



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Faith Family Freedom 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="2012"/>	<input type="text" value=""/>	<input type="text" value="125432.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="686589.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="79114.70"/>	<input type="text" value="842743.10"/>
(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="765703.91"/>	<input type="text" value="968175.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="508055.52"/>	<input type="text" value="710527.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="257648.39"/>	<input type="text" value="257648.39"/>
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="14829.82"/>	

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**

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).....	59470.57	790824.37
(ii) Unitemized .....	19644.13	45832.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	79114.70	836656.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	79114.70	840656.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	2086.30
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))..... ▶	79114.70	842743.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	79114.70	842743.10

**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 .....	-12442.43	168728.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-12442.43	168728.67
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) .....	520497.95	535497.95
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	200.00
(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	200.00
29. Other Disbursements .....	0.00	6100.58
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)) ..	508055.52	710527.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	508055.52	710527.20

**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) .....	79114.70	840656.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79114.70	840456.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-12442.43	168728.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2086.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-12442.43	166642.37

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

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

FOR LINE NUMBER: PAGE 6 OF 75  
(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)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Jane Aguirre**

Mailing Address 3214 Stratford Dr

City State Zip Code  
Temple TX 76502-3084

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

Name of Employer Occupation  
Scott and White Hospital clincial Documentation Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11AI.9431**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Richard Alexander**

Mailing Address 104 W Landing

City State Zip Code  
Williamsburg VA 23185-8255

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

Name of Employer Occupation  
Info requested per best effort Info requested per best efforts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.9455**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Mark Baffa**

Mailing Address 3550 Fenceline Rd

City State Zip Code  
Franksville WI 53126-9419

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

Name of Employer Occupation  
MOST Business executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.9393**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

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

**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 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mr. John Bond**

Mailing Address 2456 Mountain Dr

City State Zip Code  
 Bartlesville OK 74003-6949

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

Name of Employer Occupation  
 DSR CPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11AI.9435**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael Brown**

Mailing Address 108 Belle Ridge Dr

City State Zip Code  
 Madison AL 35758-7874

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

Name of Employer Occupation  
 CCDD health care provider

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11AI.9417**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Gracie Buckner**

Mailing Address 222 Walnut Ridge Dr

City State Zip Code  
 Stafford VA 22556-5929

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

Name of Employer Occupation  
 Service Distributing, Inc. Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11AI.9408**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mr. Jared Carman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6748 Canterbury Dr

City Highland State UT Zip Code 84003-9331

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

Name of Employer Agilant Learning Occupation Self Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
11 / 01 / 2012  
Transaction ID : SA11AI.9240

Amount of Each Receipt this Period  
500.00

**B. Mr. Denis Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 662 Island Dr

City Palm Beach State FL Zip Code 33480-4745

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

Name of Employer Retired Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 18 / 2012  
Transaction ID : SA11AI.9419

Amount of Each Receipt this Period  
500.00

**C. Mrs. Paula Copeland**  
Full Name (Last, First, Middle Initial)

Mailing Address 2933 Nichols Rd

City Hamilton State OH Zip Code 45013-9021

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 18 / 2012  
Transaction ID : SA11AI.9422

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mr. Robert Copeland**

Mailing Address 2933 Nichols Rd

City Hamilton State OH Zip Code 45013-9021

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

Name of Employer Hazen and Sawyer Occupation Engineer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.9447**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Mr. David Cribbs**

Mailing Address 1326 E 405th Rd

City Bolivar State MO Zip Code 65613-8396

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

Name of Employer Info requested per best effort Occupation Info requested per best efforts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.9444**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mrs. Mary Dunlap**

Mailing Address 506 Monterey Oaks Dr

City Richmond State TX Zip Code 77469-5786

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

Name of Employer Jaimel Health Care Services Occupation Caregiver

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : SA11AI.9437**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Family Research Council Action**

Mailing Address 801 G Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5728.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : SA11AI.9468**

