



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

April 29, 2013

MICHAEL E. MORALES, TREASURER
COMMITTEE FOR A BETTER
MASSACHUSETTS
15 CYPRESS ROAD
MEDFORD, MA 02155

Response Due Date
06/03/2013

IDENTIFICATION NUMBER: C00542803

REFERENCE: 24-HOUR NOTIFICATION REPORT, RECEIVED 04/12/2013

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Your committee filed a 24 Hour Report (see attached) informing the Commission of independent expenditures made in support or opposition of federal candidates. Please be advised that itemized independent expenditures disclosed on 24 and 48 Hour Reports should disclose the following information: the name and mailing address of the payee, the purpose of the expenditure, the date the communication is publicly disseminated or distributed, the amount, the name and office sought, state and district (if applicable) of the federal candidate, the calendar year-to-date, per election, for office sought total, the election designation, an indication of whether the candidate was supported or opposed and the signature of the treasurer. Please provide a complete amended 24 Hour Report and provide the state and district (if applicable) and clarify the election designation. (11 CFR §104.4(b) and (c))

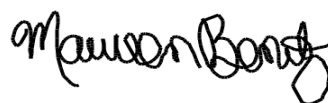
Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

COMMITTEE FOR A BETTER MASSACHUSETTS

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Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1147.

Sincerely,

A handwritten signature in black ink that reads "Maureen Benitz". The signature is written in a cursive, flowing style.

Maureen Benitz
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Committee for a Better Massachusetts</i>	FEC IDENTIFICATION NUMBER <i>000542803</i>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <i>Multi Media Services, Incorporated</i>		Date <i>04/12/2013</i>	
Mailing Address <i>915 King Street, 2nd Floor</i>		Amount <i>24,000.00</i>	
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22314</i>	
Purpose of Expenditure <i>Radio ads</i>	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Gabriel Gomez</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>24,000.00</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
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 for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>24,000.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<i>24,000.00</i>

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: *Michael Morales* Date: *04/12/2013*

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