

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICA SHINING</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00525618
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	

Full Name (Last, First, Middle Initial) of Payee <b>KAZN AM 1300</b>		Date 10 / 04 / 2012
Mailing Address 747 E. Green St. #101		Amount 1323.00
City Pasadena	State CA	Zip Code 91101
Purpose of Expenditure Radio Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: CA <input type="checkbox"/> Senate    District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 307181.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>L.A. Web Inc.</b>		Date 10 / 04 / 2012
Mailing Address 9639 Telstar Ave.		Amount 234.82
City El Monte	State CA	Zip Code 91731
Purpose of Expenditure Newspaper Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: CA <input type="checkbox"/> Senate    District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 307416.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	1557.82
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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 10 / 05 / 2012

Signature



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) <b>AMERICA SHINING</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525618
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	

Full Name (Last, First, Middle Initial) of Payee <b>Sing Tao Newspapers Ltd.</b>		Date MM / DD / YYYY <b>10 / 04 / 2012</b>
Mailing Address 17059 Green Dr.		Amount <b>277.50</b>
City City of Industry	State CA	
Purpose of Expenditure Newspaper Ad	Category/ Type	<b>Transaction ID : SE.4254</b>
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Office Sought: <input checked="" type="checkbox"/> House    State: CA <input type="checkbox"/> Senate    District: 39 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>307694.27</b>		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
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>277.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	<b>102871.40</b>

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]

Signature \_\_\_\_\_ Date MM / DD / YYYY **10 / 05 / 2012**