

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>The Common Sense Movement</b>		3. FEC Identification Number <b>C</b> C90013061
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4885-A McKnight Road #414		
(c) City, State and ZIP Code Pittsburgh PA 15237		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2012

THROUGH

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... 29760.00

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Peter Christopher Winkelman	<i>Peter Christopher Winkelman</i> [Electronically Filed]	07/10/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
The Common Sense Movement

Full Name (Last, First, Middle Initial) of Payee Isenhour Rooney Strategies, LLC		Date MM / DD / YYYY 04 / 17 / 2012
Mailing Address 909 Green Street		Amount 29760.00 <b>Transaction ID : F57.000001</b>
City Harrisburg	State PA	
Purpose of Expenditure Radio advertisement - Production and Placement		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Holden		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29760.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	29760.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	29760.00