

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

PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICA SHINING	FEC IDENTIFICATION NUMBER C C00525618
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 KAZN AM 1300		Date 11 / 01 / 2012
Mailing Address 747 E. Green St. #101		Amount 1008.00
City Pasadena State CA Zip Code 91101	Transaction ID : SE.4454	
Purpose of Expenditure Radio Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 866880.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee L.A. Web Inc.		Date 11 / 01 / 2012
Mailing Address 9639 Telstar Ave.		Amount 287.10
City El Monte State CA Zip Code 91731	Transaction ID : SE.4455	
Purpose of Expenditure Newspaper Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 866880.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1295.10
(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.

Tara M. Geise

Signature _____ [Electronically Filed] Date 11 / 02 / 2012

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24N

Transaction ID :

FECFile is not displaying the correct dollar amount for the automatically calculated Calendar Year-To-Date Per Election for Office Sought field on this report. The correct aggregate totals are as follows: CA District 39 is \$893,593.42.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) AMERICA SHINING	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525618 </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 Revolution Media		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2012 </div>
Mailing Address 1343 Massachusetts Ave. SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 8951.75 </div>
City Washington State DC Zip Code 20003	Transaction ID : SE.4462	
Purpose of Expenditure Television Ad Production	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAY CHEN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

866880.47

Full Name (Last, First, Middle Initial) of Payee Sing Tao Newspapers Ltd.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2012 </div>
Mailing Address 17059 Green Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 282.00 </div>
City City of Industry State CA Zip Code 94123	Transaction ID : SE.4456	
Purpose of Expenditure Newspaper Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

866880.47

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9233.75 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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.

Tara M. Geise

Signature _____ [Electronically Filed] Date 11 / 02 / 2012

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

NAME OF COMMITTEE (In Full) AMERICA SHINING	FEC IDENTIFICATION NUMBER C C00525618
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 Targeting Direct		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 6114 LaSalle Ave. Suite 604		Amount 32527.05
City Oakland	State CA	Zip Code 94611
Purpose of Expenditure Direct Mail & Postage	Category/Type	Transaction ID : SE.4464
Name of Federal Candidate Supported or Opposed by Expenditure: JAY CHEN		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 899407.52		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure	Category/Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	32527.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	131795.90

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.

Tara M. Geise

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 02 / 2012**