## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee Alliance Graphics	)	
	10 15 2012	
Mailing Address 1101 8th Street, Suite 100 Amo	punt	
City State Zip Code		
Berkelev CA 94710	544.21 saction ID : SE.8874	
Purpose of Expenditure Printing Category/ Type Office Sou	Ight: House State: WI Senate District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
SEAN DUFFY Check On	e: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought 21953.33 Disbursem	nent For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee  Credo Mobile	)	
Mailing Address 101 Market Street	10 04 2012	
Suite 700	ount	
City State Zip Code San Francisco CA 94105	1337.76	
Trans	saction ID : SE.8868	
Purpose of Expenditure Phones Category/ Type Office Sou	House State: WI Senate District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
SEAN DUFFY Check On	e: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 11534.12 Disbursem	nent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1881.97	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7 1 7 1 7	
, L	7 7 7	
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.		
Becky Bond  [Electronically Filed] Date 10	/ D D / Y D Y D Y D Y D Y D Y D Y D Y D	
Signature		

## Image# 12972677527 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ CREDO SUPERPAC C00507517 New report 24-hour report X 48-hour report Amends report filed on Check If Full Name (Last, First, Middle Initial) of Payee Date Impact Dialing 10 05 2012 Mailing Address 3543 19th Street Amount City State Zip Code 500.00 CA 94110 San Fracisco Transaction ID: SE.8869 State: Office Sought: Purpose of Expenditure House WI Category/ Phones Type Senate District: 07 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose SEAN DUFFY Support General Disbursement For: Primary Calendar Year-To-Date Per Election 12034.12 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Alex McGriff 10 2012 10 Mailing Address 1400 Eden Ridge Cir. Amount City State Zip Code 937.50 Hoover AL35244 Transaction ID: SE.8872 State: Office Sought: House Purpose of Expenditure WI Category/ Payroll Type Senate District: 07 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: X Oppose Support SEAN DUFFY **General** Disbursement For: Primary Calendar Year-To-Date Per Election 15409.12 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 1437.50 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL 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.

Becky Bond [Electronically Filed] Date 10 15 2012 Signature

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee	Pate	
NGP VAN	M M / D D / Y Y Y Y	
Mailing Address 1101 156h Street, NW	10 12 2012	
A	mount	
City State Zip Code	6000.00	
Washington DC 20005	ansaction ID : SE.8873	
Purpose of Expenditure Phone Dialer  Category/ Type  Office S		
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
SEAN DUFFY Check	One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disburs 21409.12	ement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Emily Rinehardt	M M / D D / Y Y Y Y	
Mailing Address 927 S. Washington	10 10 2012	
	Amount	
City State Zip Code	1500.00	
Lansing MI 48910 Tr.	ansaction ID : SE.8870	
Purpose of Expenditure Payroll Category/		
Туре	Senate District: 07 President	
Name of Federal Candidate Supported or Opposed by Expenditure:  Check		
SEAN DUFFY Check	one	
Calendar Year-To-Date Per Election for Office Sought 13534.12 Disburs 2012	ement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	7500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL 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.		
Becky Bond	/ D D / Y Y Y Y Y	
[Electronically Filed] Date 10	15 2012	

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)	PAGE 4 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report f	iled on	
Full Name (Last, First, Middle Initial) of Payee		
Keith Simmonds	Date    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
Mailing Address 7064 N. Greenview Ave	10	
City State Zip Code		
Chicago IL 60626	937.50 Transaction ID : SE.8871	
Purpose of Expenditure Payroll  Category/ Type	Office Sought: House State: WI Senate District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————	
	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
	M M / D D / Y Y Y Y	
Mailing Address	Assessed	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Oisbursement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	937.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	11756.97	
	7 7	
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.		
Becky Bond [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		