Image# 15970135333 PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, ty over the lines.	/pe 12FE4M5
Faith Family Freedom Fo	und		
ADDRESS (number and street)	801 G Street, NW		
V Observit of the near			
Check if different than previously reported. (ACC)	Washington		DC 20001 -
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	Y_	STATE ▲ ZIP CODE ▲
C C00489625		S THIS NEW (N)	OR X AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May :	20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar		O (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20	O (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)		on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	X General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	on on 1.1 0.	
5. Covering Period 10	16 / 2014	through	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 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 Tri	ipodi	[Electronically File	d] Date 01 29 / 2015
NOTE: Submission of false, erroneou	us, or incomplete information	n may subject the person s	igning 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 DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Faith Family Freedom Fund 10 16 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 250000.96 January 1, 2014 (b) Cash on Hand at 185343.78 Beginning of Reporting Period..... 103587.83 53469.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 238812.78 353588.79 6(a) and 6(c) for Column B)..... 165553.72 280329.73 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 73259.06 73259.06 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 3453.99 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

Faith Family Freedom Fund

port Covering the Period: From:	/ 16 2014 To:	11 24 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
• •		
(i) Itemized (use Schedule A)	49150.00	88502.83
(ii) Unitemized(iii) TOTAL (add	4319.00	11550.00
Lines 11(a)(i) and (ii)▶	53469.00	100052.83
. ,	0.00	0.00
(such as PACs)	0.00	0.00
· ·		
Totals to Line 33, page 5)	53469.00	100052.83
	0.00	0.00
All Loans Received	0.00	0.00
_		
· ·	0.00	0.00
·	0.00	2525.00
	0.00	3535.00
	0.00	0.00
· ·	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

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)		Culonal Four to July
	(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		
23	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditures	155066 72	264250.04
5.	(use Schedule E) Coordinated Party Expenditures	155866.73	264359.91
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
			7
7. 8.	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4) 5 5 5 6 5 6	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9.	Other Disbursements	9686.99	9686.99
^	Fodoral Floation Activity (2.11.5.C. \$421(20))		
U.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		0.00
	(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	0.00	7 7 7
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	165553.72	280329.73
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	405550 70	200220 72
	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	53469.00	100052.83
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53469.00	100052.83
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	6282.83
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3535.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2747.83

1mage# 15970135338 PAGE 6 / 21

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

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**

FOR LINE NUMBER: PAGE 7 OF 21 Use separate sche for each category Detailed Summary

edule(s)	_			٠٠.		. ,	_		•	
of the	(cnec	(check only one)								
y Page	X	11a		11b		11c		12		
,9-		13		14		15		16		17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		
Full Name (Last, First, Middle Initial) Mr. Thomas Bengard Mailing Address 3912 Calle Ariana City San Clemente FEC ID number of contributing federal political committee. Name of Employer None Receipt For: Primary General Other (specify)	State Zip Code CA 92672-4503 C Occupation None 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) Mr. Phil Burress Mailing Address 6565 Zebra Ct City West Chester FEC ID number of contributing federal political committee. Name of Employer Citizens for Community Values Receipt For: Primary General Other (specify)	State Zip Code OH 45069-2103 C Occupation President 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) Mr. Joshua Drake Mailing Address 235 E Palmer St City Franklin FEC ID number of contributing federal political committee. Name of Employer Info requested per best effort Receipt For: Primary General Other (specify)	State Zip Code NC 28734-3049 C Occupation Info requested per best efforts 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)	>	26500.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

21

ITEMIZED RECEIPTS 14 13 15 16 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) Mrs. Mary Alice Dunlap Date of Receipt Mailing Address 506 Monterry Oaks Dr 2014 10 City Zip Code State Transaction ID: SA11AI.10486 TX Richmond 77469-5786 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Jaimel Health Care Services Caregiver Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Robert Herrick Date of Receipt Mailing Address 526 Lochness Ln 10 16 2014 City State Zip Code Transaction ID: SA11AI.10656 NC Cary 27511-5418 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Herrick Engineering, Inc. Engineer Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John Lewis Date of Receipt Mailing Address 2481 Bayshore Dr 10 16 2014 City State Zip Code Transaction ID: SA11AI.10740 CA Newport Beach 92663-5652 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Financial Advisor J. Derek Lewis & Assoc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