Amount of Each Receipt this Period  
2620.57

In-kind - administrative, compliance, fundraising support, website

Full Name (Last, First, Middle Initial)  
**B. Major Anne Farrell**

Mailing Address 21 W Court St

City Plattsburgh State NY Zip Code 12901-2301

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

Name of Employer Occupation  
Self President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : SA11AI.9414**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael Farrell**

Mailing Address 21 W Court St

City Plattsburgh State NY Zip Code 12901-2301

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

Name of Employer Occupation  
McSweeny's Red Hots Inc. Co-owner, President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : SA11AI.9410**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3120.57
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mr. Steve Ferouz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1902 Association Drive  
 City Reston State VA Zip Code 20191-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info requested per best effort Info requested per best efforts  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012  
**Transaction ID : SA11AI.9466**  
 Amount of Each Receipt this Period  
 15000.00

**B. Mrs. Jane Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Rio Vista Ave  
 City Red Bluff State CA Zip Code 96080-2054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info requested per best effort Info requested per best efforts  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.9462**  
 Amount of Each Receipt this Period  
 5000.00

**C. Mr. Frederick Forbes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5051 Forbes Rd  
 City Cortland State NY Zip Code 13045-9608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Dairy farmer  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11AI.9429**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mr. Larry Gladfelter**  
Full Name (Last, First, Middle Initial)

Mailing Address 725 Harmony Dr

City New Oxford State PA Zip Code 17350-8205

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012

**Transaction ID : SA11AI.9423**

Amount of Each Receipt this Period  
500.00

**B. Mr. John Glycenfer**  
Full Name (Last, First, Middle Initial)

Mailing Address 3006 San Luis Ct

City Fort Collins State CO Zip Code 80525-0000

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

Name of Employer Woodward Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : SA11AI.9375**

Amount of Each Receipt this Period  
200.00

**C. Mr. David Hackney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3188 E County Road 200 N

City Orleans State IN Zip Code 47452-9171

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

Name of Employer Hackney Farms Corp Occupation Farming

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11AI.9401**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Lynne Hertzberg**

Mailing Address PO Box 68

City State Zip Code  
Deerfield IL 60015-0068

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012  
**Transaction ID : SA11AI.9439**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Lynne Hertzberg**

Mailing Address PO Box 68

City State Zip Code  
Deerfield IL 60015-0068

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.9445**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Dean Johnson**

Mailing Address 1503 Speegle Dr SE

City State Zip Code  
Huntsville AL 35801-1677

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

Name of Employer Occupation  
L. Dean Johnson, P.C. Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012  
**Transaction ID : SA11AI.9457**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mrs. Kristi Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12113 County Road 290

City Anna	State TX	Zip Code 75409-3221
--------------	-------------	------------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

**Transaction ID : SA11AI.9420**

Amount of Each Receipt this Period  
500.00

**B. Mr. Walter Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9837 Red Reef Ct

City Fort Myers	State FL	Zip Code 33919-3180
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation N/A
-----------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

**Transaction ID : SA11AI.9412**

Amount of Each Receipt this Period  
250.00

**C. Mr. John Klenk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10733 Greene Dr

City Mason Neck	State VA	Zip Code 22079-3534
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation N/A
-----------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

**Transaction ID : SA11AI.9433**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mr. Larry Laster**

Mailing Address 211 Cheswick Dr

City State Zip Code  
Madison AL 35757-8710

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 19 / 2012  
**Transaction ID : SA11AI.9425**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Eunice Logan**

Mailing Address 121 Shakers Landing Rd

City State Zip Code  
Harrodsburg KY 40330-9251

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

Name of Employer Occupation  
None Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.9394**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mrs. Eunice Logan**

Mailing Address 121 Shakers Landing Rd

City State Zip Code  
Harrodsburg KY 40330-9251

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

Name of Employer Occupation  
None Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.9415**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 75  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mr. Paul Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Deanna Dr  
City East Hanover State NJ Zip Code 07936-3206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paul Miller Inc. Occupation Owner car dealerships  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2012  
**Transaction ID : SA11AI.9453**  
Amount of Each Receipt this Period 1000.00

