

NRSC
425 Second Street NE
Washington, DC 20002
(C00027466)

SECRETARY OF THE SENATE

15 MAY 13 AM 11:16

May 12, 2015

Ms. Kaitlin Seufert
Senior Campaign Finance and Reviewing Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Ms. Seufert:

The NRSC is in receipt of your Request for Additional Information dated May 11, 2015, concerning our 2014 post-general report, which was filed on December 4, 2014.

Attached please find Schedule C forms for the Committee's draws totaling \$9,000,000 on its Line of Credit. The signed C-1 forms were included with the original filing.

The Committee has reviewed the coordinated expenditure referenced in your letter on behalf of Senator David Perdue that was paid after the date of the election. The expense was incurred and paid during this post-general reporting period. Therefore, no Schedule D entry is required for this transaction.

Sincerely:



Jay Banning
Assistant Treasurer

Encl.

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

May 11, 2015

KEITH A. DAVIS, TREASURER
NRSC
425 2ND STREET NE
WASHINGTON, DC 20002

Response Due Date

06/15/2015

IDENTIFICATION NUMBER: C00027466

REFERENCE: 30 DAY POST-GENERAL REPORT (10/16/2014 - 11/24/2014)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 2 item(s):

1. Please provide Schedule C to support the amount of \$9,000,000.00 reported on Line 10 of the Summary Page. Loans must be continuously reported until they are either repaid or settled. (11 CFR §104.3(d) and 52 U.S.C. §30104(b)(8) (formerly 2 U.S.C. §434(b)(8)))

2. Schedule F supporting Line 25 of your report discloses a coordinated expenditure(s) on behalf of "DAVID PERDUE," which appears to have been made after the general election date. Please be advised that if a service is provided or a communication is aired in one reporting period and the payment is made in a later reporting period, the coordinated expenditure should be reported as a memo entry on Schedule F when the service is provided or the communication is publicly disseminated or distributed, and on a Schedule D if it is a reportable debt under 11 CFR §104.11. When the payment for the coordinated expenditure is made, the report should show a payment on Schedule F and the same payment on Schedule D, if applicable.

Please amend your report to provide further clarifying information regarding the coordinated expenditures disclosed after the general election date.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will

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NRSC

Page 2 of 2

be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1143.

Sincerely,



Kaitlin Seufert
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

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SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 5769A OF 5761 |
| | FOR LINE 13 OF FORM 3X |

| | |
|--|-------------------------------|
| NAME OF COMMITTEE (In Full) NRSC | Transaction ID : SC001 |
|--|-------------------------------|

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CHAINBRIDGE BANK NA | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1445 A LAUGHLIN | |
| City MCLEAN State VA ZIP Code 22101 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3000000.00 | 0.00 | 3000000.00 |

| | | | | |
|--------------|-------------------------------------|-------------------------------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | M M / D D / Y Y Y Y 10 17 / 2014 | M M / D D / Y Y Y Y 07 31 / 2016 | 3.03 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|------------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 3000000.00 |
| TOTALS This Period (last page in this line only)... ▶ | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **NRSC** Transaction ID : **SC001_B**

LOAN SOURCE Full Name (Last, First, Middle Initial)
 CHAINBRIDGE BANK NA

Mailing Address 1445 A LAUGHLIN

City MCLEAN State VA ZIP Code 22101

Election:
 Primary
 General
 Other (specify) ▼

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 4000000.00 | 0.00 | 4000000.00 |

TERMS

| | | | |
|----------------|----------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 10 / 22 / 2014 | 07 / 31 / 2016 | 3.03 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|------------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 4000000.00 |
| TOTALS This Period (last page in this line only)... ▶ | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

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SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 57696 OF 5761 |
| | FOR LINE 13 OF FORM 3X |

| | |
|--|-----------------------------------|
| NAME OF COMMITTEE (In Full) NRSC | Transaction ID : SC001_B_B |
|--|-----------------------------------|

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CHAINBRIDGE BANK NA | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1445 A LAUGHLIN | |
| City MCLEAN State VA ZIP Code 22101 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 2000000.00 | 0.00 | 2000000.00 |

| | | | | |
|--------------|----------------------------|----------------------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | M M / D D / Y Y 2014 10 27 | M M / D D / Y Y 2016 07 31 | 3.03 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|------------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 2000000.00 |
| TOTALS This Period (last page in this line only)... ▶ | 9000000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Hand Delivered

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

5/13/15
Date of Receipt

USPS FIRST CLASS MAIL

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

MN

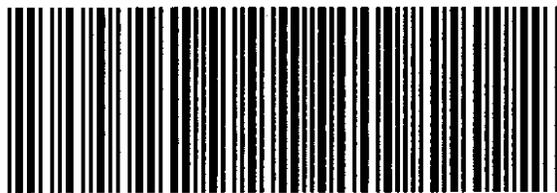
DATE PREPARED

5/13/15

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SEN PATCH



SEN PATCH

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