21

13 14 15 16 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) National Organization for Marriage Date of Receipt Mailing Address 2029 K Street NW Suite 300 2014 10 City State Zip Code Transaction ID: SA11AI.10778 DC Washington 20006 Amount of Each Receipt this Period FEC ID number of contributing C 20000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 23665.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. William Raymond Date of Receipt Mailing Address 6225 S 2125 E 10 2014 17 City State Zip Code Transaction ID: SA11AI.10736 UT Ogden 84403-5346 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Northrop Grumman Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Daniel Singleton Date of Receipt Mailing Address Cmr 480 Box 585 20 10 2014 City State Zip Code Transaction ID: SA11AI.10739 ΑE Apo 09128-0006 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **US Army** Soldier Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 21000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Mr. David Winn Date of Receipt Mailing Address 3325 Camino Vallareal 2014 10 20 City Zip Code State Transaction ID: SA11AI.10737 CA Escondido 92029-7456 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 49150.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 21			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 23 24 25 26		
		27	28a 28b 28c X 29 30		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)	le and address of any point	oar committee to	Solicit Continuations from Sacri Committee.		
Faith Family Freedom Fund					
/ Faith Faithly Freedom Fund					
Full Name (Last, First, Middle Initial)					
- ccAdvertising			Date of Disbursement		
Mailing Address 14001C Saint Germain Drive			11 13 2014		
Suite 353			11 13 2014		
City	State Zip Code		Transaction ID - CD20 40700		
Centreville	VA 20121		Transaction ID : SB29.10769		
Purpose of Disbursement Nonfederal disbursement		004	Amount of Fook Dishurasment this Davied		
Candidate Name		004	Amount of Each Disbursement this Period		
Carradate Name		Category/ Type	2454.51		
Office Sought: House Disburser	nent For:	1,750	, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Data of Diehumannant		
· Salem Media Reps			Date of Disbursement		
Mailing Address 6400 N. Beltline Road			10 27 2014		
Suite 220					
,	State Zip Code		Transaction ID : SB29.10478		
Irving Purpose of Disbursement	TX 75063				
Non-federal disbursement		004	Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	7232.48		
Office Sought: House Disburser					
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
• Tun Mario (East, Frist, Middle militar)			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address					
City	State Zin Code				
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office County House		Туре			
Office Sought: House Disburser Senate	nent For: Primary General				
President	Other (specify)				
State: District:	- · · · · (- - 30··/)/ ▼				
SUBTOTAL of Disbursements This Page (optional)			9686.99		
TOTAL This Period (last page this line number only)			9686.99		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

	COMMITTEE (In Full) amily Freedom Fund			
Fa	Name (Last, First, Middle Initial) of Debto mily Research Council Action		Nature of Debt (Purpose): Bus tour travel expenses and other misc. expenses	
Mailing A	Address 801 G Street, NW			
City Washing	State	Zip Code DC 20001		
Outsta	anding Balance Beginning This Period			Transaction ID : SD10.10451
	3453.99			
	Amount Incurred This Period	Payment This Period	od	Outstanding Balance at Close of This Period
	0.00	7 7	0.00	3453.99
B. Full N	lame (Last, First, Middle Initial) of Debtor	or Creditor	1	Nature of Debt (Purpose):
Mailing A	Address			
City	State	Zip Code		
Outsta	anding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Perio	od	Outstanding Balance at Close of This Period
0.5.11	N. (L. F. M. M. H. L. F. M. C. L.	0 1::		
C. Full	Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
Mailing A	Address			
City		State Zip Code		
Outsta	anding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Perio	od	Outstanding Balance at Close of This Period
1) SUBTO	TALS This Period This Page (optional)		>	3453.99
2) TOTALS	S 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)) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			3453.99

