24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Senate Majority PAC			
	C C00484642		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination		
Mission Control, Inc.	M M / D D / Y Y Y		
Mailing Address 114A Mansfield Hollow Rd	10 29 2014 Amount		
City State Zip Code	35276.10		
Mansfield Center CT 06250-1316	Transaction ID: VN7GB9XAGF6 Date of Disbursement or Obligation		
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office	e Sought: House District:		
Joni Ernst Oppose	President X Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶		
Full Name of Payee			
SKDKnickerbocker	Date of Public Distribution/Dissemination 10 29 2014		
Mailing Address 1150 18th St NW			
Ste 800	Amount		
City State Zip Code	8981.53		
Washington DC 20036-3845	Transaction ID: VN7GB9XK6B3 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y		
Name of Foderal Condidate			
Coatt Drawn	e Sought: House District:		
Орроѕе	President State:		
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	44257.63		
(-,/	7		
(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.			
24.0	0 30 2014		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICID	TIONES	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC			C C00484642
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination
Mailing Address 3050 K St NW			Amount
Ste 100		7: 0 1	20001100
City Washington	State DC	Zip Code 20007-5108	396241.00 Transaction ID: VN7GB9XAG98 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type	Mam / Dad / Yayayay
Name of Federal Candidate		Support	Office Sought: House District:
Scott Brown		X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	3′	28633.36	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination
Mailing Address 3050 K St NW			Amount
Ste 100			
City Washington	State DC	Zip Code 20007-5108	251843.00 Transaction ID : VN7GB9XFGV9 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type	Date of Disputs ment of Obligation
Name of Federal Candidate		Support	Office Sought: House District:
Mitch McConnell		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		5250207.79	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		648084.00
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		·
(c) TOTAL Independent Expenditures			692341.63
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.			
Rebecca Lambe Signature	[Electron	ically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y