

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

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid black;">C</span> C00489625       </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Champion Coach</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">29</span> / <span style="font-size: 1.2em;">2012</span> </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 SC      Zip Code 29615	<b>Transaction ID : SE.8529</b>	
Purpose of Expenditure Bus rental	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	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 <span style="border: 1px solid black; padding: 2px;">17327.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Champion Coach</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">29</span> / <span style="font-size: 1.2em;">2012</span> </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 SC      Zip Code 29615		<b>Transaction ID : SE.8531</b>
Purpose of Expenditure Bus rental	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	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 <span style="border: 1px solid black; padding: 2px;">25027.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">15400.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> </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 10 / 28 / 2012

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

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00489625       </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Family Research Council Action</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          10 / 29 / 2012       </div>
Mailing Address 801 G Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">M M M M . 0 0</span>          10000.00       </div>
City Washington      State DC      Zip Code 20001	<b>Transaction ID : SE.8533</b>	
Purpose of Expenditure Salaries and benefits for bus tour	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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 <span style="border: 1px solid black; padding: 2px;">5 35027.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Family Research Council Action</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          10 / 29 / 2012       </div>
Mailing Address 801 G Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">M M M M . 0 0</span>          10000.00       </div>
City Washington      State DC      Zip Code 20001		<b>Transaction ID : SE.8535</b>
Purpose of Expenditure Salaries and benefits for bus tour	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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 <span style="border: 1px solid black; padding: 2px;">5 45027.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">M M M M . 0 0</span>          20000.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">M M M M . 0 0</span>          0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">M M M M . 0 0</span>          35400.00       </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  
 10 / 28 / 2012