 08 / 2012
Mailing Address 4040 N Martin Luther King Blvd #B		Amount 1000.00
City North Las Vegas	State NV Zip Code 89032	
Purpose of Expenditure Canvass operations	Category/Type	Transaction ID : WFT20121161236-1
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford Steven		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
29337.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee America Votes		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 1155 Connecticut Ave NW Suite 600		Amount 13710.17
City Washington	State DC Zip Code 20036	
Purpose of Expenditure Canvass operations	Category/Type	Transaction ID : WFT20121051621-1
Name of Federal Candidate Supported or Opposed by Expenditure: Horsford Steven		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
29337.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	14710.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	16324.60

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.

Susan Finkle Sourlis

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 06 / 2012