## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
AMERICAN WORKING FAMILIES		C C00511915
		C C00311913
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
Buying Time, LLC		04 19 2016
Mailing Address 600 Massachusetts Ave, NW		Amount
City State	Zip Code	55000.00
Washington DC	20001	Transaction ID : SE.4494 Date of Disbursement or Obligation
Purpose of Expenditure TV Advertising/Production	Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: X House District:08
STEVEN J SANTARSIERO	Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		_
Maining Address		Amount
City State	Zip Code	
Purpose of Expenditure	Catanami	Date of Disbursement or Obligation
	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		55000.00
		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		55000.00
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 (if the reporting entity is not a political party committee) any political party committee or its agent.		
Bud Jackson [Electron	onically Filed] Date	04 18 2016
Signature		