

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                  |                                                                                                                                                                                                            |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|
| NAME OF COMMITTEE (In Full)<br><b>Independence Virginia PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00515155                                                                                                                                                          |  |                     |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                  |                                                                                                                                                                                                            |  |                     |
| Full Name (Last, First, Middle Initial) of Payee<br><b>On Target Public Affairs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                  | Date<br><span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> |  |                     |
| Mailing Address 3290 Northside Parkway Ste 675                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                  | Amount<br><span style="border: 1px solid black; padding: 2px;">134322.30</span>                                                                                                                            |  |                     |
| City Atlanta State GA Zip Code 20191                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Transaction ID : B440753                                                                                         |                                                                                                                                                                                                            |  |                     |
| Purpose of Expenditure<br>Direct mail advertisements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type 004                                                                                            | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President                                                                                |  | State: VA District: |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Tim Kaine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                                                                     |  |                     |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">743444.60</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                               |  |                     |
| Full Name (Last, First, Middle Initial) of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                  | Date                                                                                                                                                                                                       |  |                     |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                  | Amount                                                                                                                                                                                                     |  |                     |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                                                                                                                                                                                                            |  |                     |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Category/<br>Type                                                                                                | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                |  | State: District:    |
| Name of Federal Candidate Supported or Opposed by Expenditure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                          |  |                     |
| Calendar Year-To-Date Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                  | Amount                                                                                                                                                                                                     |  |                     |
| <p>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">134322.30</span></p> <p>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span></p> <p>(c) <b>TOTAL</b> Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">134322.30</span></p>                                                                                                                                                                                                                                                         |  |                                                                                                                  |                                                                                                                                                                                                            |  |                     |
| <p>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.</p> <p style="text-align: center;">Paul Bennecke</p> <p>Signature _____ [Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> |  |                                                                                                                  |                                                                                                                                                                                                            |  |                     |