

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

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICA SHINING	FEC IDENTIFICATION NUMBER C C00525618
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 Sing Tao Newspapers Ltd.		Date 10 / 02 / 2012
Mailing Address 17059 Green Dr.		Amount 277.50
City City of Industry	State CA	Zip Code 94123
Purpose of Expenditure Newspaper Ad	Category/Type	Transaction ID : SE.4218
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 183501.46		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Targeting Direct		Date 10 / 02 / 2012
Mailing Address 6114 LaSalle Ave. Suite 604		Amount 28792.30
City Oakland	State CA	Zip Code 94611
Purpose of Expenditure Direct Mail & Postage	Category/Type	Transaction ID : SE.4214
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 183223.96		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	29069.80
(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.

Tara M. Geise
Signature

[Electronically Filed] Date 10 / 03 / 2012

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

NAME OF COMMITTEE (In Full) AMERICA SHINING	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525618 </div>
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 World Journal LA, LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2012 </div>
Mailing Address 1588 Corporate Center Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 600.00 </div>
City Monterey Park	State CA Zip Code 91754	
Purpose of Expenditure Newspaper Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R ROYCE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4212

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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		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;"> 600.00 </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;"> 29669.80 </div>

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Tara M. Geise
 Signature [Electronically Filed] Date 10 / 03 / 2012