

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

NAME OF COMMITTEE (In Full) Now or Never PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00513432 </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 Media Placement Technologies		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 336 Commerce Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">700125.00</div>
City Alexandria State VA Zip Code 22314	Transaction ID : SE.4326	
Purpose of Expenditure Media placement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Duckworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1495794.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Media Placement Technologies		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 31 / 2012 </div>
Mailing Address 336 Commerce Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">285125.00</div>
City Alexandria State VA Zip Code 22314	Transaction ID : SE.4327	
Purpose of Expenditure Media placement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Duckworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 795669.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;">985250.00</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;"> </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.

James C Thomas III

Signature _____ [Electronically Filed] Date 11 / 01 / 2012

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

NAME OF COMMITTEE (In Full) Now or Never PAC	FEC IDENTIFICATION NUMBER C C00513432
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 10 / 31 / 2012
Mailing Address 814 King Street Suite 400		Amount 801275.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Placement	Category/Type 004	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 801275.00		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	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)

(a) SUBTOTAL of Itemized Independent Expenditures.....	801275.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1799965.00

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.

James C Thomas III
Signature _____ [Electronically Filed] Date 11 / 01 / 2012