Schedule E)	PAGE 1 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amend	ds report filed on
Full Name of Payee Champion Coach	Date of Public Distribution/Dissemination
·	10 13 2014
Mailing Address 145 Ben Hamby Lane	Amount
City State Zip Code	4220.83
Greenville SC 29615	Transaction ID : SE.9903 Date of Disbursement or Obligation
Purpose of Expenditure Bus rental  Category/ Type	002 M 10 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sup	port Office Sought: House District:
JONI K ERNST Opp	oose President X Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 4220.83	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Champion Coach	10 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 145 Ben Hamby Lane	Amount
City State Zip Code	4220.83
Greenville SC 29615	Transaction ID : SE.9904  Date of Disbursement or Obligation
Purpose of Expenditure Bus rental  Category/ Type	002 M 10 / 09 / Y Y Y Y Y Y Y
Name of Federal Candidate Sup	pport Office Sought:  House District: 01
RODNEY LELAND BLUM Opp	pose President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 4220.83	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
( ) QUETOTAL ( )	
(a) SUBTOTAL of Itemized Independent Expenditures	8441.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed]	Date 10 15 2014
Signature	

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund  C C00489625		
		G 000403023
Check if 24-hour report  48-hour report  New report	ort Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Champion Coach		10 13 2014
Mailing Address 145 Ben Hamby Lane		Amount
City State	Zip Code	4220.83
Greenville SC	29615	Transaction ID : SE.9905  Date of Disbursement or Obligation
Purpose of Expenditure Bus rental	Category/ Type 002	10 09 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 03
DAVID YOUNG	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7000.83 Disb	ursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Champion Coach		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 145 Ben Hamby Lane		Amount
City State	Zip Code	4220.83
Greenville SC	29615	Transaction ID : SE.9906 Date of Disbursement or Obligation
Purpose of Expenditure Bus rental	Category/ Type 002	10 / 09 / 2014
Name of Federal Candidate	Support Offic	te Sought: X House District: 04
STEVE MR. KING	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	4220.83 Disb 2014	
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	8441.66
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	<b></b>	
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.	•	•
Paul Tripodi <b>[Electroni</b>	ically Filed] Date	10 15 2014
Signature	_	

Schedule E)	PAGE 3 OF 11 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Faith Family Freedom Fund	C C00489625	
Check if 24-hour report X 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
Champion Coach	10 13 7 2014	
Mailing Address 145 Ben Hamby Lane	Amount	
City State Zip Code	4220.84	
Greenville SC 29615	Transaction ID : SE.9916 Date of Disbursement or Obligation	
Purpose of Expenditure Bus rental  Category/ Type 002	10 09 2014	
Name of Federal Candidate Support	Office Sought: House District:	
BENJAMIN E SASSE Oppose	President Senate State: NE	
	Disbursement For:  Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
Champion Coach	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 145 Ben Hamby Lane	Amount	
City State Zip Code	4220.84	
Greenville SC 29615	Transaction ID : SE.9917 Date of Disbursement or Obligation	
Purpose of Expenditure Bus rental  Category/ Type  002	10 09 / Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
PAT ROBERTS Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 7000.84	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	8441.68	
(a) COLICINE OF ROMEON Exponential Exponential Section 1	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	<b>•</b>	
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	10 15 2014	
Signature		

Schedule E)	IONES	PAGE 4 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund		C C00489625
Check if 24-hour report X 48-hour report New report	rt Amends repor	i filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Family Research Council Action		10 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 801 G Street, NW		Amount
City State 2	Zip Code	2780.00
Washington DC	20001	Transaction ID : SE.9907 Date of Disbursement or Obligation
Purpose of Expenditure Estimate - travel and other misc expenses for bus tour	Category/ Type 002	M = M / D = D / Y = Y = Y
Name of Federal Candidate	X Support	Office Sought: House District:
JONI K ERNST	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Family Research Council Action		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 801 G Street, NW		Amount
City State	Zip Code	2780.00
Washington DC	20001	Transaction ID : SE.9910  Date of Disbursement or Obligation
Purpose of Expenditure Estimate of bus tour travel expenses and other misc. expenses	Category/ Type 002	M = M / D = D / Y = Y = Y
Name of Federal Candidate	X Support	Office Sought:
RODNEY LELAND BLUM	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		5560.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		<b>•</b>
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 [Electronic	cally Filed] Date	10 15 2014
Signature		

