

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Coalition of Americans for Political Equality			FEC IDENTIFICATION NUMBER ▼ C C00493486		
Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on					
Full Name (Last, First, Middle Initial) of Payee Facebook			Date MM / DD / YYYY 07 / 31 / 2012		
Mailing Address 1601 Willow Road			Amount 878.15		
City Menlo Park		State CA	Zip Code 94025		
Purpose of Expenditure Social Media Marketing		Category/ Type 004		Office Sought: ☒ House State: FL ☐ Senate District: 22 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Allen West				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 878.15			Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify)		
Full Name (Last, First, Middle Initial) of Payee InfoCision			Date MM / DD / YYYY 07 / 31 / 2012		
Mailing Address 325 Spingside Drive			Amount 3014.59		
City Akron		State OH	Zip Code 44333		
Purpose of Expenditure Get Out the VOTE Calling Campaign		Category/ Type 004		Office Sought: ☒ House State: FL ☐ Senate District: 22 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Allen West				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 3892.74			Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures.....			3892.74		
(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.					
Signature Margaret Berardinelli		[Electronically Filed]		Date MM / DD / YYYY 03 / 20 / 2013	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

FEC IDENTIFICATION NUMBER ▼

C

C00493486

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

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Full Name (Last, First, Middle Initial) of Payee

Google TV

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 901 Cherry Avenue

Amount

3486.47

City

San Bruno

State

CA

Zip Code

94066

Transaction ID : CAPESE5796954D6371D8

Purpose of Expenditure
Video BroadcastCategory/
Type

004

Office Sought:

☒

House

State: FL

☐

Senate

District: 22

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Allen West

Calendar Year-To-Date Per Election
for Office Sought

7379.21

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Google TV

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 901 Cherry Avenue

Amount

3039.98

City

San Bruno

State

CA

Zip Code

94066

Transaction ID : CAPESE16B3F32D101E30

Purpose of Expenditure
Video BroadcastCategory/
Type

004

Office Sought:

☒

House

State: FL

☐

Senate

District: 22

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Allen West

Calendar Year-To-Date Per Election
for Office Sought

10419.19

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

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

6526.45

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

10419.19

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.

Margaret Berardinelli

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Signature