**B. Mr. William Morgan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3110 Del Rio Pike  
City Franklin State TN Zip Code 37069-8712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer John Bouchard & Sons Co. Occupation Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : SA11AI.9460**  
Amount of Each Receipt this Period 2500.00

**C. Mr. John Nicholson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 161 Vendome Rd  
City Grosse Pointe Farms State MI Zip Code 48236-3329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Abbott Nicholson PC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2012  
**Transaction ID : SA11AI.9391**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mr. Charles O'Dell**  
Full Name (Last, First, Middle Initial)

Mailing Address 10803 Cripplegate Rd

City Potomac State MD Zip Code 20854-1626

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

Name of Employer Marriott International Occupation Retired executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 29 / 2012  
**Transaction ID : SA11AI.9459**

Amount of Each Receipt this Period 2500.00

**B. Mrs. Kathleen Ossello**  
Full Name (Last, First, Middle Initial)

Mailing Address 12131 N Riverwood Dr

City Spokane State WA Zip Code 99218-3500

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

Name of Employer Eastern Washington University Occupation Field Supervisor, Student Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.9400**

Amount of Each Receipt this Period 250.00

**C. Mr. David Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Nebraska Ave

City Essex State IA Zip Code 51638

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

Name of Employer Iowa Workforce Development Occupation Workforce Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2012  
**Transaction ID : SA11AI.9442**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mr. Roger Phelps**

Mailing Address 5311 E Placita Bosque

City Tucson State AZ Zip Code 85718-3825

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

Name of Employer Retired Occupation N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11AI.9404**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel Selassie**

Mailing Address 158 Crater Woods Ct

City Petersburg State VA Zip Code 23805-9145

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

Name of Employer US Army Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : SA11AI.9441**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Roy Shore**

Mailing Address PSC 561 Box 1807

City Fpo State AP Zip Code 96310-0019

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

Name of Employer National Academy of Sciences Occupation Medical research

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11AI.9406**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Janice Simons**

Mailing Address 1928 N Tanglewood Ln

City State Zip Code  
Nixa MO 65714-9459

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

Name of Employer Occupation  
IDEX Corp. Compliance Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11AI.9402**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Larry Smith**

Mailing Address 3 Oakmont Ln

City State Zip Code  
Newport Beach CA 92660-5216

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

Name of Employer Occupation  
MHI Real Co President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2012

**Transaction ID : SA11AI.9464**

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James Strickler**

Mailing Address 2204 N Santiago Ave

City State Zip Code  
Farmington NM 87401-9063

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

Name of Employer Occupation  
Self Oil and Gas Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : SA11AI.9389**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial) <b>A. Larry Sundquist</b>		Date of Receipt
Mailing Address 17208 7th Ave W		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code Mill Creek WA 98012-9165		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.9450</b>
Name of Employer Occupation TSC Services, Inc. President		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Lori Travis</b>		Date of Receipt
Mailing Address 2575 Garden Way		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code Colorado Springs CO 80918-4023		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.9367</b>
Name of Employer Occupation Self Consultant		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="100.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Mr. Stephen Trice</b>		Date of Receipt
Mailing Address 5200 Wisteria Dr		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code Oklahoma City OK 73142-1852		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.9449</b>
Name of Employer Occupation JASCO Products Company CEO		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael Vick**

Mailing Address 4620 S Coach Dr

City Tucson State AZ Zip Code 85714-3442

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

Name of Employer Minerals Research & Recovery, Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.9427**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. John White**

Mailing Address 337 Sawmill Rd

City Hampton State GA Zip Code 30228-1533

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

Name of Employer Chick-fil-A Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11AI.9396**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mrs. Georgia Wiester**

Mailing Address 7760 Santa Rosa Rd

City Buellton State CA Zip Code 93427-0000

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11AI.9451**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 75  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

**A. Mr. Jim Yarbrough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 209 Magic Ln  
City Sunnyvale State TX Zip Code 75182-9349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Insurance agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012  
**Transaction ID : SA11AI.9398**  
Amount of Each Receipt this Period  
250.00

