

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

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DSCC		FEC IDENTIFICATION NUMBER C00042388	
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Check if  24-hour report  48-hour report  New report  Amends report filed on 10 / 15 / 2016

Full Name of Payee Bully Pulpit Interactive		Date of Public Distribution/Dissemination 10 / 13 / 2016	
Mailing Address 1140 Connecticut Ave., NW Suite 800		Amount 38250.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE-124268
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation 10 / 11 / 2016	

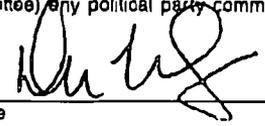
Name of Federal Candidate Heck, Joe, ...	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	5458045.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee Bully Pulpit Interactive		Date of Public Distribution/Dissemination 10 / 13 / 2016	
Mailing Address 1140 Connecticut Ave., NW Suite 800		Amount 11750.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE-124764
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation 10 / 11 / 2016	

Name of Federal Candidate Trump, Donald, J., ...	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	5458045.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	50000.00
(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 10 / 20 / 2016

2016-10-20 13:03 FAX

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

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>DSCC</b>	FEC IDENTIFICATION NUMBER <b>C00042368</b>
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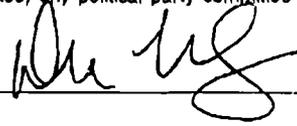
Check if  24-hour report  48-hour report  New report  Amends report filed on **10 / 15 / 2016**

Full Name of Payee <b>Ralston Lapp Media</b>	Date of Public Distribution/Dissemination <b>10 / 13 / 2016</b>
Mailing Address <b>1054 31st Street, NW Suite 430</b>	Amount <b>5803.30</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20007</b>	Transaction ID: <b>SE-124360</b> Date of Disbursement or Obligation <b>10 / 12 / 2016</b>
Purpose of Expenditure <b>Media Production</b> Category/Type	Name of Federal Candidate <b>Heck, Joe, . . .</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate <b>Heck, Joe, . . .</b>	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>5458045.29</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ralston Lapp Media</b>	Date of Public Distribution/Dissemination <b>10 / 13 / 2016</b>
Mailing Address <b>1054 31st Street, NW Suite 430</b>	Amount <b>5803.29</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20007</b>	Transaction ID: <b>SE-124405</b> Date of Disbursement or Obligation <b>10 / 12 / 2016</b>
Purpose of Expenditure <b>Media Production</b> Category/Type	Name of Federal Candidate <b>Trump, Donald, J., . . .</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate <b>Trump, Donald, J., . . .</b>	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>_____</b>
Calendar Year-To-Date Per Election for Office Sought <b>5458045.29</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>11606.59</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>81608.59</b>

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 **10 / 20 / 2016**

20161020 13:03:03



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

2013-10-20 10:00:00 AM

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>10/20/16</i>	
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A PREPARER	N/A DATE PREPARED
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