

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

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RESTORE OUR FUTURE, INC.		FEC IDENTIFICATION NUMBER C C00490045	
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 Actuate Strategies, LLC		Date 03 / 01 / 2012	
Mailing Address 806 Lazy Brook Lane		Amount 6977.91	
City Jefferson City	State MO	Zip Code 65109	Transaction ID : SE.4412
Purpose of Expenditure Voter Contact Phones	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>OK</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 172811.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media, Inc.		Date 03 / 01 / 2012	
Mailing Address 1850 M Street NW Suite 235		Amount 2384.42	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4410
Purpose of Expenditure Media Production; also supports Mitt Romney	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>OK</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2384.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	9362.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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.

Signature Charles R. Spies [Electronically Filed] Date 03 / 02 / 2012

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

NAME OF COMMITTEE (In Full) RESTORE OUR FUTURE, INC.	FEC IDENTIFICATION NUMBER ▼ C C00490045
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 Mentzer Media Services, Inc.		Date MM / DD / YYYY 03 / 01 / 2012
Mailing Address 600 Fairmount Avenue Suite 306		Amount 163449.08
City Towson	State MD	Zip Code 21286
Purpose of Expenditure Media Buy; also supports Mitt Romney	Category/ Type	Transaction ID : SE.4411
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM		Office Sought: <input type="checkbox"/> House State: <u>OK</u> <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
165833.50		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
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Amount
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		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.....▶	163449.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	172811.41

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.

Charles R. Spies

Signature _____ [Electronically Filed] Date MM / DD / YYYY **03 / 02 / 2012**