

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN WORKING FAMILIES		FEC IDENTIFICATION NUMBER ▼ C C00511915	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Buying Time, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2016		
Mailing Address 600 Massachusetts Ave, NW			Amount 20000.00		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4505		
Purpose of Expenditure TV Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 23 / 2016		
Name of Federal Candidate STEVEN J SANTARSIERO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: PA		
Calendar Year-To-Date Per Election for Office Sought		100550.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jackson Group Media, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016		
Mailing Address 206 North Washington Street Suite 10			Amount 10000.00		
City Alexandria	State VA	Zip Code 22311	Transaction ID : SE.4506		
Purpose of Expenditure Internet Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016		
Name of Federal Candidate STEVEN J SANTARSIERO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: PA		
Calendar Year-To-Date Per Election for Office Sought		65000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30000.00
(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.

Bud Jackson

[Electronically Filed]

Date

 MM / DD / YYYY
04 / 23 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voice Broadcasting Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2016	
Mailing Address 1527 South Cooper Street		Amount 550.00	
City Arlington	State TX	Zip Code 76010	Transaction ID : SE.4500 Date of Disbursement or Obligation MM / DD / YYYY 04 / 23 / 2016
Purpose of Expenditure Telephone Calls		Category/ Type	
Name of Federal Candidate STEVEN J SANTARSIERO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 80550.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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..... ▶	550.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	30550.00

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.

Bud Jackson

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Date

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04 / 23 / 2016

Signature