24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

Mailing Address 3126 Cary Street #206 City State Zip Code Richmond VA 23221 Purpose of Expenditure Direct mail - 10/05 NY Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election City State Zip Code Purpose of Expenditure Category Other (specify) Mailing Address Amount City State Zip Code Purpose of Expenditure Category Type Office Sought House State: Name of Federal Candidate Supported or Opposed by Expenditure: Category Type Office Sought House State: Name of Federal Candidate Supported or Opposed by Expenditure: Category Type Office Sought House State: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Individual President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Individual President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Individual President Check One: Support Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Linder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concewith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic or authorized committee or agent of either, or (if the reporting entity is not a politic or authorized committee or agent of either, or (if the reporting entity is not a politic or authorized committee or agent of either, or (if the reporting entity is not a politic or agent of either, or (if the reporting entity is not a politic or agent of either or (if the reporting entity is not a politic or agent of either or (if the report	SCHEDULE E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
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