Schedule E)	nE3	PAGE 1 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA		C C00499020
		- M / D - D / Y - Y - Y - Y
Check if 24-hour report 48-hour report New report	Amends report filed on	
Full Name of Payee  Bright Roll		of Public Distribution/Dissemination
		04 / 14 / Y Y Y Y Y Y
Mailing Address 343 Sansome St. Ste. 600	Amour	nt
	Code	2500.00
San Francisco CA 94		action ID: SE.12159  of Disbursement or Obligation
Purpose of Expenditure IE-Cochran-Online Ads		04 / 14 / 2014
Name of Federal Candidate	Support Office Sought	: House District: 00
THAD COCHRAN	Oppose Preside	ent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Of	t For:
Full Name of Payee	Date of	of Public Distribution/Dissemination
Color Craft	М	04 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22645 Sally Ride Drive	Amou	nt
City State Zip	Code	155.12
Sterling VA 20	164 Transa	ction ID : SE.12154 of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Direct Mail	ategory/ 003 Type	04
Name of Federal Candidate	Support Office Sough	t: House District: 00
CHRISTOPHER BRIAN MCDANIEL	Oppose Preside	ent X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	93718.28 Disbursemen 2014 O	t For:
-		
(a) SUBTOTAL of Itemized Independent Expenditures	······	2655.12
(b) SUBTOTAL of Unitemized Independent Expenditures	· .	711717
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures reposit, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
R. Russ Walker [Electronically	v Filed] Date 04	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Mailing Address 22780 Indian Creek Dr., Ste. 100  City State Zip Code Dulles VA 20166  Purpose of Expenditure IE-McDaniel-Direct Mail  Name of Federal Candidate  CHRISTORHER RRIAN MCDANIEL  04 08 20  Amount  Transaction ID: SE.12153 Date of Disbursement or Obligation  M M M O4 08  20  Amount  Category/ Type 003  Support Office Sought: House District:	BER ▼
Check if 24-hour report	Y   Y
Check if	Y
Direct Mail Marketing Group  Mailing Address 22780 Indian Creek Dr., Ste. 100  City State Zip Code  Dulles VA 20166  Purpose of Expenditure IE-McDaniel-Direct Mail  Category/ Type 003  Name of Federal Candidate  CHRISTORHER RRIAN MCDANIEL  M M M O4 08 200  Amount  Transaction ID: SE.12153 Date of Disbursement or Obligation  M M M O4 08 200  Support Office Sought: House District:	
Mailing Address 22780 Indian Creek Dr., Ste. 100  City State Zip Code  Dulles VA 20166  Purpose of Expenditure IE-McDaniel-Direct Mail  Category/ Type 003  Name of Federal Candidate  Support Office Sought: House District:	YY
Dulles VA 20166  Purpose of Expenditure IE-McDaniel-Direct Mail  Category/ Type  Od  Od  Od  Od  Od  Od  Od  Od  Od  O	4
Dulles VA 20166  Purpose of Expenditure IE-McDaniel-Direct Mail  Category/ Type  Od  Od  Od  Od  Od  Od  Od  Od  Od  O	62.31
Purpose of Expenditure IE-McDaniel-Direct Mail  Category/ Type  O3  Name of Federal Candidate  Support  Office Sought:  House District:	JZ. 01
CHRISTOPHER BRIAN MCDANIEL	4
CHDISTODHED BRIAN MCDANIEI	00
Oppose President State:	MS
Calendar Year-To-Date Per Election for Office Sought  93563.16  Disbursement For:   Primary  2014  Other (specify) ▶	General
Full Name of Payee Freedomworks, Inc.  Date of Public Distribution/Dissemi	YY
Mailing Address 400 N Capitol St., NW	
Suite 735	
	3.33
Date of Disbursement or Obligation	
IE-McDaniel-Email/Social Media/Printing  Category/ Type  004  03  26  20	4
Name of Federal Candidate    Support   Office Sought:   House   District:	00
CHRISTOPHER BRIAN MCDANIEL Oppose President State:	MS
Calendar Year-To-Date Per Election for Office Sought  Disbursement For:   Primary  2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	64
(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 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 party committee) any political party committee or its agent.	
R. Russ Walker  [Electronically Filed] Date 04 16 2014  Signature	

Schedule E)	PAGE 3 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW	03 27 2014
Suite 735	Amount
City State Zip Code	38.82
Washington DC 20001	Transaction ID : SE.12143  Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	03 / 27 / 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Dis 20'	sbursement For:
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Ma Para Address	03 31 7 2014
- 400 π σαβιώ σε., πτν	Amount
Suite 735  City State Zip Code	38.82
Washington DC 20001	Transaction ID : SE.12145  Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District:00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Display 190669.32	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	77.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
R. Russ Walker  [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 4 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AMERICA	C C00499020
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	ate of Public Distribution/Dissemination
Freedomworks, Inc.	04
	mount
Suite 735	400.44
· · · · · · · · · · · · · · · · · · ·	108.44 ransaction ID : SE.12146
Purpose of Evpenditure	ate of Disbursement or Obligation
IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	04 / 02 / 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose Pre	esident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disburses 2014	ment For:
	ate of Public Distribution/Dissemination
Freedomworks, Inc.	04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 N Capitol St., NW	mount
Suite 735	mount
City State Zip Code	89.03
D. D.	ansaction ID : SE.12147 ate of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	04 03 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
CHRISTOPHER BRIAN MCDANIEI	esident State: MS
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	197.47
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
R. Russ Walker  [Electronically Filed] Date 04	16 2014
orginatero	