Schedule E)	PAGE 5 OF 11 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Faith Family Freedom Fund	C C00489625	
Check if 24-hour report X 48-hour report New report Amends report	rt filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
Family Research Council Action	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 801 G Street, NW	Amount	
City State Zip Code	2780.00	
Washington DC 20001	Transaction ID : SE.9911  Date of Disbursement or Obligation	
Purpose of Expenditure Estimate - bus tour expenses  Category/ Type 002	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support	Office Sought: X House District:03	
DAVID YOUNG Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 2780.00	Disbursement For:  Primary  General  2014  Gher (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Family Research Council Action	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 801 G Street, NW	Amount	
City State Zip Code	2780.00	
Washington DC 20001	Transaction ID : SE.9912  Date of Disbursement or Obligation	
Purpose of Expenditure Estimate - bus tour travel expenses  Category/ Type  002	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support	Office Sought:	
STEVE MR. KING Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For:  Primary  General 2014  Gher (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	5560.00	
(,)	7	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(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	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EITT EXI EITD			PAGE 6 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund				C C00489625
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Family Research Council Action			M	Public Distribution/Dissemination
Mailing Address 801 G Street, NW			Amount	13 2014
City	State	Zip Code		2780.00
Washington	DC	20001		ction ID : SE.9918 Disbursement or Obligation
Purpose of Expenditure Estimate - bus tour travel expenses		Category/ Type 002		M / D D / Y = Y = Y
Name of Federal Candidate		Support	Office Sought:	House District:
BENJAMIN E SASSE		Oppose	Presider	Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		2780.00	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Family Research Council Action  Mailing Address 801 G Street, NW			М	f Public Distribution/Dissemination
City	State	Zip Code		2780.00
Washington	DC	20001		tion ID : SE.9919 f Disbursement or Obligation
Purpose of Expenditure Estimate - bus tour travel expenses		Category/ Type 002	М	M / D D / Y D Y D
Name of Federal Candidate		X Support	Office Sought:	House District:
PAT ROBERTS		Oppose	Presider	nt X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		2780.00	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	5560.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Paul Tripodi	[Electron	ically Filed] Date	e 10	15 / Y = Y = Y = Y
Signature				

Schedule E)	PAGE 7 OF 11 FOR SE OF FORM 24/48	
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 D	Date of Public Distribution/Dissemination	
National Organization for Marriage	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	mount	
Suite 300		
City State Zip Code Washington DC 20006 Ti	553.83	
D	ransaction ID : SE.9929 Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type  002	10 13 7 2014	
Name of Federal Candidate Support Office So	ought: House District:	
IONI K ERNST	resident Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General	
Full Name of Davis	Other (specify)	
Full Name of Payee National Organization for Marriage	Date of Public Distribution/Dissemination	
Mailing Address 2029 K Street NW		
Suite 300	Amount	
City State Zip Code	553.83	
Washington = 20000	ansaction ID : SE.9930 Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type  002	10 13 / 2014	
Name of Federal Candidate Support Office S	ought: X House District: 01	
RODNEY LELAND BLUM	resident Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	1107.66	
(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 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

Schedule E)	PAGE 8 OF 11 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Faith Family Freedom Fund	C C00489625	
Check if 24-hour report X 48-hour report New report Amends report filed	I on May / Dad / Yayayay	
Full Name of Payee National Organization for Marriage	Date of Public Distribution/Dissemination	
Mailing Address 2029 K Street NW	10 13 2014	
Suite 300	Amount	
City State Zip Code	553.83	
Washington DC 20006	Transaction ID : SE.9931 Date of Disbursement or Obligation	
Purpose of Expenditure In kind contribution of bus tour travel expenses  Category/ Type  002	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	e Sought: X House District: 03	
DAVID YOUNG Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
National Organization for Marriage	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2029 K Street NW	Amount	
Suite 300		
City State Zip Code Washington DC 20006	553.83 Transaction ID : SE.9932	
Purnose of Evnenditure	Date of Disbursement or Obligation	
In kind contribution of bus tour travel expenses  Category/ Type  002	10 13 / 2014	
· · ·	e Sought: House District: 04	
STEVE MR. KING Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	1107.66	
(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.		
	10 15 2014	
Signature		