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

**C.**  
Full Name (Last, First, Middle Initial)  
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).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	59470.57

**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)  
**Faith Family Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Family Research Council Action**

Mailing Address 801 G Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
In-kind - administrative, compliance, fundraising support, website

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.9469**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Randy Burt</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9581</b>	
Amount Incurred This Period 2306.55	Payment This Period 0.00	Outstanding Balance at Close of This Period 2306.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chris Curry</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9563</b>	
Amount Incurred This Period 3131.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 3131.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chris Curry</b>	Nature of Debt (Purpose): Bus tour travel expense
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9628</b>	
Amount Incurred This Period 114.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 114.11

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5552.26
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kathy Flavin</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9539</b>	
Amount Incurred This Period 222.05	Payment This Period 0.00	Outstanding Balance at Close of This Period 222.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kathy Flavin</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9540</b>	
Amount Incurred This Period 222.05	Payment This Period 0.00	Outstanding Balance at Close of This Period 222.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fris Office Outfitters</b>	Nature of Debt (Purpose): Bus tour supplies
Mailing Address 109 River Avenue	
City State Zip Code Holland MI 49423	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9625</b>	
Amount Incurred This Period 447.49	Payment This Period 0.00	Outstanding Balance at Close of This Period 447.49

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	891.59
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Google Inc.</b>	Nature of Debt (Purpose): Online ad
Mailing Address 1600 Amphitheatre Parkway	
City State Zip Code Mountain View CA 94043	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9627</b>	
Amount Incurred This Period 300.72	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Google Inc.</b>	Nature of Debt (Purpose): Ad purchase
Mailing Address 1600 Amphitheatre Parkway	
City State Zip Code Mountain View CA 94043	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9544</b>	
Amount Incurred This Period 1271.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 1271.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connie Mackay</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9537</b>	
Amount Incurred This Period 936.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 936.83

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2509.22
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connie Mackay</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9538</b>	
Amount Incurred This Period 936.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 936.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connie Mackay</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9541</b>	
Amount Incurred This Period 154.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 154.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connie Mackay</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9542</b>	
Amount Incurred This Period 154.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 154.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1245.83
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mike Mears</b>	Nature of Debt (Purpose): Travel expenses for bus tour
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9562</b>	
Amount Incurred This Period 2383.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 2383.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Scott Potter</b>	Nature of Debt (Purpose): Bus tour travel expense
Mailing Address 801 G Street NW	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9624</b>	
Amount Incurred This Period 300.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PR Newswire</b>	Nature of Debt (Purpose): Bus tour advertising
Mailing Address G.P.O. Box 5897	
City State Zip Code New York NY 10087	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9629</b>	
Amount Incurred This Period 240.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 240.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2923.79
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Faith Family Freedom Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>UPS</b>	Nature of Debt (Purpose): Bus tour expense
Mailing Address PO Box 533238	
City State Zip Code Charlotte NC 28290	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9630</b>	
Amount Incurred This Period 1095.05	Payment This Period 0.00	Outstanding Balance at Close of This Period 1095.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Glyn Wright</b>	Nature of Debt (Purpose): Bus tour travel expense
Mailing Address 8412 Blackishton Ln	
City State Zip Code Alexandria VA 22308	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9626</b>	
Amount Incurred This Period 224.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 224.54

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>YouTube, LLC</b>	Nature of Debt (Purpose): Online ad for bus tour
Mailing Address 901 Cherry Ave	
City State Zip Code San Bruno CA 94066	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.9584</b>	
Amount Incurred This Period 387.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 387.54

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1707.13
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	14829.82
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	14829.82



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2012</div>
Mailing Address 10550 Barkley		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4719.00</div>
City Overland Park	State KS	Zip Code 66212
Purpose of Expenditure Radio ad buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House    State: MO <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4719.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SE.8485**