Schedule E)	PAGE 5 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AWIERICA	C C00499020
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW	04 04 2014 Amount
Suite 735	
City State Zip Code	1099.01
Washington DC 20001	Transaction ID : SE.12148  Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel  Category/ Type 002	04 / 04 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Freedomworks, Inc.	04 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 N Capitol St., NW	Amount
Suite 735	Amount
City State Zip Code	745.84
Washington DC 20001	Transaction ID : SE.12150  Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel  Category/ Type  002	04 05 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1844.85
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
R. Russ Walker  [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	.XF LNDII	Ones		PAGE 6 OF 10 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA				C C00499020
Check if 24-hour report X 48-hour report	New repor	t Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Data	of Public Distribution/Dissemination
Freedomworks, Inc.				04 06 2014
Mailing Address 400 N Capitol St., NW Suite 735			Amou	nt
City Sta	ato 7	ip Code		609.29
		20001		action ID : SE.12151 of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		04 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	9:	3320.93	Disbursement 2014 Or	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Freedomworks, Inc.			M	04 07 7 2014
Mailing Address 400 N Capitol St., NW			Amou	nt
Suite 735				
City Sta Washington D	_	ip Code 20001		79.92 action ID : SE.12152
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing		Category/ Type 004		of Disbursement or Obligation  04  07  07  08  09  09  09  09  09  09  09  09  09
Name of Federal Candidate		X Support	Office Sough	it: House District:00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	ent State: MS
Calendar Year-To-Date Per Election for Office Sought		93400.85	Disbursemen 2014 O	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				689.21
(b) SUBTOTAL of Unitemized Independent Expenditures			_	
(b) GOD TOTAL OF OTHER MIZE A MICE POPULATION EXPONENTIAL CO.			•	
(c) TOTAL Independent Expenditures			•	7
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.				
R. Russ Walker Signature	[Electronico	ully Filed] Date	04 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- <del>g</del>				

Schedule E)	PAGE 7 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	ate of Public Distribution/Dissemination
Freedomworks, Inc.	04 08 2014
	mount
Suite 735	10.11
City State Zip Code Washington DC 20001 Ti	19.41 ransaction ID : SE.12155
Di	eate of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	04 / 08 / Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose Pre	esident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
	Date of Public Distribution/Dissemination
Freedomworks, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 N Capitol St., NW	
Suite 735	mount
City State Zip Code	77.64
	ansaction ID: SE.12158 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
CHRISTOPHER BRIAN MCDANIEI	resident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
·	
(a) SUBTOTAL of Itemized Independent Expenditures	97.05
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
R. Russ Walker  [Electronically Filed] Date 04	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
	0
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Treedonworks, inc.	04 / 14 / 2014
Mailing Address 400 N Capitol St., NW	Amount
Suite 735	, and a second
City State Zip Code	109.73
Washington DC 20001	Transaction ID : SE.12161 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing  Category/ Type  004	M M / D D / Y Y Y Y Y Y 14 2014
Name of Federal Candidate Support Office	Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Google, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Department No. 33564	04 14 2014
P.O. Box 39000	Amount
City State Zip Code	3000.00
San Francisco CA 94139	Transaction ID : SE.12160  Date of Disbursement or Obligation
Purpose of Expenditure IE-Cochran-Online Ads Category/ Type 004	04 / 14 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
THAD COCHRAN Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	3109.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
R. Russ Walker  [Electronically Filed] Date	4 16 2014
Signature	

Schedule E)	ZAI EIVOI	TOTILO		PAGE 9 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA			C C00499020	
Check if 24-hour report X 48-hour report	≺ New repo	ort Amends repo		= M
Full Name of Payee Larimer & Sears			Date	of Public Distribution/Dissemination
				04 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 570 Liberty St., SE			Amou	int
Ste. 240 City Sta	ate	Zin Codo		3500.00
	OR	Zip Code 97301		saction ID : SE.12156
Purpose of Expenditure		Category/		of Disbursement or Obligation
IE-Cochran-Research		Type 001	<b>⊿</b>   ∟	04 09 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
THAD COCHRAN		X Oppose	Presid	ent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		97237.69	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Mungo, LLC				04 10 7 2014
Mailing Address 625 Clay St E			Amou	ınt
City St	ate	Zip Code	— r	511.00
Monmouth C	OR	97361		action ID : SE.12157 of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Bumper Stickers		Category/ Type 004	_   _	04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Presid	lent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		97748.69	Disbursemer 2014	nt For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures			•	4011.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [	7 7 4
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized			
R. Russ Walker Signature	[Electroni	cally Filed] Date	M 04 /	16 Y 2014
Signature				

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

ooneduic L)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  FDEEDOM/MODKS FOR AMEDICA			
FREEDOMWORKS FOR AMERICA	C C00499020		
Check if 24-hour report X 48-hour report New report Amends rep	port filed on Man / Dan / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Odd Lamps, LLC	03 31 Y Y Y Y Y		
Mailing Address 12076 92nd Ave N	Amount		
City State Zip Code	534.95		
Maple Grove MN 55369	Transaction ID : SE.12144  Date of Disbursement or Obligation		
Purpose of Expenditure IE-Cochran-Online Ads  Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District: 00		
THAD COCHRAN Oppose	President Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 90630.50	Disbursement For: Primary General 2014		
	Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mailing Address	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support	Office Sought: House District:		
Oppose	President Senate State:		
Calendar Year-To-Date	Disbursement For: Primary General		
Per Election for Office Sought	Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	> 534.95		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	13432.66		
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.			
R. Russ Walker [Electronically Filed] Date	te 04 16 2014		
Signature			

PAGE 10

OF

10