

# 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>America 360 Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00520411		
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 <b>On Target Public Affairs</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 3290 Northside Parkway Suite 675			Amount <span style="border: 1px solid black; padding: 2px;">81825.92</span>		
City Atlanta State GA Zip Code 30327		Transaction ID : SE.4216			
Purpose of Expenditure mail piece		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">524642.70</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			Amount		
City State Zip Code		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Purpose of Expenditure		Category/ Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		State: District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought					
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">81825.92</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">81825.92</span>		
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.					
Signature <u>Mr. Michael G. Adams</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	