

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Faith Family Freedom Fund

ADDRESS (number and street) ▼

801 G Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489625

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

DC

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Tripodi

Signature of Treasurer

Paul Tripodi

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Faith Family Freedom Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		250000.96
(b) Cash on Hand at Beginning of Reporting Period.....	185343.78	
(c) Total Receipts (from Line 19)	53469.00	103587.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	238812.78	353588.79
7. Total Disbursements (from Line 31)	165553.72	280329.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73259.06	73259.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3453.99	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Faith Family Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

49150.00

88502.83

(ii) Unitemized

4319.00

11550.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

53469.00

100052.83

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

53469.00

100052.83

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

3535.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

53469.00

103587.83

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

53469.00

103587.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	6282.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	6282.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	155866.73	264359.91
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	9686.99	9686.99
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	165553.72	280329.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165553.72	280329.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53469.00	100052.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53469.00	100052.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	6282.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3535.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	2747.83

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

The 6 payments on Schedule E to Champion Coach are additional amounts of estimated independent expenditures that have been previously reported on a 24-hour report and the 12 day Pre-general report.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Bengard

Mailing Address 3912 Calle Ariana

City

San Clemente

State

CA

Zip Code

92672-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.10742

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Phil Burress

Mailing Address 6565 Zebra Ct

City

West Chester

State

OH

Zip Code

45069-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Citizens for Community Values

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11AI.10735

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Joshua Drake

Mailing Address 235 E Palmer St

City

Franklin

State

NC

Zip Code

28734-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Info requested per best effort

Occupation

Info requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.10746

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Mrs. Mary Alice Dunlap

Mailing Address 506 Monterrey Oaks Dr

City
Richmond

State
TX

Zip Code
77469-5786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jaimel Health Care Services

Occupation

Caregiver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 17 / 2014

Transaction ID : SA11AI.10486

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Herrick

Mailing Address 526 Lochness Ln

City
Cary

State
NC

Zip Code
27511-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Herrick Engineering, Inc.

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11AI.10656

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. John Lewis

Mailing Address 2481 Bayshore Dr

City
Newport Beach

State
CA

Zip Code
92663-5652

FEC ID number of contributing
federal political committee.

C

Name of Employer

J. Derek Lewis & Assoc.

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11AI.10740

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. National Organization for Marriage

Mailing Address 2029 K Street NW
Suite 300

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23665.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.10778

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Mr. William Raymond

Mailing Address 6225 S 2125 E

City State Zip Code
Ogden UT 84403-5346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northrop Grumman

Occupation
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.10736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Singleton

Mailing Address Cmr 480 Box 585

City State Zip Code
Apo AE 09128-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Army

Soldier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.10739

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Mr. David Winn

Mailing Address 3325 Camino Vallareal

City

Escondido

State

CA

Zip Code

92029-7456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Trustee

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.10737

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

49150.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 21

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Family Research Council Action

Nature of Debt (Purpose):

Bus tour travel expenses and other misc.
expenses

Mailing Address 801 G Street, NW

City State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

3453.99

Transaction ID : SD10.10451

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3453.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

