

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

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WINNING OUR FUTURE	FEC IDENTIFICATION NUMBER C C00507525
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 01 / 25 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Empire Creative		Date MM / DD / YYYY 01 / 24 / 2012
Mailing Address 245 8th Avenue PMB 395		Amount 56434.85
City New York	State NY	Zip Code 10011
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : WFT20120251655-1
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1167512.62		Check One: <input checked="" type="checkbox"/> Support <input 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 Media Advantage, LLC		Date MM / DD / YYYY 01 / 24 / 2012
Mailing Address 3931 South Sherwood Forrest Blvd. PMB 395		Amount 331690.31
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Media Buy	Category/ Type 004	Transaction ID : WFT20120251243-1
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1167512.62		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	388125.16
(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.

Brent A. Mudd

Signature _____ [Electronically Filed] Date MM / DD / YYYY
02 / 20 / 2012

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

NAME OF COMMITTEE (In Full) WINNING OUR FUTURE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00507525 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 01 / 25 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Election Connections, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 24 / 2012 </div>
Mailing Address P.O. Box 10866		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 524865.51 </div>
City State Zip Code Tallahassee FL 32302	Transaction ID : WFT20121191630-1	
Purpose of Expenditure Direct Mail	Category/Type 004	Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1167512.62 		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
City State Zip Code	Transaction ID : WFT20121191630-1	
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..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 524865.51 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 912990.67 </div>

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.

Brent A. Mudd
 Signature [Electronically Filed] Date
MM / DD / YYYY
 02 / 20 / 2012