

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

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Americans for Progressive Action</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00545590
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>Media Group of America, LLC</b>		Date 06 / 20 / 2013
Mailing Address 603 King Street, 4th Floor		Amount 17000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure online advertising	Category/Type	Transaction ID : <b>SE.4189</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Office Sought: <input type="checkbox"/> House    State: <u>MA</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1191328.40		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>

Full Name (Last, First, Middle Initial) of Payee <b>Smart Media Group, LLC</b>		Date 06 / 20 / 2013
Mailing Address 814 King Street, Suite 400		Amount 1800.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure media distribution	Category/Type	Transaction ID : <b>SE.4187</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Gabriel Gomez		Office Sought: <input type="checkbox"/> House    State: <u>MA</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1191328.40		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	18800.00
(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.

Nancy H. Watkins

Signature \_\_\_\_\_ [Electronically Filed] Date 06 / 21 / 2013

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

NAME OF COMMITTEE (In Full) <b>Americans for Progressive Action</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00545590
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>Smart Media Group, LLC</b>		Date MM / DD / YYYY 06 / 20 / 2013
Mailing Address 814 King Street, Suite 400		Amount 600.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure media distribution	Category/Type	Transaction ID : SE.4188
Name of Federal Candidate Supported or Opposed by Expenditure: Edward John Markey		Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1191328.40		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Special-General

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	600.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	19400.00

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.

Nancy H. Watkins  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
06 / 21 / 2013