

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER C C00489625
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Rev. Stephen Broden		Date 10 / 29 / 2012
Mailing Address 1321 Rowan		Amount 308.79
City Dallas	State TX	
Purpose of Expenditure Travel expenses for bus tour		Transaction ID : SE.9496
Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 122587.00		2012

Full Name (Last, First, Middle Initial) of Payee Rev. Stephen Broden		Date 10 / 29 / 2012
Mailing Address 1321 Rowan		Amount 308.80
City Dallas	State TX	
Purpose of Expenditure Travel expenses for bus tour		Transaction ID : SE.9498
Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 122587.00		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....	617.59
(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.

Paul Tripodi

Signature _____ [Electronically Filed] Date 12 / 06 / 2012

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24A
Transaction ID :

This report is being amended to delete the vendor Family Research Council Action and report the individual vendors for this independent expenditure (bus tour). When the report was filed, it was contemplated that the expenses associated with the bus tour would be paid to Family Research Council Action.

Form/Schedule:
Transaction ID:

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Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Randy Burt		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2306.55</div>
City Washington	State Zip Code DC 20001	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">123340.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.9535

Full Name (Last, First, Middle Initial) of Payee Champion Coach		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 145 Ben Hamby Lane		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7700.00</div>
City Greenville	State Zip Code SC 29615	
Purpose of Expenditure Bus rental	Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">25087.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.8529

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10006.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Paul Tripodi

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Champion Coach		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 29 / 2012 </div>
Mailing Address 145 Ben Hamby Lane		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 7700.00 </div>
City Greenville State SC Zip Code 29615	Transaction ID : SE.8531	
Purpose of Expenditure Bus rental	Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 25087.00 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Chris Curry		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 29 / 2012 </div>	
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3131.60 </div>	
City Washington State DC Zip Code 20001		Transaction ID : SE.9561	
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 129243.03 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10831.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Paul Tripodi
 Signature _____ [Electronically Filed] Date
MM / DD / YYYY
 12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00489625 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Engineering Supply and Imaging		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 11281 James Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.88</div>
City State Zip Code Holland MI 49424	Transaction ID : SE.9484	
Purpose of Expenditure Supplies for bus tour	Category/Type 007	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 122587.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Engineering Supply and Imaging		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 11281 James Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.88</div>
City State Zip Code Holland MI 49424	Transaction ID : SE.9500	
Purpose of Expenditure Supplies for bus tour	Category/Type 007	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 122587.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">101.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Paul Tripodi
 Signature [Electronically Filed] Date

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER C C00489625
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Full Name (Last, First, Middle Initial) of Payee Lamplight Entertainment Inc.		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 8722 Oakdale Ave.		Amount 1500.00
City Northridge	State CA	Zip Code 91324
Purpose of Expenditure Supplies for bus tour	Category/Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 123340.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.9524

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 801 G Street NW		Amount 936.83
City Washington	State DC	Zip Code 20001
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 122587.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.9490

(a) SUBTOTAL of Itemized Independent Expenditures.....	2436.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Signature Paul Tripodi [Electronically Filed] Date MM / DD / YYYY 12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">936.83</div>
City Washington	State DC	
Zip Code 20001	Transaction ID : SE.9492	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">122587.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">154.50</div>
City Washington	State DC	
Zip Code 20001	Transaction ID : SE.9506	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">122741.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1091.33</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Paul Tripodi

[Electronically Filed]

Signature _____ Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER C C00489625
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 801 G Street NW		Amount 154.50
City Washington State DC Zip Code 20001	Transaction ID : SE.9508	
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 122896.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mike Mears		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 801 G Street NW		Amount 2383.79
City Washington State DC Zip Code 20001	Transaction ID : SE.9559	
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 126111.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	2538.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Paul Tripodi [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
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Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
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<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Darin Miller		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 845.69 </div>
City Washington State DC Zip Code 20001	Transaction ID : SE.9514	
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 123340.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Darin Miller		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 845.69 </div>
City Washington State DC Zip Code 20001	Transaction ID : SE.9516	
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 123340.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1691.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Paul Tripodi
 Signature _____ [Electronically Filed] Date
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Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Scott Potter		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">453.97</div>
City Washington	State Zip Code DC 20001	
Purpose of Expenditure Travel expenses for bus tour	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	Office Sought: House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">122587.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.9504

Full Name (Last, First, Middle Initial) of Payee Skyline West Michigan		Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div>
Mailing Address 4768 Danvers Dr. SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1639.30</div>
City Kentwood	State Zip Code MI 49512	
Purpose of Expenditure Supplies for bus tour	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">007</div>	Office Sought: House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">123340.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.9518

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2093.27</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Paul Tripodi

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Skyline West Michigan	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 4768 Danvers Dr. SE	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City State Zip Code Kentwood MI 49512	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1639.31 </div>
Purpose of Expenditure Supplies for bus tour	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 123340.10 </div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : SE.9520

Full Name (Last, First, Middle Initial) of Payee Mark Yarborough	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 417 Desert Garden Drive	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City State Zip Code Plano TX 75093	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 356.18 </div>
Purpose of Expenditure Travel expenses for bus tour	Category/Type 002
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 122587.00 </div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : SE.9486

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1995.49 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Paul Tripodi

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 10 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Mark Yarborough	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 29 / 2012 </div>					
Mailing Address 417 Desert Garden Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">356.19</div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Plano</td> <td>TX</td> <td>75093</td> </tr> </table>		City	State	Zip Code	Plano	TX
City	State	Zip Code				
Plano	TX	75093				
Purpose of Expenditure Travel expenses for bus tour	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">122587.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

Transaction ID : SE.9488

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>					
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		City	State	Zip Code		
City	State	Zip Code				
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">356.19</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">36665.83</div>

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.

Paul Tripodi

[Electronically Filed]

Signature _____ Date

MM / DD / YYYY
12 / 06 / 2012