24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOM PAC	C C00517417
	G 500317417
Check If 24-hour report	ed on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee	Date
Bittner and Lohr, LLC	M M / D D / Y Y Y Y
Mailing Address PO Box 816	07 24 2012
	Amount
City State Zip Code	12500.00
Olympia WA 98507	Transaction ID : SE.4141
TV Snot Production	ice Sought: House State: FL
TV Spot Production Type 004	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election	sbursement For: Primary General
for Office Sought 67500.00 2012	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M = M / D = D / Y = Y = Y
Mailing Address	-
	Amount
City State Zip Code	
	7 7 7 7
Purpose of Expenditure Category/ Off	fice Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election	sbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12500.00
(a) CODITOTAL OF HOMEOGRAPHIC Experiances	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(,)	7 7
(c) TOTAL Independent Expenditures	12500.00
	1200.00
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.	
Julie Pyun [Electronically Filed] Date	07 24 2012
Signature	