

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

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Independence USA PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00532705</b>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>02 / 09 / 2013</b>

Full Name (Last, First, Middle Initial) of Payee <b>SKDKnickerbocker</b>		Date MM / DD / YYYY <b>02 / 08 / 2013</b>
Mailing Address <b>1818 N. St. NW Suite 450</b>		Amount <b>36732.50</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b>	Transaction ID : <b>SE.4357</b>	
Purpose of Expenditure <b>Direct Mail Services</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>IL</b> <input type="checkbox"/> Senate District: <b>02</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEBORAH HALVORSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>860539.07</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special-Primary</b>

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City State Zip Code		Amount
Purpose of Expenditure	Category/Type	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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>36732.50</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> 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**

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

Form/Schedule: F24A  
Transaction ID :

This 24-hour report is being amended to reflect updated calendar year-to-date per-election totals as a result of amending prior reports.

Form/Schedule:  
Transaction ID: