

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
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 Message & Media		Date MM / DD / YYYY 05 / 23 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 19905.08
City Bristol	State VA	
Zip Code 24202	Transaction ID : SE.5078	
Purpose of Expenditure Maile piece	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 164370.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 24 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 1500.00
City Bristol	State VA	
Zip Code 24202	Transaction ID : SE.5081	
Purpose of Expenditure Email communication	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 165870.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21405.08
(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.

Jonathan Martin

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 12 / 2012**