

# 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 <b>Daryle L. Doden</b>		3. FEC Identification Number <b>C C90014333</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2845 E. Dupont Road		
(c) City, State and ZIP Code Fort Wayne IN 46825		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer Ambassador Enterprises	Occupation CEO

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Daryle L. Doden	<i>Daryle L. Doden</i> <i>[Electronically Filed]</i>	11/03/2012

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)  
Daryle L. Doden

Full Name (Last, First, Middle Initial) of Payee Ambassador Enterprises		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2845 E. Dupont Road		Amount 2172.50 <b>Transaction ID : F57.000001</b>
City Fort Wayne	State IN	
Zip Code 46825	Purpose of Expenditure Advertising: consulting/administrative services	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Mourdock		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 2172.50		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Perkins Nichols Media		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 6330 E 75th Street, Ste. 144		Amount 85000.00 <b>Transaction ID : F57.000002</b>
City Indianapolis	State IN	
Zip Code 46250	Purpose of Expenditure Newspaper advertisement	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Mourdock		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 87172.50		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" 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	
Zip Code	Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	87172.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	87172.50