

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO FAMILIES UNITED		FEC IDENTIFICATION NUMBER ▼ C C00521880	
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 McTigue & McGinnis		Date MM / DD / YYYY 07 / 02 / 2012	
Mailing Address 545 E Town St		Amount 11637.03	
City Columbus	State OH	Zip Code 43215	Transaction ID : WFT20128221921-1
Purpose of Expenditure legal services	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mandel Josh		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 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee McTigue & McGinnis		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 545 E Town St		Amount 300.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : WFT20128221912-1
Purpose of Expenditure legal services	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mandel Josh		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 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11937.03
(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.

West N Zachary

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 22 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
OHIO FAMILIES UNITED

FEC IDENTIFICATION NUMBER ▼

C C00521880

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

McTigue & McGinnis

Date

MM / DD / YYYY
07 / 10 / 2012

Mailing Address 545 E Town St

Amount

300.00

City State Zip Code
Columbus OH 43215

Transaction ID : WFT20128221918-1

Purpose of Expenditure
legal services

Category/
Type

Office Sought: ☐ House State: OH
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Mandel Josh

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

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

NEBS Business Products

Date

MM / DD / YYYY
05 / 24 / 2012

Mailing Address

Amount

77.55

City State Zip Code

Transaction ID : WFT20128221929-1

Purpose of Expenditure
checks

Category/
Type

Office Sought: ☐ House State: OH
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Mandel Josh

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

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

377.55

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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West N Zachary

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Date

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Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
OHIO FAMILIES UNITED

FEC IDENTIFICATION NUMBER ▼

C C00521880

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

The New Media Firm

Date

MM / DD / YYYY
09 / 18 / 2012

Mailing Address 1730 Rhode Island

Amount

250000.00

City

Washington

State

DC

Zip Code

20036

Transaction ID : WFT20128221931-1

Purpose of Expenditure
media buy

Category/
Type

Office Sought:

☐ House

State: OH

☒ Senate

District:

☐ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mandel Josh

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

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

West N Zachary

Date

MM / DD / YYYY
07 / 02 / 2012

Mailing Address 605 N High St V-192

Amount

500.00

City

Columbus

State

OH

Zip Code

43215

Transaction ID : WFT20128221925-1

Purpose of Expenditure
treasurer services

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mandel Josh

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

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

250500.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

262814.58

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West N Zachary

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Date

MM / DD / YYYY
09 / 22 / 2012

Signature