

# 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>American Postal Workers Union Committee on Political Action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                       | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00010322         </div>                  |  |  |                                                               |         |                                                                  |  |                                                |         |
| 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                                                                                                                                                                                                                                                                                                                                         |         |                       |                                                                                                                                                                      |  |  |                                                               |         |                                                                  |  |                                                |         |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Broadnet Teleservices LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                       | Date<br>MM / DD / YYYY<br>11 / 02 / 2012                                                                                                                             |  |  |                                                               |         |                                                                  |  |                                                |         |
| Mailing Address PO Box 975202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                       | Amount<br>2849.73                                                                                                                                                    |  |  |                                                               |         |                                                                  |  |                                                |         |
| City<br>Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | State<br>TX           | Zip Code<br>75397-5202                                                                                                                                               |  |  |                                                               |         |                                                                  |  |                                                |         |
| Purpose of Expenditure<br>TOWNHALL TELEFORUM FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | Category/<br>Type 004 | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President |  |  |                                                               |         |                                                                  |  |                                                |         |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mr. Barack Obama                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                       | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                               |  |  |                                                               |         |                                                                  |  |                                                |         |
| Calendar Year-To-Date Per Election for Office Sought 2489.73                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                       | MM / DD / YYYY                                                                                                                                                       |  |  |                                                               |         |                                                                  |  |                                                |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | State                 | Zip Code                                                                                                                                                             |  |  |                                                               |         |                                                                  |  |                                                |         |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | Category/<br>Type     | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President            |  |  |                                                               |         |                                                                  |  |                                                |         |
| Name of Federal Candidate Supported or Opposed by Expenditure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                       | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                          |  |  |                                                               |         |                                                                  |  |                                                |         |
| Calendar Year-To-Date Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                |  |  |                                                               |         |                                                                  |  |                                                |         |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....</td> <td style="width: 40%; text-align: right;">2849.73</td> </tr> <tr> <td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....</td> <td></td> </tr> <tr> <td>(c) <b>TOTAL</b> Independent Expenditures.....</td> <td style="text-align: right;">2849.73</td> </tr> </table>                                                                                                                          |         |                       |                                                                                                                                                                      |  |  | (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... | 2849.73 | (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |  | (c) <b>TOTAL</b> Independent Expenditures..... | 2849.73 |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2849.73 |                       |                                                                                                                                                                      |  |  |                                                               |         |                                                                  |  |                                                |         |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                       |                                                                                                                                                                      |  |  |                                                               |         |                                                                  |  |                                                |         |
| (c) <b>TOTAL</b> Independent Expenditures.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2849.73 |                       |                                                                                                                                                                      |  |  |                                                               |         |                                                                  |  |                                                |         |
| <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;">Elizabeth Powell</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date MM / DD / YYYY 11 / 02 / 2012</p> |         |                       |                                                                                                                                                                      |  |  |                                                               |         |                                                                  |  |                                                |         |