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FACSIMILE COVER SHEET

TO: Federal Election Commission

DESTINATION FAX: 202-219-0174

FROM: Chris Winkelman

PAGES (INCLUDING COVER): 4

DATE: May 9, 2012

SUBJECT: FEC Form 5

If all pages are not received, please call (540) 341-8808 immediately.

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation The Common Sense Movement		3. FEC Identification Number C 0 0 0 0 0 0 0 0
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4885-A McKnight Road #414		
(c) City, State and ZIP Code Pittsburgh, PA 15237		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 24-Hour Report
 October 15 Quarterly Report
 January 31 Year-End Report
 48-Hour Report

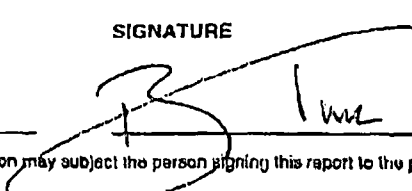
b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM
0 4 1 7 2 0 1 2
THROUGH
0 4 2 2 2 0 1 2

6. TOTAL CONTRIBUTIONS 0 0 0

7. TOTAL INDEPENDENT EXPENDITURES 2 9 7 6 0 0 0

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
BRIAN TURK		7 MAY 2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
The Common Sense Movement

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)	0 0 0
TOTAL This Period (last page carry total to Line 6)	0 0 0

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
The Common Sense Movement

Full Name (Last, First, Middle Initial) of Payee Isenhour Rooney Strategies, LLC		Date 04 17 2012
Mailing Address 909 Green Street		Amount 29,760.00
City Harrisburg	State PA	
Purpose of Expenditure Radio advertisement - Production & Placement		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Holden		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 29,760.00		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		Amount
City	State	
Purpose of Expenditure		Category/Type
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 Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/Type
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 Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	29,760.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	29,760.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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