TE	EMIZED INDEPENDENT EXPENDIT	(URES			PAGE 13 OF 21 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۲	Faith Family Freedom Fund				C C00489625
Ch	heck if 24-hour report 48-hour rep	port New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	Full Name of Payee			Date	of Public Distribution/Dissemination
	ccAdvertising				10 29 2014
	Mailing Address 14001C Saint Germain Dr	rive		Amou	unt
	Suite 353 City	State	Zip Code		2454.51
	Centreville	VA	20121		action ID : SE.10777 of Disbursement or Obligation
	Purpose of Expenditure Robo calls		Category/ Type 004		of Disbursement of Obligation 11
	Name of Federal Candidate		Support	Office Sough	ht: House District:
	PAT ROBERTS		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		15537.87	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Champion Coach				10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 145 Ben Hamby Lane			Amou	unt
	Cia.	Ctata	7:2 Code		443.53
	City Greenville	State SC	Zip Code 29615	I	action ID : SE.10771
	Purpose of Expenditure		Category/		of Disbursement or Obligation
	Bus tour expense		Type 002	-	11 06 2014
	Name of Federal Candidate		X Support	Office Sough	ht: X House District: 01
	RODNEY LELAND BLUM		Oppose	Presid	dent Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought		6505.30	Disbursemer 2014	nt For:
	<u> </u>			-	Milet (speedly)
	(a) SUBTOTAL of Itemized Independent Ex	penditures		· •	2898.04
	(b) SUBTOTAL of Unitemized Independent	Expenditures			
	(c) TOTAL Independent Expenditures			·· •	4
	Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
	Paul Tripodi	[Electron	ically Filed]	o 01 /	29 2015
	Signature		Date	, 01	29 2013

PAGE 14 OF 21 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00489625
M / D D / Y B Y B Y B Y
of Public Distribution/Dissemination
10 09 7 2014
nt
443.53
ction ID : SE.10772 of Disbursement or Obligation
11 06 / Y Y Y Y
t: X House District: 03
ent Senate State: IA
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
10 09 / Y Y Y Y Y
nt
443.53
ction ID : SE.10773 of Disbursement or Obligation
11 06 7 2014
it: X House District: 04
ent Senate State: IA
t For: Primary X General
ther (specify) -
887.06
7

