

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 Sunrise	FEC IDENTIFICATION NUMBER C C00509455																				
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on																					
<table style="display: inline-table; border: 1px solid black;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>2</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	2												

Full Name (Last, First, Middle Initial) of Payee Visuality		Date 08 / 02 / 2012
Mailing Address 598- Executive Drive Suite A		Amount 37500.00
City Madison	State WI	Zip Code 53719
Purpose of Expenditure Media Advertising (08/2-08/14)	Category/ Type	Transaction ID : SE.4163
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>18</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 103276.03		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Visuality		Date 08 / 02 / 2012
Mailing Address 598- Executive Drive Suite A		Amount 15302.19
City Madison	State WI	Zip Code 53719
Purpose of Expenditure Media Advertisement Fees (08/02-08/14)	Category/ Type	Transaction ID : SE.4164
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>18</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 103276.03		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	52802.19
(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.

Lora Haggard
Signature

[Electronically Filed]

Date 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 :

At the Commission's request, the Committee is amending this 24-hour notice to accurately show the dissemination date. The Commission acknowledged that the dissemination date(s) listed on purpose line of the expenditure(s) in the original report clearly show the report was filed within 24 hours of the dissemination, but asked the Committee to help clear any confusion by also listing the dissemination date in the date field.

Form/Schedule:

Transaction ID: