

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

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive U.S.A. Voters		FEC IDENTIFICATION NUMBER C C00532812
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Grassroots Voter Outreach		Date MM / DD / YYYY 02 / 15 / 2013
Mailing Address 59 Temple Place		Amount 1374.00
City Boston	State MA	Zip Code 02111
Purpose of Expenditure paid voter contact canvass	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: Toi Hutchinson		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2061.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary

Full Name (Last, First, Middle Initial) of Payee Grassroots Voter Outreach		Date MM / DD / YYYY 02 / 16 / 2013
Mailing Address 59 Temple Place		Amount 1374.00
City Boston	State MA	Zip Code 02111
Purpose of Expenditure paid voter contact canvass	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: DEBORAH L HALVORSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3435.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures.....	2748.00
(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.

Dyana Mason
Signature

[Electronically Filed] Date MM / DD / YYYY
02 / 17 / 2013