



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**YG ACTION FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="80632.54"/>	<input type="text" value="80632.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28916.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="70001.00"/>	<input type="text" value="144240.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98917.84"/>	<input type="text" value="224873.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39252.65"/>	<input type="text" value="165208.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59665.19"/>	<input type="text" value="59665.19"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**YG ACTION FUND**

Report Covering the Period: From:  /  /  To:  /  /

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).....	70000.00	144000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	70000.00	144000.00
(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) .....	70000.00	144000.00
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).....	1.00	240.87
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))..... ▶	70001.00	144240.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70001.00	144240.87

**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 .....	39252.65	165208.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39252.65	165208.22
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) .....	0.00	0.00
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 .....	0.00	0.00
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)) ..	39252.65	165208.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39252.65	165208.22

**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) .....	70000.00	144000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70000.00	144000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39252.65	165208.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1.00	240.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39251.65	164967.35

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

SCHEDULE B: Please note that all reimbursements to individuals have been itemized with memo entries if the payment to the original vendor aggregates in excess of \$200 in a calendar year.

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: PAGE 7 OF 27  
(check only one)  
 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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)  
**A. YG NETWORK**

Mailing Address 211 N UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
76500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : SA11AI.6047**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. YG NETWORK**

Mailing Address 211 N UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
144000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : SA11AI.6048**

Amount of Each Receipt this Period  
67500.00

CONTRIBUTION

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     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	70000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. MARK BEDNAR**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.6006

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

**B. T-MOBILE**

Mailing Address 12920 SE 38TH STREET

City BELLEVUE State WA Zip Code 98006

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.6006.0

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MARK BEDNAR**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.6008

Amount of Each Disbursement this Period

215.49

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

285.49



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. MARK BEDNAR**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2014

**Transaction ID : SB21B.6009**

Amount of Each Disbursement this Period

55.62

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER J. BOND**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.5985**

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

**C. AT&T MOBILITY**

Mailing Address PO BOX 536216

City ATLANTA State GA Zip Code 30353-6216

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.5985.0**

Amount of Each Disbursement this Period

70.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

125.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER J. BOND**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.5987**

Amount of Each Disbursement this Period

684.77

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER J. BOND**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

**Transaction ID : SB21B.5988**

Amount of Each Disbursement this Period

60.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. AT&T MOBILITY**

Mailing Address PO BOX 536216

City ATLANTA State GA Zip Code 30353-6216

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

**Transaction ID : SB21B.5988.0**

Amount of Each Disbursement this Period

60.00

Category/  
Type

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

744.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER J. BOND**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2014

Transaction ID : SB21B.5990

Amount of Each Disbursement this Period

684.77

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER J. BOND**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.5991

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. AT&T MOBILITY**

Mailing Address PO BOX 536216

City ATLANTA State GA Zip Code 30353-6216

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.5991.0

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

744.77

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER J. BOND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Mailing Address 211 NORTH UNION STREET  
SUITE 100

**Transaction ID : SB21B.5993**

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

684.77
--------

Purpose of Disbursement  
PAYROLL

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITOL IDEA TECHNOLOGY, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Mailing Address 14819 POTOMAC BRANCH DRIVE

**Transaction ID : SB21B.5979**

City WOODBRIDGE State VA Zip Code 22191

Amount of Each Disbursement this Period

1637.75
---------

Purpose of Disbursement  
COMPUTER SUPPORT

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CFC CONSULTING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 3724 DUNBARTON DRIVE

**Transaction ID : SB21B.5981**

City MOUNTAIN BROOK State AL Zip Code 35223

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
ACCOUNTING SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4322.52
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CFC CONSULTING**

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2014

**Transaction ID : SB21B.5982**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. CFC CONSULTING**

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

**Transaction ID : SB21B.5984**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. GRAND SLAM FINANCE**

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : SB21B.5994**

Amount of Each Disbursement this Period

2800.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6800.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. GRAND SLAM FINANCE**

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : SB21B.5995

Amount of Each Disbursement this Period

2800.00

Full Name (Last, First, Middle Initial)

**B. CHRISTINA M. HEATH**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.5996

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 6198 LITTLE RIVER TPKE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.5996.0

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2870.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA M. HEATH**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.5998**

Amount of Each Disbursement this Period

1349.08

Full Name (Last, First, Middle Initial)

**B. IPAYMENT, INC.**

Mailing Address PO BOX 3429

City THOUSAND OAKS State CA Zip Code 91359

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

**Transaction ID : SB21B.5999**

Amount of Each Disbursement this Period

47.95

Full Name (Last, First, Middle Initial)

**C. IPAYMENT, INC.**

Mailing Address PO BOX 3429

City THOUSAND OAKS State CA Zip Code 91359

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB21B.6000**

Amount of Each Disbursement this Period

47.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1444.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. IPAYMENT, INC.**

