

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="11455201.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28932736.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12938346.46"/>	<input type="text" value="52508318.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="41871082.50"/>	<input type="text" value="63963519.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18759822.85"/>	<input type="text" value="40852259.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23111259.65"/>	<input type="text" value="23111259.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13020251777

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Report Covering the Period: From:

MM / DD / YYYY
09 / 01 / 2012

To:

MM / DD / YYYY
09 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3584779.68	21988314.12
(i) Itemized (use Schedule A).....		
(ii) Unitemized	1778287.33	12070491.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5363067.01	34058805.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1186600.00	6606950.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	6549667.01	40665755.70
12. Transfers From Affiliated/Other Party Committees.....	5989372.45	11233139.28
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	399307.00	417823.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	43100.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	148500.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12938346.46	52508318.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12938346.46	52508318.39

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DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	3935857.10	22159676.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3935857.10	22159676.04
22. Transfers to Affiliated/Other Party Committees	5328500.00	7445133.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	431000.00	517200.00
24. Independent Expenditures (use Schedule E)	6022861.73	7471883.08
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	2976053.14	2992810.64
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	41920.68	221926.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	25000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	46920.68	246926.88
29. Other Disbursements	18630.20	18630.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18759822.85	40852259.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	18759822.85	40852259.84

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DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6549667.01	40665755.70
34. Total Contribution Refunds (from Line 28(d))	46920.68	246926.88
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6502746.33	40418828.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3935857.10	22159676.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	399307.00	417823.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3536550.10	21741852.63

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3437A OF 3408

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Transaction ID :
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	<input type="text"/>
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		Transaction ID :
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	<input type="text"/>
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. NEBO MEDIA		Date of Disbursement
Mailing Address PO BOX 3775		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
WASHINGTON	DC	20007
Purpose of Disbursement MEDIA- NEVER AIRED		Transaction ID : SB21B.A004
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	<input type="text"/> 4800.00
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 4800.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

13020251781

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3437C OF 3488

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. STRATEGIC MEDIA SERVICES, INC

Mailing Address 3299 K ST
SUITE 200

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
MEDIA- NEVER AIRED

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB21B.A002

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. STRATEGIC MEDIA SERVICES, INC

Mailing Address 3299 K ST NW
SUITE 200

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
MEDIA- NEVER AIRED

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB21B.A003

Amount of Each Disbursement this Period

4800.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID :

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

7200.00

TOTAL This Period (last page this line number only).....▶

3935857.10

13020251783

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER C00027466
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Mailing Address **3299 K ST., NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Expenditure **PRODUCTION** Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JON TESTER

Calendar Year-To-Date Per Election for Office Sought **2267805.42**

Date **09 / 06 / 2012**

Amount **34500.00**

Transaction ID : **SE24-0.018775**

Office Sought: House Senate President
State: **MT** District: **00**

Check One: Support Oppose

Disbursement For: Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Mailing Address **3299 K ST., NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Expenditure **MEDIA** Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JON TESTER

Calendar Year-To-Date Per Election for Office Sought **2267805.42**

Date **09 / 06 / 2012**

Amount **89805.40**

Transaction ID : **SE24-0.018774**

Office Sought: House Senate President
State: **MT** District: **00**

Check One: Support Oppose

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	124305.40
(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.

Signature JAY C BANNING Date **09 / 06 / 2012**

13020251784

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Mailing Address **3299 K ST., NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Expenditure **MEDIA** Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JON TESTER

Calendar Year-To-Date Per Election for Office Sought **2267805.42**

Date **09 / 06 / 2012**

Amount **224513.51**

Transaction ID : **SE24-0.0187743432**

Office Sought: House State: **MT**
 Senate District: **00**
 President

Check One: Support Oppose

Disbursement For: Primary General
2012 Other (specify)

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

Mailing Address **P.O. BOX 3775**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Expenditure **MEDIA** Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
MARY KATHRYN HEITKAMP

Calendar Year-To-Date Per Election for Office Sought **1942391.46**

Date **09 / 06 / 2012**

Amount **79574.61**

Transaction ID : **SE24-0.018776**

Office Sought: House State: **ND**
 Senate District: **00**
 President

Check One: Support Oppose

Disbursement For: Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	304088.12
(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.

JAY C BANNING Date **09 / 06 / 2012**
Signature

13020251785

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00027466										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">M M M</td><td style="text-align: center;">/</td><td style="text-align: center;">D D D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y Y Y Y Y</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table>	M M M	/	D D D	/	Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y								

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA		Date 09 / 06 / 2012	
Mailing Address P.O. BOX 3775		Amount 198936.55	
City WASHINGTON	State DC	Zip Code 20007	
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1942391.46		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.		Date 09 / 07 / 2012	
Mailing Address 3299 K ST., NW SUITE 200		Amount 3598.67	
City WASHINGTON	State DC	Zip Code 20007	
Purpose of Expenditure PRODUCTION	Category/Type	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2267805.42		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	202535.22
(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.

