

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

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jobs Opportunity and Freedom Political Action Committee - JOFPAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00510701
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span> <span style="margin-left: 20px;">10 / 11 / 2012</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Gilliard Blanning &amp; Associates, Inc.</b>	Date MM / DD / YYYY 10 / 11 / 2012
Mailing Address 5701 Lonetree Boulevard Suite 301	Amount 38596
City State Zip Code Rocklin CA 95765-3796	
Purpose of Expenditure Radio Advertising 10/10-21	Category/Type
Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Peters	
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)
81840	2012

Transaction ID : 101

Full Name (Last, First, Middle Initial) of Payee <b>Gilliard Blanning &amp; Associates, Inc.</b>	Date MM / DD / YYYY 10 / 11 / 2012
Mailing Address 5701 Lonetree Boulevard Suite 301	Amount 2517
City State Zip Code Rocklin CA 95765-3796	
Purpose of Expenditure Radio Advertising Production 10/10-26	Category/Type
Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Peters	
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)
81840	2012

Transaction ID : 103

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	41113.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*Kelly Lawler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 20 / 2012

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

Form/Schedule: F24A  
Transaction ID :

To Include dates of communications and to correct candidate opposed name, reported as David Peters, should have been shown as Scott Peters. The District, State and Office were reported correctly.

Form/Schedule:  
Transaction ID:

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

NAME OF COMMITTEE (In Full) <b>Jobs Opportunity and Freedom Political Action Committee - JOFPAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00510701
Check If <input type="checkbox"/> 24-hour report <input checked="" 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;"> <span>M M / D D / Y Y Y Y Y Y 10 / 11 / 2012</span> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Gilliard Blanning &amp; Associates, Inc.</b>		Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2012
Mailing Address 5701 Lonetree Boulevard Suite 301		Amount <b>21662</b>
City Rocklin	State CA	
Purpose of Expenditure 10/11 Mailing and Postage	Category/ Type	<b>Transaction ID : 104</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Peters		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>81840</b>		Check One: <input type="checkbox"/> Support <input checked="" 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 M M / D D / Y Y Y Y Y Y
Mailing Address		Amount
City	State	
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>21662.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>62775.00</b>

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.

*Kelly Lawler*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 20 / 2012