24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

Check If 24-hour report 48-hour report New report Amends report filed on A	SCHEDULE E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
Check If 24-hour report 48-hour report New report Amends report filed on	NAME OF COMMITTE (In Full)		FEC IDENTIFICATION NUMBER ▼
Check If 24-hour report	9-9-9 FUND		C C00504241
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Mailing Address 243 N FIFTH STREET City State Zip Code OH 43215 Purpose of Expenditure (DWA PHONE CALLS 11/25-11/27 (EST. COST) Calendar Year-To-Date Per Election for OH A3215 Full Name (Last, First, Middle Initial) of Payee VICTORY PHONES Mailing Address 243 N FIFTH STREET Amount City State Zip Code OH A3215 Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee VICTORY PHONES Mailing Address 243 N FIFTH STREET Amount City State Zip Code OH A3215 Transaction ID: SE.4191 Amount City State Zip Code OH A3215 Transaction ID: SE.4191 Amount City ColuMBUS OH ColuMBUS OH A3215 Transaction ID: SE.4191 Amount City ColuMBUS OH A3215 Transaction ID: SE.4191 Amount City ColuMBUS OH A3215 Transaction ID: SE.4191 Office Sought: House Senate District: (Check One: Xing Support Opposed by Expenditure: Check One: Xing Su	Check If 24-hour report X 48-hour report	New report Amends report	
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(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures		50000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conc 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.			
SCOTT B MACKENZIE [Electronically Filed] Date 11 23 2011	SCOTT B MACKENZIE	[Electronically Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Signature	J Jale	