

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION	FEC IDENTIFICATION NUMBER C C00526673
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee WORK FOR PROGRESS		Date 10 / 15 / 2012
Mailing Address 1543 WAZEE STREET STE 330		Amount 31871.39
City DENVER	State CO	Zip Code 80202
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 315852.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4405

Full Name (Last, First, Middle Initial) of Payee WORK FOR PROGRESS		Date 10 / 15 / 2012
Mailing Address 1543 WAZEE STREET STE 330		Amount 12969.60
City DENVER	State CO	Zip Code 80202
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22
Name of Federal Candidate Supported or Opposed by Expenditure: LOIS J FRANKEL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 12969.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4406

(a) SUBTOTAL of Itemized Independent Expenditures.....	44840.99
(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.

BRAD MARTIN

Signature

[Electronically Filed]

Date

10 / 17 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00526673 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee WORK FOR PROGRESS	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 15 / 2012 </div>		
Mailing Address 1543 WAZEE STREET STE 330	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17022.60</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City DENVER</td> <td style="width:33%;">State CO</td> <td style="width:34%;">Zip Code 80202</td> </tr> </table>		City DENVER	State CO
City DENVER	State CO	Zip Code 80202	
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	
Name of Federal Candidate Supported or Opposed by Expenditure: ALFRED J JR LAWSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17022.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : SE.4407

Full Name (Last, First, Middle Initial) of Payee	Date		
Mailing Address	Amount		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> </table>		City	State
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....	<div style="border: 1px solid black; padding: 2px;">17022.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">61863.59</div>

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.

BRAD MARTIN
 Signature _____ Date 10 / 17 / 2012

[Electronically Filed]