

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

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VOTE YOUR VALUES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00528323</span> </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>The New Media Firm</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address 1730 Rhode Island Avenue, NW Suite 213	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">8800.00</span> </div>
City Washington State DC Zip Code 20036	<b>Transaction ID : SE.4131</b>
Purpose of Expenditure Web Ads: Interview/Bishops	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt / Ryan, Paul D. Romney	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">8800.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>The New Media Firm</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address 1730 Rhode Island Avenue, NW Suite 213	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">14000.00</span> </div>
City Washington State DC Zip Code 20036	<b>Transaction ID : SE.4135</b>
Purpose of Expenditure Web Ads: Production Costs	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt / Ryan, Paul D. Romney	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">22800.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">22800.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </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.

*Lora Haggard*  
 Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y