

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) ☐ 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? ☐ Yes ☒ 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

10 / **17** / **2012**
 THROUGH
10 / **22** / **2012**

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES

343020.00

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 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

[Electronically Filed]

JOHN MURRAY

JOHN MURRAY

10/22/2012

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 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 NATIONAL MEDIA PUBLIC AFFAIRS LLC		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 815 SLATERS LANE		Amount 343020.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : F57.000001
Purpose of Expenditure TELEVISION AD PLACEMENT & PRODUCTION		Category/ Type 004	Office Sought: ☒ House State: PA ☐ Senate District: 12 ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 343020.00		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....		343020.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		343020.00	