

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

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL
EMPLOYEES P E O P L E**

FEC IDENTIFICATION NUMBER ▼
C C00011114

Check If 24-hour report 48-hour report New report Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
MACK CROUNSE GROUP, LLC

Date
MM / DD / YYYY
10 / 22 / 2012

Mailing Address 2001 N. Beauregard Street
Suite 420

Amount
21554.89

City State Zip Code
Alexandria VA 22311

Transaction ID : SE.274556

Purpose of Expenditure
Mail Piece Medicare 1

Category/
Type 006

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCI

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1346884.54

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date
MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: House State:
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21554.89
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	21554.89

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.

LAURA REYES

[Electronically Filed]

Date 10 / 23 / 2012

Signature