

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

PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Independence USA PAC	FEC IDENTIFICATION NUMBER C C00532705
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	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 31 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Connections Media LLC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1428 U Street NW 3rd Floor		Amount 15240.79
City Washington	State DC	Zip Code 20009
Purpose of Expenditure Advertising - Internet (also opposes Daniel Webster) (previously reported as estimate on 10/31)		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: VAL DEMINGS		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2005617.47		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4310

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 600 Fairmount Avenue		Amount 691250.00
City Towson	State MD	Zip Code 21286
Purpose of Expenditure Media Buy and Production		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT JAMES DOLD		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 911302.28		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4218

(a) SUBTOTAL of Itemized Independent Expenditures.....	706490.79
(b) SUBTOTAL of Unitemized Independent Expenditures	[Empty Box]
(c) TOTAL Independent Expenditures.....	[Empty Box]

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
12 / 06 / 2012

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

Form/Schedule: SE

Transaction ID : SE.4310

Reported on 24-hour Report (10/31) as \$15,000 estimate.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) Independence USA PAC	FEC IDENTIFICATION NUMBER C C00532705
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	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker		Date 10 / 30 / 2012
Mailing Address 1818 N. St. NW Suite 450		Amount 65299.20
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Direct Mail Services	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 35 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE BACA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 325702.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4201

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker		Date 10 / 30 / 2012
Mailing Address 1818 N. St. NW Suite 450		Amount 36582.50
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Direct Mail Services	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MARIE BUERKLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 403207.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4207

(a) SUBTOTAL of Itemized Independent Expenditures.....	101881.70
(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

[Electronically Filed]

Date 12 / 06 / 2012

Signature

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

NAME OF COMMITTEE (In Full) Independence USA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00532705 </div>
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	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker			Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 30 / 2012</div>		
Mailing Address 1818 N. St. NW Suite 450			Amount <div style="border: 1px solid black; padding: 2px;">61097.04</div>		
City Washington	State DC	Zip Code 20036			
Purpose of Expenditure Direct Mail Services	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> President			
Name of Federal Candidate Supported or Opposed by Expenditure: VAL DEMINGS			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">275376.68</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Transaction ID : SE.4211

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker			Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 30 / 2012</div>		
Mailing Address 1818 N. St. NW Suite 450			Amount <div style="border: 1px solid black; padding: 2px;">1715000.00</div>		
City Washington	State DC	Zip Code 20036			
Purpose of Expenditure Media Buy and Production (also opposes Daniel Webster)	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> President			
Name of Federal Candidate Supported or Opposed by Expenditure: VAL DEMINGS			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1990376.68</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Transaction ID : SE.4215

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1776097.04
(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

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) Independence USA PAC		FEC IDENTIFICATION NUMBER C C00532705
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		M M / D D / Y Y Y Y Y Y 10 / 31 / 2012

Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 1818 N. St. NW Suite 450		Amount 2350000.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Media Buy and Production (also opposes Joe Baca)		Transaction ID : SE.4219
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 35
Name of Federal Candidate Supported or Opposed by Expenditure: GLORIA NEGRETE MCLEOD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2675702.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type		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.....	2350000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	4934469.53

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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

Signature