01/05/2016 16 : 10

## Image# 201601059004433968 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		ITUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER V
AMERICANS FOR CRUZ				C C00600882
Check if 24-hour report X 48-hour	r report 🛛 🗙 New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP				Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE			Amount	04 2016
City State Zip Code			— E.	80000.00
AKRON				ction ID : SE.4110 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEV	ERAL WEEKS	Category/ Type 004	C	D1 / D D / Y Y Y Y 2016
Name of Federal Candidate		X Support	Office Sought:	House District: 00
RAFAEL EDWARD 'TED' CRUZ		Oppose	X Presiden	t Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		80000.00	Disbursement 2016 Oth	For: X Primary General er (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
			М	
Mailing Address			Amount	
City	State	Zip Code		
			Data of	Diskursement er Obligetion
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	Presider	nt Senate State:
Calendar Year-To-Date			Disbursement	For: Primary General
Per Election for Office Sought			Oth	ner (specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures			80000.00
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				80000.00
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party com	any candidate or authorized			
KYLE MANNING	[Electron	<i>ically Filed]</i> Date		05 / Y Y Y Y Y 05