

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

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Friends of Democracy	FEC IDENTIFICATION NUMBER C C00520080
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 Mission Control, Inc.		Date 10 / 25 / 2012
Mailing Address 114 Mansfield Hollow Rd # A		Amount 42807.40
City Mansfield Center	State CT	Zip Code 06250-1316
Purpose of Expenditure mail	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARY BONO MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 74702.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date 10 / 25 / 2012
Mailing Address 114 Mansfield Hollow Rd # A		Amount 59639.12
City Mansfield Center	State CT	Zip Code 06250-1316
Purpose of Expenditure mail	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHARLES F. BASS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320613.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	102446.52
(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.

Ilyse Hogue
Signature [Electronically Filed] Date 10 / 25 / 2012

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

NAME OF COMMITTEE (In Full) Friends of Democracy	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00520080 </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 Winning Connections		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2012 </div>
Mailing Address 317 Pennsylvania Ave SE FI 2		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10992.40</div>
City Washington State DC Zip Code 20003-1148	Transaction ID : VN7BA5X041	
Purpose of Expenditure phone survey	Category/Type 005	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 128351.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Winning Connections		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2012 </div>
Mailing Address 317 Pennsylvania Ave SE FI 2		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1448.00</div>
City Washington State DC Zip Code 20003-1148		Transaction ID : VN7BA5X0X8
Purpose of Expenditure phone survey	Category/Type 005	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID RIVERA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 85844.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">12440.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">196052.06</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.

Ilyse Hogue [Electronically Filed] Date 10 / 25 / 2012

Signature