

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

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489625 </div>
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 Strategic Media Placement Inc.		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>
Mailing Address 7669 Stagers Loop		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 65000.00 </div>
City Delaware	State OH	Zip Code 43015
Purpose of Expenditure TV ad media buy	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 111605.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.8538

Full Name (Last, First, Middle Initial) of Payee Strategic Media Placement Inc.		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 30 / 2012 </div>
Mailing Address 7669 Stagers Loop		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 12500.00 </div>
City Delaware	State OH	Zip Code 43015
Purpose of Expenditure Production of ad - debt bill	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 124105.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.8540

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	77500.00

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.

Paul Tripodi

Signature _____ [Electronically Filed] Date

10 / 29 / 2012