

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

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00027466
Check if <input checked="" 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 of Payee NATIONAL MEDIA RESEARCH, PLANNING & PLACEMENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014
Mailing Address 815 SLATERS LANE		Amount 93000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TELEPHONE CALLS	Category/Type	Transaction ID : WFT2014523939-1 Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate COCHRAN THAD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	175000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ RUNOFF

Full Name of Payee NATIONAL MEDIA RESEARCH, PLANNING & PLACEMENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014
Mailing Address 815 SLATERS LANE		Amount 69000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : WFT2014523944-1 Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate COCHRAN THAD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	175000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ RUNOFF

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	162000.00
(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.

Banning Jay
Signature

[Electronically Filed]

Date **06 / 20 / 2014**

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

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

Full Name of Payee
NATIONAL MEDIA RESEARCH, PLANNING, & PLACEMENT

Mailing Address **815 SLATERS LANE**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Expenditure **MEDIA PRODUCTION** Category/Type

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y
06 19 2014

Amount
13000.00

Transaction ID : **WFT2014523945-1**
Date of Disbursement or Obligation
M M / D D / Y Y Y Y
06 20 2014

Name of Federal Candidate
COCHRAN THAD Support Oppose

Calendar Year-To-Date Per Election for Office Sought **175000.00**

Office Sought: House Senate District: State: **MS**

Disbursement For: Primary General Other (specify) **RUNOFF**

Full Name of Payee

Mailing Address

City State Zip Code

Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Name of Federal Candidate Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Office Sought: House Senate District: State:

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	175000.00

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay [Electronically Filed] Date **06 20 2014**

Signature