24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
	EC IDENTIFICATION NUMBER ▼	
Friends of Democracy	C C00520080	
Check If X 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
Mission Control, Inc.		
Mailing Address 114 Mansfield Hollow Rd		
# A State Zip Code		
Mansfield Center CT 06250-1316	42807.40 ion ID : VN7BA5WZX6	
Purpose of Expenditure Category/ Type 004 Office Sought:		
Name of Federal Candidate Supported or Opposed by Expenditure: MARY BONO MACK Check One:	President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 74702.95 Disbursement 2012 Other	For: Primary General er (specify)	
Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc. Date		
Mailing Address 114 Mansfield Hollow Rd	20 2012	
# A Amount		
City State Zip Code Mansfield Center CT 06250-1316 Transact	59639.12 tion ID : VN7BA5WZY4	
Purpose of Expenditure Category/ Type 004 Office Sought:		
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
CHARLES F. BASS Check One:	Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Other	For: Primary General er (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	102446.52	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7 7 7	
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		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Friends of Democracy	C C00520080	
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
Mission Control, Inc.	te 10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 114 Mansfield Hollow Rd	nount	
#A	iount	
City State Zip Code Mansfield Center CT 06250-1316	30343.14	
Mansfield Center C1 06250-1316 Tran	nsaction ID : VN7BA5X025	
Purpose of Expenditure mail Category/ Type 004 Office So	Senate District: NY Senate District: 25	
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MARIE BUERKLE Check On	ne: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 105858.49 Disburser 2012	ment For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.	M M / D D / Y Y Y Y	
Mailing Address 114 Mansfield Hollow Rd	10 25 2012	
	nount	
City State Zip Code	50822.00	
Mansfield Center CT 06250-1316	nsaction ID : VN7BA5X033	
Purpose of Expenditure Category/ Type 004 Office So		
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
FRANCISCO RAUL QUIC CANSECO Check On	ne: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 88714.50 Disburser 2012	ment For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	81165.14	
(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 [Electronically Filed] Date 10	25 2012	
Signature		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Friends of Democracy	C C00520080	
Check If X 24-hour report 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee	_	
Winning Connections	Date M M / D D / Y Y Y Y Y Y Y Y Y	
Mailing Address 317 Pennsylvania Ave SE	10 23 2012	
FI 2	Amount	
City State Zip Code	10992.40	
Washington DC 20003-1148	Transaction ID : VN7BA5X041	
Purpose of Expenditure phone survey Category/ Type 005	Office Sought: House State: NY Senate District: 18	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
NAN HAYWORTH	Check One: Support Oppose	
L Calendal Teal-10-Date Fel Election	Disbursement For: Primary General O12 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
	M M / D D / Y Y Y Y	
Mailing Address		
I maining / mail ood	Amount	
City State Zip Code		
State Zip code		
Purpose of Expenditure Category/	Office Sought: House State:	
Type	Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	Check One: Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	10992.40	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	194604.06	
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	M M / D D / V V V V V	
[Electronically Filed] Date	10 25 2012	
Signature		