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 ▼
CREDO SUPERPAC	
	C C00507517
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	ate
Hlinko Communications	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 247 West 87th Street	
#9A Ar	mount
City State Zip Code	2500.00
New York NY 10024	nsaction ID : SE.12047
Purpose of Expenditure Category/ Office S	
Web Advertising Type	Senate District: 16
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JAMES B RENACCI Check C	One: Support X Oppose
V.III.20 2 1.2.11.1001	
Calefidal Teal-To-Date Fel Election 7500 00	ement For: Primary General
for Office Sought	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/ Office S	ought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Check C	One: Support Oppose
Calendar Year-To-Date Per Election Disburse	ement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	2500.00
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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.	
Rooky Road	
Becky Bond [Electronically Filed] Date 11	02 2012
Signature	