

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

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Independence USA PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00532705         </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 02 / 01 / 2013</span> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>SKDKnickerbocker</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">MM / DD / YYYY</span>  <span style="font-size: 1.2em; font-weight: bold;">01 / 30 / 2013</span> </div>
Mailing Address 1818 N. St. NW Suite 450	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40644.32</span> </div>
City Washington State DC Zip Code 20036	<b>Transaction ID : SE.4439</b>
Purpose of Expenditure Media Buy and Production	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: DEBORAH HALVORSON	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40644.32</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; padding-left: 20px;">Special-Primary</span>

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">MM / DD / YYYY</span> </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">MM / DD / YYYY</span> </div>
City State Zip Code	<b>Transaction ID :</b>
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">MM / DD / YYYY</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; padding-left: 20px;"></span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40644.32</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">MM / DD / YYYY</span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">MM / DD / YYYY</span> </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.

*Diane Gubelli*  
 Signature [Electronically Filed] Date

MM / DD / YYYY  
03 / 20 / 2013

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24A  
Transaction ID :

Amount paid to vendor revised from initial agreement to reflect actual costs of production.

Form/Schedule:  
Transaction ID: