

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation LET FREEDOM RING INC			3. FEC Identification Number C C90007998
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 603 FAIRWAY DRIVE			
(c) City, State and ZIP Code WEST CHESTER PA 19382			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M M	/	D D D	/	Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

THROUGH

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

6. TOTAL CONTRIBUTIONS.....	10831.00
7. TOTAL INDEPENDENT EXPENDITURES	10831.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Colin Hanna

Colin Hanna

07/11/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
LET FREEDOM RING INC

A. Full Name (Last, First, Middle Initial) Let Freedom Ring Inc. - General Treasury Funds			Date of Receipt 05 / 28 / 2014 Transaction ID : F56.4142		
Mailing Address 603 Fairway Drive					
City	State	Zip Code			
West Chester	PA	19382			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 5755.00		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) Let Freedom Ring Inc. - General Treasury Funds			Date of Receipt 06 / 18 / 2014 Transaction ID : F56.4146		
Mailing Address 603 Fairway Drive					
City	State	Zip Code			
West Chester	PA	19382			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 5076.00		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt / /		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt / /		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	10831.00
TOTAL This Period (last page carry total to Line 6)	10831.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
LET FREEDOM RING INC

Full Name (Last, First, Middle Initial) of Payee Hamilton Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 3990 Ashland Drive, Suite 100		Amount 2805.00	
City Skippack	State PA	Zip Code 19474	Transaction ID : F57.4138
Purpose of Expenditure Airtime purchase - New South Network, Clear Channel Network - 'Name for Himself'		Category/Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		5755.00	

Full Name (Last, First, Middle Initial) of Payee Hamilton Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 3990 Ashland Drive, Suite 100		Amount 5076.00	
City Skippack	State PA	Zip Code 19474	Transaction ID : F57.4143
Purpose of Expenditure Radio Spots - Supertalk Mississippi		Category/Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
		5076.00	

Full Name (Last, First, Middle Initial) of Payee RapidResponse Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 343 Tschiffely Square Road		Amount 2500.00	
City Gaithersburg	State MD	Zip Code 20878	Transaction ID : F57.4136
Purpose of Expenditure Radio Production: writing/producing/editing/voice-over, etc - 'Name for Himself'		Category/Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2950.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10381.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
LET FREEDOM RING INC

Full Name (Last, First, Middle Initial) of Payee Sunsports Productions, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014	
Mailing Address PO Box 2410		Amount 450.00	
City Fairview	State NC	Zip Code 28730	Transaction ID : F57.4133
Purpose of Expenditure Jackson, MS Radio Spot License, Announcers, dubbing - 'Name for Himself'	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 450.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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.....	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	10831.00