24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Senior Votes Count		C C00560730
		G states et
Check if X 24-hour report 48-hour report X New report X Amends report filed on		
Full Name of Payee Mount Washington Padio		Date of Public Distribution/Dissemination
Mount Washington Radio Mailing Address 2 Common Ct		10 29 7 2014
		Amount
Unit A30 City State	Zip Code	2000.00
	03860-5400	Transaction ID : VNTSK9QS6Q4 Date of Disbursement or Obligation
Purpose of Expenditure Radio Advertisement	Category/ Type 004	10 29 7 2014
Name of Federal Candidate	X Support Office	ce Sought: X House District: 01
Carol Shea-Porter	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	3000.00 Dist 2014	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Winnipesaukee Network, Inc.		10 29 / Y Y Y Y
Mailing Address 73 Varney Road Unit A		Amount
City State	Zip Code	1000.00
Wolfeboro NH	03894-4351	Transaction ID : VNTSK9QS6P6 Date of Disbursement or Obligation
Purpose of Expenditure Radio Advertisement	Category/ Type 004	10 / 29 / 2014
Name of Federal Candidate	X Support Office	ce Sought: House District: 01
Carol Shea-Porter	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	3000.00 Dist 201	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	3000.00
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	cally Filed] Date	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	