Check if 24-hour report	Full Name of Payee Category Date of Public Distribution/Disser Category Date of Disbursement or Obligate Date of Public Distribution/Disser Category Date of Disbursement or Obligate David Payee Date of Disbursement or Obligate David Payee Date of Disbursement or Obligate David Payee Date of Disbursement David Payee Date of David Payee Da	FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Champion Coach Date of Public Distribution/Dissemination Champion Coach Date of Public Distribution/Dissemination Calegory Date of Public Distribution/Dissemination Calegory Date of Public Distribution/Dissemination Calegory Date of Disbursement or Obligation Date of Public Distribution/Dissemination Calegory Date of Disbursement or Obligation Disbursement Date of Disbursement Disbursement Date of Date of Date Date of Date of Date Date of Date of Date Date of Dat	Full Name of Payee Category Date of Public Distribution/Disser Category Date of Disbursement or Obligate Date of Public Distribution/Disser Category Date of Disbursement or Obligate David Payee Date of Disbursement or Obligate David Payee Date of Disbursement or Obligate David Payee Date of Disbursement David Payee Date of David Payee Da	Fund
Fill Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane State Zip Code Sc 29615 Transaction ID: SE.10772 Date of Public Distribution/Dissemination Date of Payee Champion Coach Transaction ID: SE.10772 Date of Disbursement or Obligation Date of Public Distribution/Dissemination Date of Payee Category/ Date of Disbursement or Obligation Date of Disbursement For:	Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expense State Sta	C C00409625
Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expense Name of Federal Candidate Spenate State: IA Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code State: IA Calendar Year-To-Date Per Election for Office Sought Soughort Office Sought Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code State: IA Category/ Ooz Tanasaction D: SE.10773 Date of Public Distribution/Dissemination Mailing Address 145 Ben Hamby Lane City State Zip Code State: IA Category/ Ooz Tanasaction D: SE.10773 Date of Public Distribution/Dissemination Mailing Address 145 Ben Hamby Lane City State Zip Code State: IA Calendar Year-To-Date Purpose of Expenditure Bus tour expenses Category/ Ooz Tanasaction D: SE.10773 Date of Disbursement or Obligation Transaction D: SE.10773 Date of President Senate State: IA Disbursement or Disbursement or Obligation Transaction D: SE.10772 Date of Province State: IA Disbursement or Disbursement or Obligation Transaction D: SE.10772 Date of Province State: IA Disbursement or Disbursement or Obligation Transaction D: SE.10772 Date of Province State: IA Disbursement or Disbursement or Disbursement or Disbursement or Dispursement or Dispursement or Dispursement or Dispursement or D	City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expense	
Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expense Name of Federal Candidate Oppose DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Full Name of Payse Champion Coach Mailing Address 145 Ben Hamby Lane Transaction ID: SE.10772 Date of Disbursement or Obligation Mailing Address 145 Ben Hamby Lane Date of Public Distribution/Dissemination City State Zip Code Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement For: Primary General Candidate City State Zip Code Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement For: Primary General Candidate Amount City State Zip Code Greenville SC 29615 Transaction ID: SE.10773 Date of Public Distribution/Dissemination 10 09 2014 Amount City State Zip Code Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement For: Primary General Calegory/ Type 002 Tit 06 2014 DAVID YOUNG Oppose Calegory/ DAVID YOUNG Oppose Office Sought: House District: 04 President Senate State: IA Disbursement For: Primary General Caledor State: IA Disbursement For:	Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expense Calegory/ Type 002 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Name of Federal Candidate DAVID YOUNG City State Zip Code Greenville SC 29615 Name of Federal Candidate David Purpose of Expenditure Bus tour expenses Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Purpose of Expenditure Bus tour expenses Calegory/ Type 002 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (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 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 party committee) any political party committee or its agent. Paul Tripodi Paul Tripodi Date	Date of Public Distribution/Dissemination
City State Zip Code SC 29615 Transaction ID : SE:10772 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expense Category DO2 DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought City State Zip Code Champion Coach Mailing Address Category DO2 Date of Disbursement For: Primary General 2014 Amount Amount Amount Amount Amount Amount Amount City State Zip Code Champion Coach City State Zip Code Champion Coach Purpose of Expenditure Bus tour expenses Category DO2 Category DO3 Category DO4 Category DO3 Category DO4 Category DO4 Category DO4 Category DO4 Category DO3 Category DO4 Category	Amount	
Greenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expense Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought City State Carenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligation President Senate State: IA Disbursement For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: SE.10772 Date of Disbursement For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination City State Creenville SC 29615 Transaction ID: SE.10773 Date of Disbursement For: Primary General 2014 Amount City State Category/ Type Ou2 Transaction ID: SE.10773 Date of Disbursement For: Primary Date of Disbursement For: Primary General 2014 DAVID YOUNG Oppose Category/ Type Oppose Category/ Date of Disbursement For: Primary General 2014 Other (specify) ▶ Category/ President Sc 2014 Other (specify) ▶ Sc 2014 Other (specify) ▶ Under president Senate State: IA Disbursement For: Primary General 2014 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Greenville SC 29615 Purpose of Expenditure Bus tour expense Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought City Greenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligative State Support Oppose President Senate State Calendar Year-To-Date Per Election for Office Sought City State City State Category/ Greenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligative State Champion Coach Mailing Address 145 Ben Hamby Lane City State Category/ Type Ouz Amount City State Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City State Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10773 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Tr	amby Lane Amount
Greenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expense Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought City State Carenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligation President Senate State: IA Disbursement For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: SE.10772 Date of Disbursement For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination City State Creenville SC 29615 Transaction ID: SE.10773 Date of Disbursement For: Primary General 2014 Amount City State Category/ Type Ou2 Transaction ID: SE.10773 Date of Disbursement For: Primary Date of Disbursement For: Primary General 2014 DAVID YOUNG Oppose Category/ Type Oppose Category/ Date of Disbursement For: Primary General 2014 Other (specify) ▶ Category/ President Sc 2014 Other (specify) ▶ Sc 2014 Other (specify) ▶ Under president Senate State: IA Disbursement For: Primary General 2014 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Greenville SC 29615 Purpose of Expenditure Bus tour expense Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought City Greenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligative State Support Oppose President Senate State Calendar Year-To-Date Per Election for Office Sought City State City State Category/ Greenville SC 29615 Transaction ID: SE.10772 Date of Disbursement or Obligative State Champion Coach Mailing Address 145 Ben Hamby Lane City State Category/ Type Ouz Amount City State Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City State Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount City Category/ Type Ouz Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10773 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Transaction ID: SE.10772 Date of Disbursement For: Primary Amount Tr	
