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 ▼
LIBERTY FOR ALL SUPER PAC	C C00514653
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	
SPECTRUM MARKETING COMPANIES	08 24 2012
Mailing Address 95 EDDY RD STE 101 Amo	
City State Zip Code	5040.70
MACHESTER NH 03102	5646.72 saction ID : SE.4188
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type Office Sou	Ight: House State: MI Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
NANCY CASSIS Check One	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem	Other (anality)
	Other (specify) Special-Primary
Full Name (Last, First, Middle Initial) of Payee SPECTRUM MARKETING COMPANIES	M M / D D / Y Y Y Y
Mailing Address 95 EDDY RD STE 101	08 27 2012
Amo	ount
City State Zip Code MACHESTER NH 03102	5646.72
Office Sou	saction ID : SE.4189 ught: House State: MI
VOTER CONTACT MAIL (Also Supports Bentivolio) Category/ Type	Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: NANCY CASSIS Check One	e: Support X Oppose
NANCI CASSIS	
Calendar Year-To-Date Per Election for Office Sought 30508.56	nent For: Primary General Other (specify) Special-Primary
	,
(a) SUBTOTAL of Itemized Independent Expenditures	11293.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	11293.44
	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.	
CHRIS MARSTON [Electronically Filed] Date 08	/ D D / Y D Y D Y D Y D Y D Y D Y D Y D
Signature	