

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

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 26 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <span style="margin-left: 20px;">127235.48</span>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.032365</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>WILLIAM OWENS</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>21</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">776381.10</span>		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 <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 26 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <span style="margin-left: 20px;">146980.80</span>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.032366</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KATHY COURTNEY HOCHUL</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>27</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">577197.06</span>		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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">274216.28</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*Keith A Davis*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**