Schedule E)	PAGE 9 OF 11 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Faith Family Freedom Fund	C C00489625	
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
Full Name of Payee National Organization for Marriage	Date of Public Distribution/Dissemination	
Mailing Address 2029 K Street NW	10 13 2014 Amount	
Suite 300		
City State Zip Code	553.84	
Washington DC 20006	Transaction ID : SE.9933 Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type  002	10 13 2014	
Name of Federal Candidate Support Office	Sought: House District:	
BEN IAMIN E SASSE	President Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement For:  Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
National Organization for Marriage	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2029 K Street NW	Assessment	
Suite 300	Amount	
City State Zip Code	553.84	
Washington DC 20006	Transaction ID : SE.9934  Date of Disbursement or Obligation	
Purpose of Expenditure In kind contribution of bus tour travel expenses  Category/ Type  002	10 13 / 2014	
Name of Federal Candidate Support Office	Sought: House District:	
PAT ROBERTS	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	1107.68	
(b) SUBTOTAL of Unitemized Independent Expenditures	49-1-49-1-49-1	
(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 10	) 15 2014	
Signature		

Schedule E)	PAGE 10 OF 11 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Faith Family Freedom Fund	C C00489625	
Check if 24-hour report X 48-hour report New report An	mends report filed on	
Full Name of Payee The FAMILY LEADER	Date of Public Distribution/Dissemination	
Mailing Address P.O. Box 42245	10 13 2014 Amount	
City State Zip Code	654.45	
Urbandale IA 50323	Transaction ID : SE.9924 Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type		
Name of Federal Candidate	Support Office Sought: House District:	
IONI K EDNICT	Oppose President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 4875.28	Disbursement For:  Primary  General  2014  Other (specify) ▶	
Full Name of Payee The FAMiLY LEADER	Date of Public Distribution/Dissemination	
Mailing Address P.O. Box 42245	Amount 13 2014	
City State Zip Code	654.45	
Urbandale IA 50323	Transaction ID : SE.9925  Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type		
Name of Federal Candidate	Support Office Sought:  House District: 01	
	Oppose President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 4875.2	Disbursement For:  Primary  General 2014  Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	1308.90	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Paul Tripodi  [Electronically Filed] Signature	Date 10 15 2014	
digitatore		

Schedule E)	PAGE 11 OF 11 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Faith Family Freedom Fund	C C00489625	
Check if 24-hour report X 48-hour report New report Amends in	report filed on	
Full Name of Payee The FAMiLY LEADER	Date of Public Distribution/Dissemination	
Mailing Address P.O. Box 42245	10 13 2014 Amount	
City State Zip Code	654.45	
Urbandale IA 50323	Transaction ID : SE.9926 Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type	002 10 13 7 2014	
Name of Federal Candidate Suppor	rt Office Sought: X House District: 03	
DAVID YOUNG Oppose		
Calendar Year-To-Date Per Election for Office Sought 7655.28	Disbursement For:  Primary  General 2014  Other (specify) ▶	
Full Name of Payee The FAMiLY LEADER	Date of Public Distribution/Dissemination	
Mailing Address P.O. Box 42245	10	
City State Zip Code	654.46	
Urbandale IA 50323	Transaction ID : SE.9927 Date of Disbursement or Obligation	
Purpose of Expenditure In-kind contribution of bus tour travel expenses  Category/ Type  O	10 13 / Y 2014	
Name of Federal Candidate Support	rt Office Sought:     House District: 04	
STEVE MR. KING Oppose	e President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 4875.29	Disbursement For:  Primary  General 2014  General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	1308.91	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	47945.81	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	Date 10 15 2014	
Signature		