

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

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER C C00488494
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	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 07 / 23 / 2012
Mailing Address 220 E Adams St Suite 200		Amount 500.00
City Springfield	State IL	Zip Code 62701
Purpose of Expenditure Video Production	Category/Type	Transaction ID : SE.4641
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 500.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 07 / 23 / 2012
Mailing Address 220 E Adams St Suite 200		Amount 500.00
City Springfield	State IL	Zip Code 62701
Purpose of Expenditure Video Production	Category/Type	Transaction ID : SE.4642
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 500.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1000.00
(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.

Gregory Baise

Signature

[Electronically Filed]

Date

MM / DD / YYYY
07 / 24 / 2012

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

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </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	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 07 / 23 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 500.00 </div>
City Springfield State IL Zip Code 62701	Transaction ID : SE.4643	
Purpose of Expenditure Video Production	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 07 / 23 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10030.00 </div>
City Springfield State IL Zip Code 62701	Transaction ID : SE.4644	
Purpose of Expenditure Advertising-TV	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10530.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Gregory Baise
 Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 24 / 2012

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NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER C C00488494
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	

Full Name (Last, First, Middle Initial) of Payee
XPS Professional Services

Date
MM / DD / YYYY
07 / 23 / 2012

Mailing Address 220 E Adams St
Suite 200

Amount
38800.00

City Springfield State IL Zip Code 62701

Transaction ID : SE.4645

Purpose of Expenditure Advertising-TV Category/Type

Office Sought: House State: IL
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
L. TAMMY DUCKWORTH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 39300.00

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
XPS Professional Services

Date
MM / DD / YYYY
07 / 23 / 2012

Mailing Address 220 E Adams St
Suite 200

Amount
10020.00

City Springfield State IL Zip Code 62701

Transaction ID : SE.4646

Purpose of Expenditure Advertising-TV Category/Type

Office Sought: House State: IL
 Senate District: 11
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
G. WILLIAM (BILL) FOSTER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 10520.00

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	48820.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	60350.00

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.

Signature Gregory Baise [Electronically Filed] Date MM / DD / YYYY 07 / 24 / 2012