## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEA Advocacy Fund	C C00489815
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination
	10 14 2014
Mailing Address 3050 K Street NW Suite 100	Amount
City State Zip Code	331978.00
Washington DC 20007	Transaction ID : B536633  Date of Disbursement or Obligation
Purpose of Expenditure Time for TV Ad  Category/ Type 004	10 14 2014
Name of Federal Candidate Support Office	e Sought: House District:
Thomas Cotton Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Prism Communications	10 14 2014
Mailing Address 2715 M Street NW Suite 100	Amount
City State Zip Code	19231.00
Washington DC 20007	Transaction ID : B536684  Date of Disbursement or Obligation
Purpose of Expenditure Production for TV Ad  Category/ Type  004	10 14 2014
Name of Federal Candidate Support Office	e Sought: House District:
Thomas Cotton Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary ⊠ General  Other (specify) ▶
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(a) SUBTOTAL of Itemized Independent Expenditures	351209.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	351209.00
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.	
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Signature	