

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

|   |  |                        |  |   |                          |
|---|--|------------------------|--|---|--------------------------|
| NAME OF COMMITTEE (In Full)<br><b>The Centennial Fund Committee</b>   |  |                        | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00516542  |   |                          |
| 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>  |  |                        |  |   |                          |
| Full Name (Last, First, Middle Initial) of Payee<br><b>High Noon Campaign Products, LLC</b>   |  |                        | Date<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>04 / 12 / 2012                                    |   |                          |
| Mailing Address 11330 W Rosewood Dr   |  |                        | Amount<br><span style="border: 1px solid black; padding: 2px;">7691.81</span>  |   |                          |
| City<br>Avondale  |  | State<br>AZ            | Zip Code<br>85392  |   | Transaction ID : SE.4113 |
| Purpose of Expenditure<br>Media Buy   |  | Category/<br>Type 004  |  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 08 |                          |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>FRANK R ANTENORI  |  |                        |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |                          |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">7691.81</span>   |  |                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |   |                          |
| Full Name (Last, First, Middle Initial) of Payee  |  |                        | Date<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>  |   |                          |
| Mailing Address   |  |                        | Amount<br><span style="border: 1px solid black; padding: 2px;"></span>   |   |                          |
| City  |  | State                  | Zip Code   |   |                          |
| Purpose of Expenditure  |  | Category/<br>Type      |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  |                          |
| 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<br>for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>  |  |                        | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |   |                          |
| (a) SUBTOTAL of Itemized Independent Expenditures.....  |  |                        | <span style="border: 1px solid black; padding: 2px;">7691.81</span>  |   |                          |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |   |                          |
| (c) TOTAL Independent Expenditures.....   |  |                        | <span style="border: 1px solid black; padding: 2px;">7691.81</span>  |   |                          |
| 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<br><br>Lee Miller   |  | [Electronically Filed] |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>04 / 13 / 2012  |                          |