

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Principles SuperPAC			FEC IDENTIFICATION NUMBER ▼ C C00527804		
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 M M / D D / Y Y Y Y Y Y					

Full Name (Last, First, Middle Initial) of Payee CBS Outdoor			Date M M / D D / Y Y Y Y Y Y 09 / 28 / 2012		
Mailing Address 2640 N.W. 17th Lane			Amount 84669.00		
City Pompano Beach	State FL	Zip Code 33064	Transaction ID : SE.4128		
Purpose of Expenditure media placement-billboards		Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 89439.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) of Payee CBS Outdoor			Date M M / D D / Y Y Y Y Y Y 09 / 28 / 2012		
Mailing Address 2640 N.W. 17th Lane			Amount 4770.00		
City Pompano Beach	State FL	Zip Code 33064	Transaction ID : SE.4129		
Purpose of Expenditure media production-billboards		Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 89439.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	89439.00
(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.

Nancy H. Watkins

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

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(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

American Principles SuperPAC

FEC IDENTIFICATION NUMBER ▼

C C00527804

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

CBS Outdoor

Date

MM / DD / YYYY

Mailing Address 2640 N.W. 17th Lane

Amount

8231.50

City

Pompano Beach

State

FL

Zip Code

33064

Transaction ID : SE.4135

Purpose of Expenditure
media placement-billboardsCategory/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election
for Office Sought

97670.50

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

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

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

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

8231.50

(b) SUBTOTAL of Unitemized Independent Expenditures▶

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

97670.50

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Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY

Signature