24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Committee for a Better Massachusetts	C C00542803
Check If 24-hour report 48-hour report New report Amends report filed	on 05 / 22 / 2013
Full Name (Last, First, Middle Initial) of Payee	Date
MultiMedia, Inc.	M M / D D / Y Y Y Y
Mailing Address 915 King Street	04 22 2013
	Amount
City State Zip Code	25000.00
Alexandria VA 22134	Transaction ID : SE.4103
Padio Ade	e Sought: House State: MA
lype	Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	ck One: X Support Oppose
Gabriel Gomez Chec	Support Oppose
25000 00 2013	ursement For: Primary General
for Office Sought	Other (specify) Special-Primary
Full Name (Last, First, Middle Initial) of Payee	Date
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
D. (5. II)	e Sought: House State:
Purpose of Expenditure Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	ck One: Support Oppose
Calendar Year-To-Date Per Election Disb	ursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL leden and total France Phone	
(c) TOTAL Independent Expenditures	25000.00
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.	
Michael Morales	M / D D / Y D Y Y D Y
[Electronically Filed] Date O	
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