JAY C BANNING

Signature _____ Date 09 / 06 / 2012

13020251786

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date 09 / 07 / 2012
Mailing Address 3299 K ST., NW SUITE 200	Amount 63500.00
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.018910
Purpose of Expenditure PRODUCTION	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2267805.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date 09 / 07 / 2012
Mailing Address P.O. BOX 3775	Amount 2476.52
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.018913
Purpose of Expenditure PRODUCTION	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD ALAN BERG	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1942391.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	65976.52
(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.

 Signature Date 09 / 07 / 2012

13020251787

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00027466 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 12 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;"> 89715.13 </div>
City WASHINGTON State DC Zip Code 20007	Transaction ID : SE24-0.019117
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 2267805.42 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 12 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;"> 224287.83 </div>
City WASHINGTON State DC Zip Code 20007	Transaction ID : SE24-0.019118
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 2267805.42 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 314002.96 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 314002.96 </div>

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.

JAY C BANNING

Signature _____ Date

MM / DD / YYYY
 09 / 12 / 2012

13020251790

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00027466						
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M /</td> <td style="border: 1px solid black; padding: 2px;">D D D /</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> / </td> <td style="border: 1px solid black; padding: 2px;"> / </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>	M M M /	D D D /	Y Y Y Y	/	/	
M M M /	D D D /	Y Y Y Y						
/	/							

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA		
Mailing Address P.O. BOX 3775		
City WASHINGTON	State DC	Zip Code 20007
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.019115
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP		
Calendar Year-To-Date Per Election for Office Sought 1942391.46		

Date 09 / 12 / 2012	
Amount 77784.44	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: 00
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA		
Mailing Address P.O. BOX 3775		
City WASHINGTON	State DC	Zip Code 20007
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.019116
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP		
Calendar Year-To-Date Per Election for Office Sought 1942391.46		

Date 09 / 12 / 2012	
Amount 194461.12	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: 00
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	272245.56
(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.

Signature JAY C BANNING Date **09 / 12 / 2012**

13020251791

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3462 OF 3488
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date MM / DD / YYYY 09 / 14 / 2012
Mailing Address 3299 K ST., NW SUITE 200	Amount 32521.37
City WASHINGTON State DC Zip Code 20007	Transaction ID : SE24-0.019145
Purpose of Expenditure PRODUCTION Category/Type	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CYNTHIA DILL	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1125493.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date MM / DD / YYYY 09 / 14 / 2012
Mailing Address 3299 K ST., NW SUITE 200	Amount 32521.37
City WASHINGTON State DC Zip Code 20007	Transaction ID : SE24-0.019146
Purpose of Expenditure PRODUCTION Category/Type	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS S. KING JR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1125493.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	65042.74
(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.

JAY C BANNING
Signature

Date **09 / 14 / 2012**

13020251792

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3463 OF 3488
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00027466 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 14 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;"> 34500.00 </div>
City WASHINGTON State DC Zip Code 20007	Transaction ID: SE24-0.019144
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 2267805.42 </div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 14 / 2012 </div>
Mailing Address P.O. BOX 3775	Amount <div style="border: 1px solid black; padding: 2px;"> 34584.00 </div>
City WASHINGTON State DC Zip Code 20007	Transaction ID: SE24-0.019142
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 1942391.46 </div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 69084.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 69084.00 </div>

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.

Signature JAY C BANNING Date

MM / DD / YYYY
 09 / 14 / 2012

13020251793

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00027466</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div> </div>

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Date

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Mailing Address **3299 K ST., NW**
SUITE 200

Amount

622959.06

City State Zip Code
WASHINGTON DC 20007

Purpose of Expenditure
MEDIA Category/Type

Office Sought: House State: IN
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH SIMON DONNELLY SR.

Calendar Year-To-Date Per Election for Office Sought

773961.14

Disbursement For: Primary General
 2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Date

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Y

Mailing Address **3299 K ST., NW**
SUITE 200

Amount

33228.57

City State Zip Code
WASHINGTON DC 20007

Purpose of Expenditure
MEDIA Category/Type

Office Sought: House State: ME
 Senate District: 00
 President
 Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
ANGUS S KING JR.

Calendar Year-To-Date Per Election for Office Sought

1125493.91

Disbursement For: Primary General
 2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">656187.63</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

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.