Mailing Address PO BOX 3429

City THOUSAND OAKS State CA Zip Code 91359

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2014			

Transaction ID : SB21B.6001

Amount of Each Disbursement this Period

17.95
-------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2014			

Transaction ID : SB21B.6002

Amount of Each Disbursement this Period

589.50
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2014			

Transaction ID : SB21B.6003

Amount of Each Disbursement this Period

527.28
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Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1134.73
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2014

Transaction ID : **SB21B.6004**

Amount of Each Disbursement this Period

271.28

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : **SB21B.6005**

Amount of Each Disbursement this Period

261.08

Full Name (Last, First, Middle Initial)

**C. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE & PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : **SB21B.6021**

Amount of Each Disbursement this Period

179.98

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

712.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.6025**

Amount of Each Disbursement this Period

70.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address 6198 LITTLE RIVER TPKE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.6025.0**

Amount of Each Disbursement this Period

70.00

Category/  
Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.6027**

Amount of Each Disbursement this Period

824.72

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

894.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : SB21B.6028**

Amount of Each Disbursement this Period

4.98

Full Name (Last, First, Middle Initial)

**B. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

**Transaction ID : SB21B.6030**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 6198 LITTLE RIVER TPKE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

**Transaction ID : SB21B.6030.0**

Amount of Each Disbursement this Period

60.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

64.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2014

Transaction ID : **SB21B.6032**

Amount of Each Disbursement this Period

824.72

Full Name (Last, First, Middle Initial)

**B. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : **SB21B.6036**

Amount of Each Disbursement this Period

4.98

Full Name (Last, First, Middle Initial)

**C. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PHONE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : **SB21B.6033**

Amount of Each Disbursement this Period

60.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

889.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address 6198 LITTLE RIVER TPKE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.6033.0

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. STACEY JOHNSON**

Mailing Address 211 NORTH UNION STREET  
SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.6035

Amount of Each Disbursement this Period

824.72

Full Name (Last, First, Middle Initial)

**C. NATIONAL MEDIA PUBLIC AFFAIRS, LLC**

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SB21B.6011

Amount of Each Disbursement this Period

1484.35

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2309.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. RED RIVER LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Mailing Address 3140 W. WARD ROAD  
SUITE 201

**Transaction ID : SB21B.6012**

City DUNKIRK State MD Zip Code 20754

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. RED RIVER LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Mailing Address 3140 W. WARD ROAD  
SUITE 201

**Transaction ID : SB21B.6013**

City DUNKIRK State MD Zip Code 20754

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. RED RIVER LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Mailing Address 3140 W. WARD ROAD  
SUITE 201

**Transaction ID : SB21B.6014**

City DUNKIRK State MD Zip Code 20754

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. RED RIVER LLC**

Mailing Address 3140 W. WARD ROAD  
SUITE 201

City DUNKIRK State MD Zip Code 20754

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : **SB21B.6015**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. REGUS MANAGEMENT GROUP, LLC**

Mailing Address 211 N. UNION ST, SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : **SB21B.6016**

Amount of Each Disbursement this Period

149.00

Full Name (Last, First, Middle Initial)

**C. REGUS MANAGEMENT GROUP, LLC**

Mailing Address 211 N. UNION ST, SUITE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : **SB21B.6017**

Amount of Each Disbursement this Period

149.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2798.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. REGUS MANAGEMENT GROUP, LLC**

Mailing Address 211 N. UNION ST, SUITE 100

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

Transaction ID : **SB21B.6018**

Amount of Each Disbursement this Period

1	4	9	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. RIGHT PATH STRATEGIC AFFAIRS, LLC**

Mailing Address 3960 ROLLING HILLS DRIVE

City State Zip Code  
CUMMING GA 30041

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	4

Transaction ID : **SB21B.6019**

Amount of Each Disbursement this Period

2	3	8	.	4	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RIGHT PATH STRATEGIC AFFAIRS, LLC**

Mailing Address 3960 ROLLING HILLS DRIVE

City State Zip Code  
CUMMING GA 30041

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : **SB21B.6020**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	3	.	3	3
---	---	---	---	---	---

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

4	5	3	.	3	3
---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2014

Transaction ID : **SB21B.6038**

Amount of Each Disbursement this Period: 58.77

Category/Type

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2014

Transaction ID : **SB21B.6039**

Amount of Each Disbursement this Period: 22.60

Category/Type

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2014

Transaction ID : **SB21B.6041**

Amount of Each Disbursement this Period: 22.60

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 103.97

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO**

Mailing Address 111 CONGRESS AVE  
11TH FLOOR

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2014

Transaction ID : SB21B.6042

Amount of Each Disbursement this Period

37.48

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO**

Mailing Address 111 CONGRESS AVE  
11TH FLOOR

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2014

Transaction ID : SB21B.6043

Amount of Each Disbursement this Period

36.44

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO**

Mailing Address 111 CONGRESS AVE  
11TH FLOOR

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SB21B.6044

Amount of Each Disbursement this Period

33.45

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

107.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : SB21B.6045

Amount of Each Disbursement this Period

398.75

Full Name (Last, First, Middle Initial)

**B. YUMA**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : SB21B.6046

Amount of Each Disbursement this Period

341.67

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

740.42

39126.45