

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

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>DSCC</b>	FEC IDENTIFICATION NUMBER <b>C 00042366</b>
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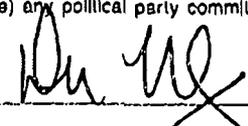
Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee <b>Great American Media</b>	Date of Public Distribution/Dissemination <b>10 / 11 / 2016</b>
Mailing Address <b>3050 K St. NW Suite 100</b>	Amount <b>1006545.29</b>
City <b>Washington</b>	State <b>DC</b>
Zip Code <b>20007</b>	Transaction ID: <b>8E-124083</b>
Purpose of Expenditure <b>Media Buy</b>	Category/Type
Name of Federal Candidate <b>Heck, Joe...</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <b>00</b> State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>6398438.70</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1006545.29</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>1006545.29</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 / 13 / 2016**

**Via FAX**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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<input type="checkbox"/> Postmark Illegible	
<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
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N/A PREPARER	N/A DATE PREPARED
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