

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

PAGE 1 OF 2
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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on																					
<table style="display: inline-table; border: 1px solid black;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>2</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	1	2												

Full Name (Last, First, Middle Initial) of Payee Winning Connections		Date 10 / 30 / 2012
Mailing Address 317 Pennsylvania Ave SE FI 2		Amount 8890.52
City Washington	State DC	Zip Code 20003-1148
Purpose of Expenditure phone survey	Category/Type 005	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 99189.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : VN7BA6A3H4

Full Name (Last, First, Middle Initial) of Payee Winning Connections		Date 10 / 31 / 2012
Mailing Address 317 Pennsylvania Ave SE FI 2		Amount 1126.00
City Washington	State DC	Zip Code 20003-1148
Purpose of Expenditure phone survey	Category/Type 005	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: FRANCISCO RAUL QUIC CANSECO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 89840.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : VN7BA7EVY9

(a) SUBTOTAL of Itemized Independent Expenditures.....	10016.52
(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 / 31 / 2012

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

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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 11 / 12 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Winning Connections		Date 10 / 31 / 2012
Mailing Address 317 Pennsylvania Ave SE FI 2		Amount 1411.00
City Washington State DC Zip Code 20003-1148	Transaction ID : VN7BA7EVZ7	
Purpose of Expenditure phone survey	Category/Type 005	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MARIE BUERKLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 121769.49		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		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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.....	1411.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	11427.52

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 / 31 / 2012

Signature