

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

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN UNITY PAC INC	FEC IDENTIFICATION NUMBER C C00523589
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 McCarthy Hennings Media Inc.		Date 10 / 24 / 2012
Mailing Address 1850 M St., NW Ste. 235		Amount 8662.13
City Washington	State DC	Zip Code 20036
Purpose of Expenditure IE-Ros-Lehtinen-Media Production	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ILEANA ROS-LEHTINEN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8662.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media Inc.		Date 10 / 24 / 2012
Mailing Address 1850 M St., NW Ste. 235		Amount 11425.78
City Washington	State DC	Zip Code 20036
Purpose of Expenditure IE-Ruiz-Media Production	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dr. RAUL RUIZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 220971.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	20087.91
(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.

Samuel Ashner

[Electronically Filed]

Date

10	25	2012
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Signature

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

NAME OF COMMITTEE (In Full) AMERICAN UNITY PAC INC	FEC IDENTIFICATION NUMBER ▼ C C00523589
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 Mentzer Media Services Inc.		Date 10 / 24 / 2012
Mailing Address 600 Fairmount Ave., Ste. 306		Amount 100000.00
City Towson	State MD	Zip Code 21286
Purpose of Expenditure IE-Ros-Lehtinen-Media Buy	Category/ Type 004	Transaction ID : SE.4251 Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ILEANA ROS-LEHTINEN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		108662.13

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services Inc.		Date 10 / 24 / 2012
Mailing Address 600 Fairmount Ave., Ste. 306		Amount 200000.00
City Towson	State MD	Zip Code 21286
Purpose of Expenditure IE-Ruiz-Media Buy	Category/ Type 004	Transaction ID : SE.4252 Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Dr. RAUL RUIZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		420971.99

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	300000.00
(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.

Signature Samuel Ashner [Electronically Filed] Date 10 / 25 / 2012

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

NAME OF COMMITTEE (In Full) AMERICAN UNITY PAC INC	FEC IDENTIFICATION NUMBER ▼ C C00523589
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 Targeted Victory		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 1033 N. Fairfax St.		Amount 2584.00
City Alexandria	State VA	
Zip Code 22314	Transaction ID : SE.4250	
Purpose of Expenditure IE-Ruiz-Online Ads	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dr. RAUL RUIZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 423555.99		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		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/Type
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) SUBTOTAL of Itemized Independent Expenditures..... ▶	2584.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	322671.91

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.

Samuel Ashner
Signature _____ Date **10 / 25 / 2012**
[Electronically Filed]