

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

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489856 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input 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
Smart Media Group, LLC

Date
MM / DD / YYYY
05 / 12 / 2012

Mailing Address 814 King Street

Amount
100181.50

City State Zip Code
Alexandria VA 22314

Transaction ID : SE.4175

Purpose of Expenditure
media placement

Category/
Type

Office Sought: House State: NE
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Debra S. Fischer

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought **248363.00**

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Smart Media Group, LLC

Date
MM / DD / YYYY
05 / 12 / 2012

Mailing Address 814 King Street

Amount
100181.50

City State Zip Code
Alexandria VA 22314

Transaction ID : SE.4176

Purpose of Expenditure
media placement

Category/
Type

Office Sought: House State: NE
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jon C. Bruning

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought **248363.00**

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	200363.00
(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.

Nancy H. Watkins

[Electronically Filed]

Date MM / DD / YYYY
05 / 13 / 2012

Signature

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

NAME OF COMMITTEE (In Full) Ending Spending Action Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489856 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input 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 Strategic Perception, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 05 / 12 / 2012 </div>
Mailing Address 6158 Mulholland Highway		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 24000.00 </div>
City Hollywood State CA Zip Code 90068	Transaction ID : SE.4177	
Purpose of Expenditure media production	Category/Type	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Debra S. Fischer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Strategic Perception, Inc.		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 05 / 12 / 2012 </div>
Mailing Address 6158 Mulholland Highway		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 24000.00 </div>
City Hollywood State CA Zip Code 90068	Transaction ID : SE.4178	
Purpose of Expenditure media production	Category/Type	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jon C. Bruning		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" 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; text-align: right;"> 48000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 248363.00 </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.

Nancy H. Watkins
 Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
05 / 13 / 2012