3453.99

2) TOTALS This Period (last page this line number only)..... ►

3453.99

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

3453.99

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 21
FOR LINE 24 OF FORM 3X

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 type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee ccAdvertising			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div>		
Mailing Address 14001C Saint Germain Drive Suite 353			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2454.51</div>		
City Centreville		State VA	Zip Code 20121		Transaction ID : SE.10777
Purpose of Expenditure Robo calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 06 / 2014</div>	
Name of Federal Candidate PAT ROBERTS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15537.87</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Champion Coach			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 09 / 2014</div>		
Mailing Address 145 Ben Hamby Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">443.53</div>		
City Greenville		State SC	Zip Code 29615		Transaction ID : SE.10771
Purpose of Expenditure Bus tour expense		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 06 / 2014</div>	
Name of Federal Candidate RODNEY LELAND BLUM			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6505.30</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2898.04</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.					
Signature <i>Paul Tripodi</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Champion Coach		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014	
Mailing Address 145 Ben Hamby Lane		Amount 443.53	
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.10773
Purpose of Expenditure Bus tour expenses	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate DAVID YOUNG	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 04 State: IA <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	6505.32		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	887.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Champion Coach		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014	
Mailing Address 145 Ben Hamby Lane		Amount 443.54	
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.10775 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Bus tour expense		Category/ Type 002	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		6505.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	887.08
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Champion Coach		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014	
Mailing Address 145 Ben Hamby Lane		Amount 443.54	
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.10776
Purpose of Expenditure Bus tour expense	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate PAT ROBERTS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____ State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	13083.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Facebook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1601 Willow Road		Amount 5000.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.10463
Purpose of Expenditure Estimate - Facebook ads	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate KAY R HAGAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	99662.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5443.54
(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.

Date _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Facebook			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1601 Willow Road			Amount 5000.00		
City Menlo Park		State CA	Zip Code 94025		Transaction ID : SE.10464
Purpose of Expenditure Estimate -- Facebook ads		Category/ Type 004		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate MARK LUNSFORD PRYOR			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 5000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Salem Media Reps			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 6400 N. Beltline Road Suite 220			Amount 22560.00		
City Irving		State TX	Zip Code 75063		Transaction ID : SE.10470
Purpose of Expenditure Radio airtime		Category/ Type 004		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate MARY L LANDRIEU			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 22560.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27560.00		
(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.					
Signature <u>Paul Tripodi</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 29 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					

Full Name of Payee Salem Media Reps			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 6400 N. Beltline Road Suite 220			Amount 2496.00		
City Irving	State TX	Zip Code 75063	Transaction ID : SE.10471		
Purpose of Expenditure Radio airtime		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Name of Federal Candidate KAY R HAGAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 102158.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Salem Media Reps			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 6400 N. Beltline Road Suite 220			Amount 2520.00		
City Irving	State TX	Zip Code 75063	Transaction ID : SE.10472		
Purpose of Expenditure Radio airtime		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Name of Federal Candidate MARK LUNSFORD PRYOR			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 7520.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5016.00
(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

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 21
FOR LINE 24 OF FORM 3X

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 type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Salem Media Reps			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 27 / 2014</div>		
Mailing Address 6400 N. Beltline Road Suite 220			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7232.47</div>		
City Irving		State TX	Zip Code 75063		Transaction ID : SE.10476
Purpose of Expenditure Radio airtime		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 27 / 2014</div>	
Name of Federal Candidate PAT ROBERTS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12639.82</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Salem Media Reps			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>		
Mailing Address 6400 N. Beltline Road Suite 220			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5640.00</div>		
City Irving		State TX	Zip Code 75063		Transaction ID : SE.10482
Purpose of Expenditure Radio airtime		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div>	
Name of Federal Candidate ROBERT L COLONEL MANESS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">28200.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12872.47</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.					
Signature <i>Paul Tripodi</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Salem Media Reps			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 6400 N. Beltline Road Suite 220			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5640.00</div>		
City Irving		State TX	Zip Code 75063		Transaction ID : SE.10483
Purpose of Expenditure Radio airtime		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate WILLIAM CASSIDY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">33840.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Strategic Media Placement Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 7669 Stagers Loop			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75000.00</div>		
City Delaware		State OH	Zip Code 43015		Transaction ID : SE.10430
Purpose of Expenditure Media airtime		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate KAY R HAGAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80640.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
Signature <u>Paul Tripodi</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Strategy Group for Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 7669 Stagers Loop			Amount 19662.54		
City Delaware		State OH	Zip Code 43015		Transaction ID : SE.10432
Purpose of Expenditure Ad production		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		94662.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	M M M / D D D / Y Y Y Y Y Y		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
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..... ▶			19662.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			155866.73		
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.					
Signature <i>Paul Tripodi</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2015	