

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

PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER C C00075820
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 NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date 10 / 29 / 2012
Mailing Address 815 SLATERS LANE		Amount 264988.60
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.032398
Name of Federal Candidate Supported or Opposed by Expenditure: ANN KIRKPATRICK		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2496221.23		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date 10 / 29 / 2012
Mailing Address 815 SLATERS LANE		Amount 558.53
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.032399
Name of Federal Candidate Supported or Opposed by Expenditure: ANN KIRKPATRICK		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2496221.23		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	265547.13
(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.

KEITH DAVIS

Signature _____ [Electronically Filed] Date 10 / 29 / 2012

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

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00075820
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
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC

Date
MM / DD / YYYY
10 / 29 / 2012

Mailing Address **815 SLATERS LANE**

Amount
700.00

City State Zip Code
ALEXANDRIA VA 22314

Transaction ID : SE24-0.032400

Purpose of Expenditure
MEDIA
Category/Type

Office Sought: House State: AZ
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANN KIRKPATRICK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2496221.23

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
SOMETHING ELSE STRATEGIES

Date
MM / DD / YYYY
10 / 29 / 2012

Mailing Address **112 LANTERN RIDGE DR**

Amount
21500.00

City State Zip Code
EASLEY SC 29642

Transaction ID : SE24-0.032401

Purpose of Expenditure
MEDIA
Category/Type

Office Sought: House State: CA
 Senate District: 36
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RAUL RUIZ

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
630829.86

Disbursement For: Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ 22200.00

(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.

KEITH DAVIS

[Electronically Filed]

Date MM / DD / YYYY
10 / 29 / 2012

Signature

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

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </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 NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 89318.50 </div>
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24-0.032396	
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MCLANE KUSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1781271.72 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee BRABENDER COX		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 1218 GRANDVIEW AVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 21000.00 </div>
City PITTSBURGH State PA Zip Code 15211	Transaction ID : SE24-0.032402	
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2377813.51 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110318.50
(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.

KEITH DAVIS

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y
 10 / 29 / 2012

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

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00075820
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 BASELICE AND ASSOCIATES INC		Date 10 / 29 / 2012
Mailing Address 4131 SPICEWOOD SPRINGS RD STE O-2		Amount 17000.00
City AUSTIN State TX Zip Code 78759	Transaction ID : SE24-0.032408	
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID N CICILLINE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294837.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date 10 / 29 / 2012
Mailing Address 815 SLATERS LANE		Amount 247876.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24-0.032397	
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID N CICILLINE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 294837.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	264876.00
(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.

KEITH DAVIS *[Electronically Filed]* Date 10 / 29 / 2012

Signature

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

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00075820
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 SRCP MEDIA		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 201 N UNION ST. SUITE 200		Amount 29961.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.032407
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID N CICILLINE		Office Sought: <input checked="" type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 294837.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		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		MM / DD / YYYY
City		State
Zip Code		Amount
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.....	29961.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	692902.63

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.

KEITH DAVIS

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 29 / 2012**