

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 EMERGENCY COMMITTEE FOR ISRAEL		3. FEC Identification Number C C90013244
(b) Address (number and street) ☐ check if different than previously reported 11 DUPONT CIRCLE NW SUITE 325		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☐ Yes ☒ No	
Individual filers only	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	/	D D	/	Y Y Y Y Y Y

THROUGH

M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

22500.00

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Noah Pollak

Noah Pollak

08/30/2012

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 1600 K St., NW Suite 300		Amount 7500.00	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Online Advertising Production.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☒ President	
Calendar Year-To-Date Per Election for Office Sought 187956.00		Check One: ☒ Support ☐ Oppose	
		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 814 King Street Suite 400		Amount 12500.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Mobile Ad Buy.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☒ President	
Calendar Year-To-Date Per Election for Office Sought 200456.00		Check One: ☒ Support ☐ Oppose	
		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 814 King Street Suite 400		Amount 2500.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Advertising Design and Placement.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☒ President	
Calendar Year-To-Date Per Election for Office Sought 202956.00		Check One: ☒ Support ☐ Oppose	
		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		22500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		22500.00	