

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC			FEC IDENTIFICATION NUMBER ▼ C C00502849		
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 M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee CMF Communications			Date M M / D D / Y Y Y Y Y Y 03 / 09 / 2012		
Mailing Address 25000 Portofino Cir. #129			Amount 4000.00		
City Palm Beach Gardens		State FL	Zip Code 33148-1293		
Purpose of Expenditure Online advertising		Category/ Type 004	Transaction ID : SE.4461		
Name of Federal Candidate Supported or Opposed by Expenditure: DEBORAH 'DEBBIE' HALVORSON			Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 66855.68			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			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			M M / D D / Y Y Y Y Y Y		
City			Amount		
State		M M / D D / Y Y Y Y Y Y			
Zip Code		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President			
Purpose of Expenditure		Category/ Type		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 					
Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City			Amount		
State		M M / D D / Y Y Y Y Y Y			
Zip Code		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President			
Purpose of Expenditure		Category/ Type		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 					
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			4000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶			4000.00		
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.					
Signature Jonathan Martin		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 03 / 10 / 2012	