

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

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) PROTECTING OUR VOTE PAC | FEC IDENTIFICATION NUMBER C C00509463 |
| 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 CensusChannel LLC | | Date MM / DD / YYYY 11 / 01 / 2012 |
| Mailing Address 4410 E Claiborne Square Suite 334 | | Amount 15000.00 |
| City Hampton | State VA | Zip Code 23666 |
| Purpose of Expenditure Canvassing | Category/Type | Transaction ID : SE.4173 |
| Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS | | Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 15000.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | 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 | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 15000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 15000.00 |

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.

Marcus S. Mason

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 01 / 2012**