24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE	Ε)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COM		FEC IDENTIFICATION NUMBER ▼
FREEDON	1 PATH	C C90012832
Check If 24	-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name (Strategi Mailing Add		te 06 / 04 / 2012
	Suite 200	nount
City Washington	State Zip Code DC 20007 Trar	53070.00
	uy & Shipping - 227 Type 004	Senate District: President
Liljenquist [deral Candidate Supported or Opposed by Expenditure: Check O	ne: Support Oppose
Calend	dar Year-To-Date Per Election for Office Sought Disburser	ment For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Payee Payee Payee	te 06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Add	ress PO Box 371553 Am	nount
City Las Vegas		7000.00 nsaction ID : WFT2012561027-1
Purpose of Media Produ		Senate District: President House State: NV President
Name of Fe Liljenquist [deral Candidate Supported or Opposed by Expenditure: Dan Check O	
Calen	dar Year-To-Date Per Election for Office Sought Disburser 2012	ment For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(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.		
Signature	Phillips Valerie [Electronically Filed] Date	06 2012
Oignature		