

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation YG NETWORK INC.		3. FEC Identification Number C C90013038
(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		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. 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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
JOHN MURRAY	JOHN MURRAY <i>[Electronically Filed]</i>	07/15/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
YG NETWORK INC.

Full Name (Last, First, Middle Initial) of Payee CREATIVE DIRECT LLC		Date MM / DD / YYYY 04 / 24 / 2012
Mailing Address 25 E. MAIN ST.		Amount 104628.00 Transaction ID : F57.4103
City RICHMOND	State VA	
Zip Code 23219	Purpose of Expenditure MAILERS	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD G LUGAR		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 104628.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee CREATIVE DIRECT LLC		Date MM / DD / YYYY 04 / 26 / 2012
Mailing Address 25 E. MAIN ST.		Amount 66888.00 Transaction ID : F57.4099
City RICHMOND	State VA	
Zip Code 23219	Purpose of Expenditure MAILER	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD G LUGAR		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 171516.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee CREATIVE DIRECT LLC		Date MM / DD / YYYY 04 / 26 / 2012
Mailing Address 25 E. MAIN ST.		Amount 37112.00 Transaction ID : F57.4104
City RICHMOND	State VA	
Zip Code 23219	Purpose of Expenditure MAILER	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD G LUGAR		Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 208628.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	208628.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
YG NETWORK INC.

Full Name (Last, First, Middle Initial) of Payee CREATIVE DIRECT LLC		Date MM / DD / YYYY 04 / 27 / 2012
Mailing Address 25 E. MAIN ST.		Amount 32450.00 Transaction ID : F57.4116
City RICHMOND	State VA	
Purpose of Expenditure MAILER	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LUCAS ALLEN MESSER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 32450.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32450.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	▶	241078.00