

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation YG NETWORK INC.		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 211 NORTH UNION STREET		
(c) City, State and ZIP Code ALEXANDRIA VA 22314		3. FEC Identification Number <div> <div>C</div> <div>C90013038</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

Age Group	Percentage
18-24	9.5%
25-34	8.5%
35-44	7.5%
45-54	6.5%
55-64	5.5%
65-74	4.5%
75-84	3.5%
85+	2.5%

5332.16

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

YG NETWORK INC.

Full Name (Last, First, Middle Initial) of Payee
CONQUEST COMMUNICATIONS GROUP

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 25 / 2014Mailing Address 2812 EMERYWOOD PKY
STE 103

Amount

City State Zip Code
RICHMOND VA 23294

5332.16

Transaction ID : F57.4314

Purpose of Expenditure
GOTV PHONE CALLSCategory/
Type 004Office Sought: ☒ House State: FL
☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
ALEX SINKCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 77424.00Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) Special-General

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 5332.16

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures..... 5332.16
(carry total from last page forward to Line 7)