JAY C BANNING

Signature _____ Date

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Y

Y

Y

13020251794

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3465 OF 3488
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER C00027466	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Mailing Address **3299 K ST., NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Expenditure **MEDIA** Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JON TESTER

Calendar Year-To-Date Per Election for Office Sought **2267805.42**

Date **09 / 18 / 2012**

Amount **62128.81**

Transaction ID : **SE24-0.019221**

Office Sought: House State: **MT**
 Senate District: **00**
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify)

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

Mailing Address **P.O. BOX 3775**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Expenditure **MEDIA** Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
MARY KATHRYN HEITKAMP

Calendar Year-To-Date Per Election for Office Sought **1942391.46**

Date **09 / 18 / 2012**

Amount **108005.22**

Transaction ID : **SE24-0.019224**

Office Sought: House State: **ND**
 Senate District: **00**
 President

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	170134.03
(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.

JAY C BANNING
Signature

Date **09 / 18 / 2012**

13020251795

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C C00027466
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		<input type="text"/>
Name of Federal Candidate Supported or Opposed by Expenditure:		Transaction ID:
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
		State: <input type="text"/> District: <input type="text"/>
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
		2012 <input type="checkbox"/> Other (specify) <input type="text"/>

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.		Date
Mailing Address 3299 K ST., NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
SUITE 200		Amount
City	State	Zip Code
WASHINGTON	DC	20007
Purpose of Expenditure MEDIA		Transaction ID: SE24-0.019269
Category/Type		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH SIMON DONNELLY SR.		State: IN District: 00
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
773961.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		2012 <input type="checkbox"/> Other (specify) <input type="text"/>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 26614.58
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Signature JAY C BANNING Date / /

13020251796

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C C00027466</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">09 / 20 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">37500.00</div>
City WASHINGTON State DC Zip Code 20007	Transaction ID : SE24-0.019292
Purpose of Expenditure PRODUCTION	Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH SIMON DONNELLY SR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">773961.14</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">09 / 20 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">89692.57</div>
City WASHINGTON State DC Zip Code 20007	Transaction ID : SE24-0.019301
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">2267805.42</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">127192.57</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

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.

JAY C BANNING

 Signature

Date

09 / 20 / 2012

13020251798

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3469 OF 3488
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00027466 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 20 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 224231.79 </div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019302
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2267805.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 20 / 2012 </div>
Mailing Address P.O. BOX 3775	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 34048.00 </div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019300
Purpose of Expenditure PRODUCTION	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1942391.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 258279.79 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

JAY C BANNING

Signature Date MM / DD / YYYY
09 / 20 / 2012

13020251799

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3410 OF 3400
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date MM / DD / YYYY 09 / 20 / 2012
Mailing Address P.O. BOX 3775	Amount 81325.40
City WASHINGTON State DC Zip Code 20007	
Purpose of Expenditure MEDIA	Transaction ID : SE24-0.019298
Category/Type 	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1942391.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date MM / DD / YYYY 09 / 20 / 2012
Mailing Address P.O. BOX 3775	Amount 203313.51
City WASHINGTON State DC Zip Code 20007	
Purpose of Expenditure MEDIA	Transaction ID : SE24-0.019299
Category/Type 	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1942391.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	284638.91
(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.

JAY C BANNING

Signature _____ Date MM / DD / YYYY
09 / 20 / 2012

13020251800

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00027466 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 24 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;"> 27500.00 </div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019366
Purpose of Expenditure PRODUCTION	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS S. KING JR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 1125493.91 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;"> 8437.50 </div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019524
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH SIMON DONNELLY SR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 773961.14 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 35937.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> [Empty] </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> [Empty] </div>

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.

Signature JAY C BANNING Date

MM / DD / YYYY
 09 / 24 / 2012

13020251801

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C C00027466</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">16271.43</div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019525
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS S KING JR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1125493.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">258779.07</div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019527
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS S. KING JR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1125493.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">258779.07</div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019527
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS S. KING JR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1125493.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">258779.07</div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019527
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS S. KING JR.	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1125493.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">275050.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

JAY C BANNING

 Signature

Date

09 / 26 / 2012

13020251802

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3413 OF 3488
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 3299 K ST., NW SUITE 200	Amount 29972.76
City: WASHINGTON State: DC Zip Code: 20007	Transaction ID: SE24-0.019526
Purpose of Expenditure: MEDIA Category/Type: 	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2267805.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address P.O. BOX 3775	Amount 12992.28
City: WASHINGTON State: DC Zip Code: 20007	Transaction ID: SE24-0.019522
Purpose of Expenditure: MEDIA Category/Type: 	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1942391.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	42965.04
(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.

Signature *JAY C BANNING* Date MM / DD / YYYY
09 / 26 / 2012

13020251803

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

No ENTRY

PAGE 3474 OF 3488
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C C00027466
--	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code
DC

Purpose of Expenditure Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Date / /

Amount

Transaction ID:

Office Sought: House Senate President
State: _____ District: _____

Check One: Support Oppose

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code

Purpose of Expenditure Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
ANGUS S KING JR.