Purpose of Expenditure Bus tour expense Category/ Type 002 11 0	Purpose of Expenditure Bus tour expense Name of Federal Candidate	
Purpose of Expenditure Bus tour expense Category/ Type OO2 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought City State Bus tour expenses City State Bus tour expenses Category/ Type OO2 President Senate State: IA Disbursement For: Primary General 2014 Other (specify) ▶ Category/ Type OO2 Transaction ID: SE.10773 Date of Disbursement or Obligation Transaction ID: SE.10773 Date of Disbursement or Obligation Full Name of Pederal Candidate SC 29615 Purpose of Expenditure Bus tour expenses Category/ Type OO2 Transaction ID: SE.10773 Date of Disbursement or Obligation Full Name of Federal Candidate DAVID YOUNG Oppose President Amount Transaction ID: SE.10773 Date of Disbursement or Obligation Full Name of Federal Candidate DAVID YOUNG Oppose Oppose President Full Name of Federal Candidate Disbursement or Obligation Transaction ID: SE.10773 Date of Disbursement or Obligation Full Name of Federal Candidate Doisbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ South Amount Transaction ID: SE.10773 Date of Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Office Sought: Name of Federal Candidate President Senate State: IA Disbursement For: Primary Disbursement For: Primary Office Sought Disbursement For: Primary Disbursement For: Prima	Purpose of Expenditure Bus tour expense Category/	
DAVID YOUNG Oppose President Senate State IA	DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville Purpose of Expenditure Bus tour expenses Name of Federal Candidate DAVID YOUNG Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Primary Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office So	Category/ OO2 MAM / DDD / Y Y Y Y
DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Champion Coach Mailing Address City State Zip Code Greenville Bus tour expenses Category/ 1/10 00000000000000000000000000000000	DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Pull Name of Payee Champion Coach Date of Public Distribution/Dissen Champion Coach Date of Public Distribution/Dissen Champion Coach Date of Public Distribution/Dissen Date of Disbursement For Date of Public Distribution/Dissen Date of Disbursement or Obligation Disbursement or Obligation Date of Disbursement or Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Dis	Support Office Sought: X House District: 03
Per Election for Office Sought Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State SC 29615 Purpose of Expenditure Bus tour expenses Category/ Type Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Per Election for Office Sought Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City Greenville SC 29615 Purpose of Expenditure Bus tour expenses Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. Paul Tripodi Date D	
Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State SC 29615 Purpose of Expenditure Bus tour expenses Category/ Type Date of Public Distribution/Dissemination Amount Transaction ID: SE.1073 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expenses Category/ Type Doc Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID: SE.1073 Date of Disbursement or Obligation President Senate State: A Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID: SE.1073 Date of Disbursement or Obligation President Senate State: A Disbursement For: Primary General 2014 Other (specify) ** 887.06 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Full Name of Payee Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expenses Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. Date Other (specify) Ot	
Champion Coach Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expenses Category/ Type 002 Type 002 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date General Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Champion Coach Mailing Address 145 Ben Hamby Lane City Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement or Obligating Date of Disbursement or Date of Dat	
Mailing Address 145 Ben Hamby Lane City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expenses Category/ Type 002 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Mailing Address 145 Ben Hamby Lane City Greenville SC 29615 Purpose of Expenditure Bus tour expenses Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. IElectronically Filed) Date Other Transaction ID: SE.10773 Date of Disbursement or Obligation Senate State State Primary 2014 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent.	Date of Public Distribution/Dissemination
City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expenses Category/ Type 002 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	City State Zip Code Greenville SC 29615 Purpose of Expenditure Bus tour expenses Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. Amount Transaction ID: SE.10773 Date of Disbursement or Obligation Transaction ID: SE.10773 Date of Disbursement or Obligation Support Office Sought: No Oppose President Senate State Disbursement For: Primary 2014 Other (specify) (b) Subtrotal of 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 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 party committee) any political party committee or its agent.	
Greenville Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expenses Category/ Type O02 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expenses Category/ Type O02 Name of Federal Candidate DAVID YOUNG Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (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 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 party committee) any political party committee or its agent. [Electronically Filed] Date O1 29 / Y2015	amby Lane Amount
Greenville Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expenses Category/ Type O02 Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Greenville SC 29615 Transaction ID: SE.10773 Date of Disbursement or Obligation Purpose of Expenditure Bus tour expenses Category/ Type O02 Name of Federal Candidate DAVID YOUNG Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (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 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 party committee) any political party committee or its agent. [Electronically Filed] Date O02 Transaction ID: SE.10773 Date of Disbursement or Obligation It is office Sought Support Office Sought: None Disbursement For: Primary Other (specify) None Office Sought: None Disbursement For: Primary Other (specify) None Disbursement For: Primary Other (specify) None Disbursement For: Primary Other (specify) None Office Sought: None Disbursement For: Primary N	
Purpose of Expenditure Bus tour expenses Category/ Doc	Purpose of Expenditure Bus tour expenses Category/ Type 002	
Bus tour expenses Name of Federal Candidate	Bus tour expenses Name of Federal Candidate DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. Calendar Year-To-Date	
DAVID YOUNG Oppose	DAVID YOUNG Oppose	000 0014
DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought Cother (specify) 887.06 (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	DAVID YOUNG Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Support Office Sought: X House District: 04
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	(b) SUBTOTAL of Unitemized Independent Expenditures	Sought 6505.32 2014
(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 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 party committee) any political party committee or its agent. Paul Tripodi	odenendent Evnenditures
(c) TOTAL Independent Expenditures	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. Paul Tripodi [Electronically Filed] Date Date	dependent Experiations 207.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. **Paul Tripodi** [Electronically Filed] Date **Date** Date**	I Independent Expenditures
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent. **Paul Tripodi** [Electronically Filed] Date **Date** Date**	
	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 party committee) any political party committee or its agent. Paul Tripodi [Electronically Filed] Date Date	natures
	[Electronically Filed] Date 01 29 2015	gestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political
[Flectronically Filed]	Date 0	[Flectronically Filed]
Date of	Signature	Date 01 29 2015

