

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL  
EMPLOYEES P E O P L E

FEC IDENTIFICATION NUMBER ▼

C C00011114

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

MISSION CONTROL, INC

Date

MM / DD / YYYY

Mailing Address 114 A Mansfield Hollow Road

Amount

City State Zip Code  
Mansfield Center CT 06250

110993.47

Transaction ID : SE.269681

Purpose of Expenditure  
Mailer: The Belt, Wrestling Poster, Action Figure

Category/  
Type 006

Office Sought: ☐ House State: CT  
☒ Senate District: 00  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

LINDA MCMAHON

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought 110993.47

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

MISSION CONTROL, INC

Date

MM / DD / YYYY

Mailing Address 114 A Mansfield Hollow Road

Amount

City State Zip Code  
Mansfield Center CT 06250

148027.96

Transaction ID : SE.269682

Purpose of Expenditure  
Mailer: Weren't A Concern, His Job, 46 million, 10%

Category/  
Type 006

Office Sought: ☐ House State: CT  
☒ Senate District: 00  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

LINDA MCMAHON

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought 259021.43

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

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

259021.43

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

259021.43

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.

LAURA REYES

[Electronically Filed]

Date

MM / DD / YYYY

Signature