

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | | |
|---|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation LET FREEDOM RING INC | | | 3. FEC Identification Number C C90007998 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 603 FAIRWAY DRIVE | | | |
| (c) City, State and ZIP Code WEST CHESTER PA 19382 | | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 5076.00

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 any political party committee or its agent.

| | | |
|---|--|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Colin Hanna | Colin Hanna <i>[Electronically Filed]</i> | 06/18/2014 |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
LET FREEDOM RING INC

| | | | |
|--|----------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Hamilton Strategies | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 18 / 2014 | |
| Mailing Address 3990 Ashland Drive, Suite 100 | | Amount 5076.00 | |
| City Skippack | State PA | Zip Code 19474 | Transaction ID : F57.4145 |
| Purpose of Expenditure Radio Spots - Supertalk Mississippi | Category/Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: MS District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 5076.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff | |

| | | | |
|--|---------------|---|------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | Category/Type | Office Sought: | State: District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: Support Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General Other (specify) | |

| | | | |
|--|---------------|---|------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | Category/Type | Office Sought: | State: District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: Support Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General Other (specify) | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 5076.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 5076.00 |