## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E)                                                                                                                                                                                                                                                                                                                                                 | PAGE 1 OF 2<br>FOR SE OF FORM 24/48                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) AMERICA ASCENDANT PAC                                                                                                                                                                                                                                                                                                           | FEC IDENTIFICATION NUMBER ▼                                 |
| AMERICA ASCENDANT PAC                                                                                                                                                                                                                                                                                                                                       | C C00592527                                                 |
|                                                                                                                                                                                                                                                                                                                                                             | M = M / D = D / Y = Y = Y                                   |
| Check if 24-hour report 48-hour report New report Amends report                                                                                                                                                                                                                                                                                             | filed on 03 09 2016                                         |
| Full Name of Payee OnMessage Inc                                                                                                                                                                                                                                                                                                                            | Date of Public Distribution/Dissemination                   |
|                                                                                                                                                                                                                                                                                                                                                             | 03 08 2016                                                  |
| Mailing Address 817 Slaters Ln                                                                                                                                                                                                                                                                                                                              | Amount                                                      |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         | 15288.00                                                    |
| Alexandria VA 22314                                                                                                                                                                                                                                                                                                                                         | Transaction ID: SE.4184  Date of Disbursement or Obligation |
| Purpose of Expenditure Advertising - TV  Category/ Type                                                                                                                                                                                                                                                                                                     | 03 08 7 2016                                                |
| Name of Federal Candidate Support C                                                                                                                                                                                                                                                                                                                         | Office Sought: House District:                              |
| CONNER ELDRIDGE Oppose                                                                                                                                                                                                                                                                                                                                      | President Senate State: AR                                  |
| Odichadi Ical Io Dalc                                                                                                                                                                                                                                                                                                                                       | Disbursement For:  Primary                                  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          | Date of Public Distribution/Dissemination                   |
|                                                                                                                                                                                                                                                                                                                                                             | M M / D D / Y Y Y Y                                         |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             | Amount                                                      |
| City. Code                                                                                                                                                                                                                                                                                                                                                  |                                                             |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         |                                                             |
| Purpose of Expenditure Cotogony/                                                                                                                                                                                                                                                                                                                            | Date of Disbursement or Obligation                          |
| Type                                                                                                                                                                                                                                                                                                                                                        | M M / D D / Y Y Y Y                                         |
| Name of Federal Candidate Support                                                                                                                                                                                                                                                                                                                           | Office Sought: House District:                              |
| Oppose                                                                                                                                                                                                                                                                                                                                                      | President Senate State:                                     |
| Calendar Year-To-Date Per Election for Office Sought                                                                                                                                                                                                                                                                                                        | Oisbursement For:                                           |
|                                                                                                                                                                                                                                                                                                                                                             |                                                             |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                                                                                                           | 15288.00                                                    |
| (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. |                                                             |
| Chris Marston  [Electronically Filed] Date                                                                                                                                                                                                                                                                                                                  | 03 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| Signature                                                                                                                                                                                                                                                                                                                                                   |                                                             |

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F24A Transaction ID:

The initial report excluded \$585 in distribution expenses for the advertising. This amendment corrects that omission.

Form/Schedule: Transaction ID: