## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check If 24-hour report  48-hour report  New report  Amends report file	ed on Man / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee CMF Communications	Date 02 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 25000 Portofino Cir. #129	Amount
City State Zip Code Palm Beach Gardens FL 33148-1293	26823.49 Transaction ID : SE.4233
Purpose of Expenditure Mailer  Category/ Type  Off	ice Sought: House State: OH Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure:  DENNIS J KUCINICH  Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Dis 26823.49	sbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type  Off	ice Sought: House State:  Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	26823.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	26823.49
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.	
Jonathan Martin  [Electronically Filed] Date  Signature	02 15 2012
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