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 ▼
AMERICA SHINING	C C00525618
Check If X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee	
Targeting Direct	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6114 LaSalle Ave.	24 2012
Suite 604	Amount
City State Zip Code	31904.18
Oakland CA 94611	Transaction ID : SE.4110
Purpose of Expenditure Direct Mail & Postage Category/ Type Office	Ce Sought: House State: CA Senate District: 39
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JAY CHEN Che	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 31904.18	oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Office	ce Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Che	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	31904.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	31904.18
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.	
Tara M. Geise [Electronically Filed] Date	08 25 2012
Signature	