

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 / 30 / 2012
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 44852.13
City Alexandria	State VA	Zip Code 22311
Purpose of Expenditure Mailer - Conflict of Interest #2	Category/ Type 006	Office Sought: ☐ House ☒ Senate ☐ President State: ND District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A BERG		Check One: ☐ Support ☒ Oppose
Calendar Year-To-Date Per Election for Office Sought 308082.06		Disbursement For: ☐ Primary ☒ General 2012 ☐ 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 ☐ Senate ☐ President State: _____ District: _____
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.....	44852.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	44852.13

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

MM / DD / YYYY
10 / 31 / 2012

Signature