Calendar Year-To-Date Per Election for Office Sought

Date / /

Amount

Transaction ID:

Office Sought: House Senate President
State: _____ District: _____

Check One: Support Oppose

Disbursement For: Primary General
2012 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

JAY C BANNING
Signature

Date 09 / 27 / 2012

13020251804

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Date
MM / DD / YYYY
09 / 27 / 2012

Mailing Address 3299 K ST., NW
SUITE 200

Amount
186247.76

City State Zip Code
WASHINGTON DC 20007

Purpose of Expenditure
MEDIA

Category/Type

Office Sought: House State: MT
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JON TESTER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2267805.42

Disbursement For: Primary General
2012 Other (specify)

Transaction ID : SE24-0.019545

Full Name (Last, First, Middle Initial) of Payee
STRATEGIC MEDIA SERVICES, INC.

Date
MM / DD / YYYY
09 / 27 / 2012

Mailing Address 3299 K ST., NW
SUITE 200

Amount
133422.57

City State Zip Code
WASHINGTON DC 20007

Purpose of Expenditure
MEDIA

Category/Type

Office Sought: House State: ME
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANGUS S. KING JR.

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1125493.91

Disbursement For: Primary General
2012 Other (specify)

Transaction ID : SE24-0.019557

(a) SUBTOTAL of Itemized Independent Expenditures.....	319670.33
(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.

Signature JAY C BANNING

Date MM / DD / YYYY
09 / 27 / 2012

13020251806

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C C00027466</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 27 / 2012</div>
Mailing Address P.O. BOX 3775	Amount <div style="border: 1px solid black; padding: 2px;">460149.58</div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019536
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROCHELLE BERKLEY	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">497631.07</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 27 / 2012</div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px;">692683.44</div>
City State Zip Code WASHINGTON DC 20007	Transaction ID : SE24-0.019537
Purpose of Expenditure MEDIA	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY SUZANNE GREEN BALDWIN	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">787677.09</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">1152833.02</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

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.

JAY C BANNING

Signature _____ Date

MM / DD / YYYY
09 / 27 / 2012

13020251808

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00027466 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1200.00 </div>
City State Zip Code WASHINGTON DC 20007	
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH SIMON DONNELLY SR.	
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 773961.14 </div>
Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 28 / 2012 </div>
Mailing Address 3299 K ST., NW SUITE 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 34500.00 </div>
City State Zip Code WASHINGTON DC 20007	
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER	
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2267805.42 </div>
Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35700.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35700.00 </div>

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.

JAY C BANNING
 Signature _____

Date

MM / DD / YYYY
 09 / 27 / 2012

13020251809

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC IDENTIFICATION NUMBER C C00027466
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee NEBO MEDIA	Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address P.O. BOX 3775	Amount 99999999.99 34584.00
City State Zip Code WASHINGTON DC 20007	
Purpose of Expenditure PRODUCTION	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: MARY KATHRYN HEITKAMP	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 99999999.99 1942391.46	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID: SE24-0.019575

Full Name (Last, First, Middle Initial) of Payee STRATEGIC MEDIA SERVICES, INC.	Date MM / DD / YYYY 09 / 28 / 2012
Mailing Address 3299 K ST., NW SUITE 200	Amount 99999999.99 15797.50
City State Zip Code WASHINGTON DC 20007	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY SUZANNE GREEN BALDWIN	Office Sought: <input type="checkbox"/> House State: WJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 99999999.99 787677.09	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID: SE24-0.019582

(a) SUBTOTAL of Itemized Independent Expenditures.....	99999999.99 50381.50
(b) SUBTOTAL of Unitemized Independent Expenditures	99999999.99
(c) TOTAL Independent Expenditures.....	99999999.99 6022861.73

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.

JAY C BANNING
Signature

Date MM / DD / YYYY
09 / 28 / 2012

13020251810

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

5-29-13

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

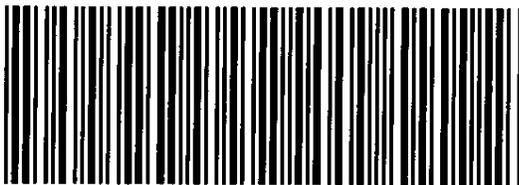
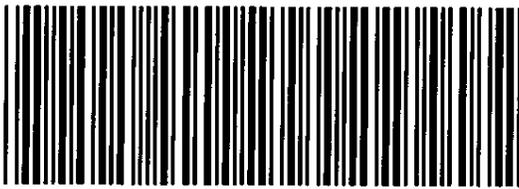
PREPARER

DH

DATE PREPARED

5-29-13

13020251811



13020251812