

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                                                                                       |                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Faith Family Freedom Fund</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00489625                                                                                                     |                                                                                                                                                                    |  |
| 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                                       |                                                                                                                                                                    |  |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Bott Radio Network</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   | Date<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br><b>11 / 04 / 2012</b>                                  |                                                                                                                                                                    |  |
| Mailing Address <b>10550 Barkley</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   | Amount<br><span style="border: 1px solid black; padding: 2px;">1578.00</span>                                                                         |                                                                                                                                                                    |  |
| City<br><b>Overland Park</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State<br><b>KS</b>                                                                | Zip Code<br><b>66212</b>                                                                                                                              |                                                                                                                                                                    |  |
| Purpose of Expenditure<br>Radio ad buy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span> |                                                                                                                                                       | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>MO</b><br>District: _____ |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>CLAIRE MCCASKILL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                                                                                       | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">127963.00</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |                                                                                                                                                                    |  |
| Full Name (Last, First, Middle Initial) of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   | Date<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                                           |                                                                                                                                                                    |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   | Amount<br><span style="border: 1px solid black; padding: 2px;"></span>                                                                                |                                                                                                                                                                    |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | State                                                                             | Zip Code                                                                                                                                              |                                                                                                                                                                    |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"></span>    |                                                                                                                                                       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____<br>District: _____                |  |
| 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<br>for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                 |                                                                                                                                                                    |  |
| <p>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... <span style="border: 1px solid black; padding: 2px;">1578.00</span></p> <p>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... <span style="border: 1px solid black; padding: 2px;"></span></p> <p>(c) <b>TOTAL</b> Independent Expenditures..... <span style="border: 1px solid black; padding: 2px;">1578.00</span></p>                                                                                                                                                                                                                |  |                                                                                   |                                                                                                                                                       |                                                                                                                                                                    |  |
| <p>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.</p> <p style="text-align: center;">Paul Tripodi</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br/><b>11 / 04 / 2012</b></p> |  |                                                                                   |                                                                                                                                                       |                                                                                                                                                                    |  |