S

Paul Tripodi

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 15 OF 21 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
F	aith Family Freedom Fund		C C00489625
Ch	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on M M / D D / Y Y Y Y Y
	Full Name of Payee Champion Coach		Date of Public Distribution/Dissemination
	Mailing Address		10 / 29 / 2014
	145 Ben Hamby Lane		Amount
	City State	Zip Code	443.54
	Greenville SC	29615	Transaction ID : SE.10774 Date of Disbursement or Obligation
	Purpose of Expenditure Bus tour expense	Category/ Type 002	11 / 06 / 2014
	Name of Federal Candidate	X Support	Office Sought: House District:
	BENJAMIN E SASSE	Oppose	President Senate State: NE
	Calendar Year-To-Date Per Election for Office Sought	5850.89	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Champion Coach		Date of Public Distribution/Dissemination
	Mailing Addross		10 / 09 / 2014
	145 Ben Hamby Lane		Amount
	City State	Zip Code	443.54
	Greenville SC	29615	Transaction ID : SE.10775 Date of Disbursement or Obligation
	Purpose of Expenditure Bus tour expense	Category/ Type 002	11 06 2014
	Name of Federal Candidate	X Support	Office Sought: House District:
	JONI K ERNST	Oppose	President X Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought	6505.32	Disbursement For: Primary General 2014 Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		887.08
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
	(-,		
	Under penalty of perjury I certify that the independent expenditures		
	with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	a committee or agent (or enurier, or (if the reporting entity is not a political

