

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Veterans for a Strong America Action Group | | | FEC IDENTIFICATION NUMBER ▼ C C00521302 | |
| Check If <input type="checkbox"/> 24-hour report <input checked="" 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 Bieber Communications | | | Date M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 | |
| Mailing Address 3609 W. Mac Arthur Blvd. Ste. 812 | | | Amount 14000.00 | |
| City Santa Anna State CA Zip Code 92704 | | Transaction ID : SE.4180 | | |
| Purpose of Expenditure Postcard production and postage | | Category/Type 004 | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 22000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |
| Full Name (Last, First, Middle Initial) of Payee | | | Date M M / D D / Y Y Y Y Y Y | |
| Mailing Address | | | Amount | |
| City State 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..... | | 14000.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | 14000.00 | | |
| 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 Mr. Joel Arends | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 |