

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

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Sunrise</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00509455
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>Visuality</b>		Date 08 / 01 / 2012
Mailing Address 598- Executive Drive Suite A		Amount 37500.00
City Madison	State WI	Zip Code 53719
Purpose of Expenditure Media Advertising (08/2-08/14)	Category/ Type	Transaction ID : <b>SE.4163</b>
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST		Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 103276.03		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Visuality</b>		Date 08 / 03 / 2012
Mailing Address 598- Executive Drive Suite A		Amount 15302.19
City Madison	State WI	Zip Code 53719
Purpose of Expenditure Media Advertisement Fees (08/02-08/14)	Category/ Type	Transaction ID : <b>SE.4164</b>
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST		Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 18 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 118578.22		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	52802.19
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	52802.19

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.

*Lora Haggard*

Signature

[Electronically Filed]

Date

08 / 03 / 2012