

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

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PURE Political Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00549139 </div>
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 <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Sterling Corporation	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 106 W. Allegan Suite 200	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">19099.00</div>
City Lansing State MI Zip Code 48933	Transaction ID : SE.4112
Purpose of Expenditure Ad Placement	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peters	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; text-align: right;">0.00</div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address	Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
City State Zip Code	Transaction ID :
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 100%; text-align: right;"></div>	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">19099.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">19099.00</div>

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.

Ellen Kletzka
 Signature [Electronically Filed] Date

M M /

D D /

Y Y Y Y Y Y