24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
DEFEND OUR HOMES	C C00525204
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group	ate
Mailing Address 2001 N. Beauregard Street	10 25 2012
Suite 420	mount
City State Zip Code Alexandria VA 22311	31099.16
Trai	nsaction ID : SE.4218
Purpose of Expenditure Direct Mail - 10/25/2012 Category/ Type Office So	Senate District: 16
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JAMES B RENACCI Check C	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	ate
	M M / D D / Y Y Y Y
Mailing Address	·
Ar	mount
City State Zip Code	7 7 7
Purpose of Expenditure Category/ Type Office Se	ought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Check C	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	31099.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	31099.16
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.	
Steve Rosenthal [Electronically Filed] Date 10	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	