

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Independence USA PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		373305.12
(b) Cash on Hand at Beginning of Reporting Period.....	78377.52	
(c) Total Receipts (from Line 19)	1912250.00	2012250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1990627.52	2385555.12
7. Total Disbursements (from Line 31).....	1881996.63	2276924.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	108630.89	108630.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10983.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Independence USA PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1900000.00	2000000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1900000.00	2000000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1900000.00	2000000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	12250.00	12250.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1912250.00	2012250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1912250.00	2012250.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	26151.88	39437.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	26151.88	39437.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1855844.75	2237486.63
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1881996.63	2276924.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1881996.63	2276924.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1900000.00	2000000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1900000.00	2000000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26151.88	39437.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	12250.00	12250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13901.88	27187.60

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Independence USA PAC

A. Michael R. Bloomberg
Full Name (Last, First, Middle Initial)

Mailing Address 909 Third Avenue

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
City of New York Mayor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 05 / 2013

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
400000.00

B. Michael R. Bloomberg
Full Name (Last, First, Middle Initial)

Mailing Address 909 Third Avenue

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
City of New York Mayor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 06 / 2013

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
400000.00

C. Michael R. Bloomberg
Full Name (Last, First, Middle Initial)

Mailing Address 909 Third Avenue

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
City of New York Mayor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
400000.00

SUBTOTAL of Receipts This Page (optional).....▶	1200000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)
A. Michael R. Bloomberg
Mailing Address 909 Third Avenue
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer City of New York Occupation Mayor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2013
Transaction ID : SA11AI.4430
Amount of Each Receipt this Period
700000.00

Full Name (Last, First, Middle Initial)
B.
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 700000.00
TOTAL This Period (last page this line number only)..... ▶ 1900000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independence USA PAC

A. SKDKnickerbocker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1818 N. St. NW
 Suite 450
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 12250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : SA15.4373
 Amount of Each Receipt this Period
 12250.00
 Partial refund of media production from 10/26/2012

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	▶	12250.00
TOTAL This Period (last page this line number only).....	▶	12250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 114 W. 47th St.
6th Floor

City New York State NY Zip Code 10036

Purpose of Disbursement
Bank Fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2013

Transaction ID : SB21B.4433

Amount of Each Disbursement this Period

299.66

Full Name (Last, First, Middle Initial)

B. Delaware Secretary of State

Mailing Address 2711 Centerville Road

City Wilmington State DE Zip Code 19808

Purpose of Disbursement
Filing fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2013

Transaction ID : SB21B.4434

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Geller & Co.

Mailing Address 909 Third Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement
Financial Advisory Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SB21B.4432

Amount of Each Disbursement this Period

6179.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6503.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Independence USA PAC

Full Name (Last, First, Middle Initial)

A. Marathon Strategies LLC

Mailing Address 370 East 76th St.
Suite A608

City New York State NY Zip Code 10021

Purpose of Disbursement
Consultant - Research Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
02 / 25 / 2013

Transaction ID : SB21B.4436

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Venable LLP

Mailing Address 575 7th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
02 / 01 / 2013

Transaction ID : SB21B.4431

Amount of Each Disbursement this Period

9648.22

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

19648.22

26151.88

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Independence USA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Geller & Co.	Nature of Debt (Purpose): Financial Advisory Services
Mailing Address 909 Third Avenue	
City State Zip Code New York NY 10022	

Outstanding Balance Beginning This Period <input type="text" value="6179.00"/>	Transaction ID : SD10.4375	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6179.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SKDKnickerbocker	Nature of Debt (Purpose): Media production costs included in 2/1 48-hour report; this portion paid after close of period.
Mailing Address 1818 N. St. NW Suite 450	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period <input type="text" value="23002.44"/>	Transaction ID : SD10.4380	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="23002.44"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Venable LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 575 7th Street, NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="9648.22"/>	Transaction ID : SD10.4374	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9648.22"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Independence USA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Venable LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 575 7th Street, NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4437	
Amount Incurred This Period <input type="text" value="10983.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10983.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="10983.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="10983.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10983.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Independence USA PAC	FEC IDENTIFICATION NUMBER ▼ C C00532705
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker		Date MM / DD / YYYY 02 / 21 / 2013
Mailing Address 1818 N. St. NW Suite 450		Amount 14822.10
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Direct Mail Services	Category/Type 004	Transaction ID : SE.4415
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN KELLY		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2160463.74		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		2013 <input checked="" type="checkbox"/> Other (specify) Special-Primary

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker		Date MM / DD / YYYY 02 / 21 / 2013
Mailing Address 1818 N. St. NW Suite 450		Amount 40290.39
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Media Production	Category/Type 004	Transaction ID : SE.4421
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN KELLY		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2200754.13		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		2013 <input checked="" type="checkbox"/> Other (specify) Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures.....	55112.49
(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.

Diane Gubelli
Signature

[Electronically Filed] Date **03 / 20 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Independence USA PAC	FEC IDENTIFICATION NUMBER ▼ C C00532705
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker		Date MM / DD / YYYY 02 / 22 / 2013
Mailing Address 1818 N. St. NW Suite 450		Amount 36732.50
City Washington	State DC	
Zip Code 20036	Transaction ID : SE.4419	
Purpose of Expenditure Direct Mail Services; also opposes Deborah Halvorson	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBIN KELLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2237486.63		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/ Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	36732.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1855844.75

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.

Diane Gubelli

Signature

[Electronically Filed]

Date

MM / DD / YYYY
03 / 20 / 2013