[Electronically Filed]

2015

29

01

Date

TE	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 16 OF 21 FOR LINE 24 OF FORM 3X	
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Γ	Faith Family Freedom Fund				C C00489625	
Ch	heck if 24-hour report 48-hour r	report New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y	
_	Full Name of Payee Champion Coach				Public Distribution/Dissemination	
	Mailing Address				09 / 2014	
	145 Ben Hamby Lane			Amount	t	
	City	State	Zip Code		443.54	
	Greenville	SC	29615		tion ID : SE.10776 Disbursement or Obligation	
	Purpose of Expenditure Bus tour expense		Category/ Type 002		1 06 2014	
	Name of Federal Candidate		Support	Office Sought:	House District:	
	PAT ROBERTS		Oppose	Presider	nt Senate State: KS	
	Calendar Year-To-Date Per Election for Office Sought		13083.36	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶	
	Full Name of Payee			Date of	f Public Distribution/Dissemination	
	Facebook				10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1601 Willow Road			Amoun	t	
	City	State	Zip Code	- $ $ $-$	5000.00	
	Menlo Park	CA	94025		tion ID : SE.10463 f Disbursement or Obligation	
	Purpose of Expenditure Estimate - Facebook ads		Category/ Type 004	М	10 22 7 2014	
	Name of Federal Candidate		Support	Office Sought:	: House District:	
	KAY R HAGAN		X Oppose	Presider	nt Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	99662.54	Disbursement 2014		
	Tor Elocation to. Camer Cought			Oth	ner (specify) -	
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•	5443.54	
	(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures						
	(c) TOTAL independent Expenditures			•	7 7 7	
	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	[Electron	ically Filed]	M M / O1	29 2015	
	Signature		Date	, 01	29 2013	

Signature

S 17

	CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 17 OF 21		
	MIZED INDEPENDENT EXPENDITURES			PAGE 17 OF 21 FOR LINE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
F	aith Family Freedom Fund			C C00489625		
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo		M = M / D = D / Y = Y = Y		
	Full Name of Payee		Date	of Public Distribution/Dissemination		
	Facebook			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		
	Mailing Address 1601 Willow Road		Amo	ount		
		7: 0 1		5000.00		
	City State Menlo Park CA	Zip Code	Tropo	5000.00		
		94025		action ID : SE.10464 of Disbursement or Obligation		
	Purpose of Expenditure Estimate Facebook ads	Category/ Type 004		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate	Support	Office Soug	ht: House District:		
	MARK LUNSFORD PRYOR	Oppose	Presi	^ D		
	Calendar Year-To-Date Per Election for Office Sought	5000.00	Disburseme	ent For: Primary X General Other (specify) ▶		
	Full Name of Payee Salem Media Reps			e of Public Distribution/Dissemination		
				10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 6400 N. Beltline Road					
	Suite 220		Amo	punt		
	City State	Zip Code	$ \Gamma$	22560.00		
	Irving TX	75063		saction ID : SE.10470 e of Disbursement or Obligation		
	Purpose of Expenditure Radio airtime	Category/ Type 004		M 10 / 23 / 2014		
	Name of Federal Candidate	Support	Office Soug	ght: House District:		
	MARY L LANDRIEU	Oppose	Presi	ΙΛ		
	Calendar Year-To-Date Per Election for Office Sought	22560.00	Disburseme 2014			
				Other (specify) -		
	(a) SUBTOTAL of Itemized Independent Expenditures		· [27560.00		
	(b) SUBTOTAL of Unitemized Independent Expenditures		· [
	(c) TOTAL Independent Expenditures		· L	1717		
	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 [Electron.	ically Filed] Date	M = M /	29 2015		

