

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

10/31/2008 21 : 52

The National Republican Trust PAC

2100 M Street, NW, Suite 170-340

Washington

DC

20037-1233

FEC ID No. C00455378☒ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
The National Republican Trust PAC**FEC IDENTIFICATION NUMBER****C** C00455378Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Intrepid Media

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Amount

8000.00

Mailing Address

210 Mill Branch Road

City

Tallahassee

State

FL

Zip Code

32312

Purpose of Expenditure

Media Production/Distribution

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: SE.4296**

Calendar Year-To-Date Per Election

3722824.65

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Newsmax Media, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Amount

231750.00

Mailing Address

560 Village Blvd., Suite 120

City

West Palm Beach

State

FL

Zip Code

33409

Purpose of Expenditure

Email Communication

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: SE.4293**

Calendar Year-To-Date Per Election

3704824.65

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

239750.00

(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.

Peter Leitner

Signature

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
The National Republican Trust PAC

FEC IDENTIFICATION NUMBER

C C00455378

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Newsmax Media, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Amount

10000.00

Mailing Address

560 Village Blvd., Suite 120

City

West Palm Beach

State

FL

Zip Code

33409

Purpose of Expenditure

Banner Ads

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.4294

Calendar Year-To-Date Per Election

3714824.65

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Philips Brook Group, Inc.

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Amount

2530000.00

Mailing Address

53 Philipse Brook Road

City

Garrison

State

NY

Zip Code

10524

Purpose of Expenditure

Media Buy

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: SE.4297

Calendar Year-To-Date Per Election

6252824.65

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

2540000.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Peter Leitner

Signature

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 3 / 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The National Republican Trust PAC		FEC IDENTIFICATION NUMBER C C00455378	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Triangulation Strategies		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8	
Mailing Address 64 Twin Lakes Rd		Amount 1500.00	
City South Salem	State NY	Zip Code 10590	
Purpose of Expenditure Email Communication		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
6254324.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.4298	

Full Name (Last, First, Middle, Initial) of Payee Triangulation Strategies		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8	
Mailing Address 64 Twin Lakes Rd		Amount 1500.00	
City South Salem	State NY	Zip Code 10590	
Purpose of Expenditure Banner Ads		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
6255824.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.4299	

(a) SUBTOTAL of Itemized Independent Expenditures	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2782750.00
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.	
Peter Leitner Signature	M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8