Date

TEMIZED INDEPENDENT EXPENDITURES	PAGE 18 OF 21 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Faith Family Freedom Fund	C C00489625			
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee Da Salem Media Reps	ate of Public Distribution/Dissemination			
· ·	10 27 2014			
	mount			
Suite 220 City State Zip Code	2496.00			
Irving TX 75063 Tran	nsaction ID : SE.10471 ate of Disbursement or Obligation			
Purpose of Expenditure Radio airtime Category/ Type 004	10 23 Y 2014			
Name of Federal Candidate Support Office So	ought: House District:			
VAVEUACAN	esident Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:			
Full Name of Payee Salem Media Reps	ate of Public Distribution/Dissemination			
Mailing Address 6400 N. Beltline Road An	mount			
Suite 220	0500.00			
ii viiig	2520.00 unsaction ID : SE.10472			
Purpose of Expenditure Radio airtime Category/ Type 004	ate of Disbursement or Obligation			
Name of Federal Candidate Support Office So	ought: House District:			
MARK LUNGEORD DRYOR	esident X Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:			
(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] Date 01	29 2015			
Signature Date U1	23 2010			

TEMIZED INDEPENDENT EXPENDITORES		PAGE 19 OF 21 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Faith Family Freedom Fund	C C00489625				
Check if 24-hour report 48-hour report New report	port Amends repor	rt filed on			
Full Name of Payee		Date of Public Distribution/Dissemination			
Salem Media Reps		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 6400 N. Beltline Road		Amount			
Suite 220 City State	7: Codo	7232.47			
Irving TX	Zip Code 75063	Transaction ID : SE.10476 Date of Disbursement or Obligation			
Purpose of Expenditure Radio airtime	Category/ Type 004	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: House District:			
PAT ROBERTS	Oppose	President Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	12639.82	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee		Date of Public Distribution/Dissemination			
Salem Media Reps		10 30 / Y Y Y Y Y			
Mailing Address 6400 N. Beltline Road		Amount			
Suite 220 City State	Zip Code	5640.00			
Irving TX	75063	Transaction ID : SE.10482 Date of Disbursement or Obligation			
Purpose of Expenditure Radio airtime	Category/ Type 004	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: House District:			
ROBERT L COLONEL MANESS	Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	28200.00	Disbursement For: Primary General 2014 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		12872.47			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures		>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
Paul Tripodi [Electro :	onically Filed] Date	01 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature	Date				

Signature

S

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date Salem Media Reps	e of Public Distribution/Dissemination
Mailing Address 6400 N. Beltline Road	10 30 7 2014
Suite 220	ount
City State Zip Code	5640.00
	saction ID : SE.10483 e of Disbursement or Obligation
Purpose of Expenditure Radio airtime Category/ Type 004	10 29 / 2014
Name of Federal Candidate Support Office Sou	ght: House District:
WILLIAM CASSIDY Oppose Presi	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Strategic Media Placement Inc.	e of Public Distribution/Dissemination
	10 22 2014
Mailing Address 7669 Stagers Loop Amo	ount
City State Zip Code	75000.00
Dolaward	saction ID: SE.10430 e of Disbursement or Obligation
Purpose of Expenditure Media airtime Category/ Type 004	10 21 2014
Name of Federal Candidate Support Office Sou	ght: House District:
KAY R HAGAN Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	80640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Paul Tripodi	/ D D / Y Y Y

[Electronically Filed]

01

Date

29

2015

SC ITE

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 21 OF 21 FOR LINE 24 OF FORM 33
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check if 24-hour report 48-hour report N	New report Amends report filed on Amends report filed on
Full Name of Payee Strategy Group for Media	Date of Public Distribution/Dissemination
Mailing Address 7669 Stagers Loop	Amount
City State Delaware OH	Zip Code 19662.54 43015 Transaction ID : SE.10432
Purpose of Expenditure	Date of Disbursement or Obligation
Ad production	Category/ Type 004 10 21 / 2014
Name of Federal Candidate	Support Office Sought: House District:
KAY R HAGAN	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	94662.54 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State	Zip Code
Purpose of Expenditure	Date of Disbursement or Obligation
Topod Co Impant to	Category/ Type
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary Genera
Per Election for Office Sought	Other (specify)
_ !	
(a) SUBTOTAL of Itemized Independent Expenditures	19662.54
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	155866.73
	inditures reported herein were not made in cooperation, consultation, or concert athorized 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]	Date	01 /	29	/	2015
Signature						