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2012</div>
Mailing Address 10550 Barkley		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1050.00</div>
City Overland Park	State KS	Zip Code 66212
Purpose of Expenditure Radio ad buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House    State: MO <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5769.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SE.8487**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5769.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <b>10 / 23 / 2012</b>
Mailing Address <b>10550 Barkley</b>		Amount <b>1578.00</b>
City <b>Overland Park</b>	State      Zip Code <b>KS              66212</b>	
Purpose of Expenditure Radio ad buy	Category/Type <b>004</b>	<b>Transaction ID : SE.8490</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Office Sought: <input type="checkbox"/> House      State: <b>MO</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>7347.00</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address <b>10550 Barkley</b>		Amount <b>1230.00</b>
City <b>Overland Park</b>	State      Zip Code <b>KS              66212</b>	
Purpose of Expenditure Radio ad buy	Category/Type <b>004</b>	<b>Transaction ID : SE.8500</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Office Sought: <input type="checkbox"/> House      State: <b>MO</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>8577.00</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>2808.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <b>10 / 27 / 2012</b>
Mailing Address <b>10550 Barkley</b>		Amount <b>1050.00</b>
City <b>Overland Park</b>	State      Zip Code <b>KS              66212</b>	
Purpose of Expenditure <b>Rado ad buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House      State: <b>MO</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25087.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE.8515**

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <b>10 / 30 / 2012</b>
Mailing Address <b>10550 Barkley</b>		Amount <b>1578.00</b>
City <b>Overland Park</b>	State      Zip Code <b>KS              66212</b>	
Purpose of Expenditure <b>Radio ad buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House      State: <b>MO</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>117034.89</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE.8518**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>2628.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>          11 / 01 / 2012       </div>
Mailing Address 10550 Barkley		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">1230.00</span> </div>
City Overland Park      State KS      Zip Code 66212	<b>Transaction ID : SE.8520</b>	
Purpose of Expenditure Radio ad buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House      State: MO <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">118264.89</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>          11 / 03 / 2012       </div>
Mailing Address 10550 Barkley		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">1050.00</span> </div>
City Overland Park      State KS      Zip Code 66212		<b>Transaction ID : SE.8522</b>
Purpose of Expenditure Radio ad buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House      State: MO <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">123324.58</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;">2280.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> <span style="font-size: 0.8em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 
M M / D D / Y Y Y Y  
 01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Bott Radio Network</b>		Date MM / DD / YYYY <b>11 / 04 / 2012</b>
Mailing Address <b>10550 Barkley</b>		Amount <b>1578.00</b>
City <b>Overland Park</b>	State      Zip Code <b>KS              66212</b>	
Purpose of Expenditure Radio ad buy	Category/ Type <b>004</b>	<b>Transaction ID : SE.8607</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Office Sought: <input type="checkbox"/> House      State: <b>MO</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>124902.58</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Rev. Stephen Broden</b>		Date MM / DD / YYYY <b>11 / 16 / 2012</b>
Mailing Address <b>1321 Rowan</b>		Amount <b>308.79</b>
City <b>Dallas</b>	State      Zip Code <b>TX              75223</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	<b>Transaction ID : SE.9495</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Office Sought: <input type="checkbox"/> House      State: <b>MO</b> <input checked="" type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>129649.84</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1886.79</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed]      Date **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Rev. Stephen Broden</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>11 / 16 / 2012</b>
Mailing Address <b>1321 Rowan</b>		Amount <span style="border: 1px solid black; padding: 2px;">308.80</span>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75223</b>		<b>Transaction ID : SE.9497</b>
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">129958.64</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Randy Burt</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <span style="border: 1px solid black; padding: 2px;">2306.55</span>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>		<b>Transaction ID : SE.9534</b>
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">107520.31</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">2615.35</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489625</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>ccAdvertising</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">05</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>
Mailing Address 5900 Fort Drive Suite 302		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">12500.00</span> </div>
City State Zip Code Centreville VA 20121	<b>Transaction ID : SE.8599</b>	
Purpose of Expenditure Phone calls	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">20000.00</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>ccAdvertising</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">11</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">06</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>
Mailing Address 5900 Fort Drive Suite 302		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15000.00</span> </div>
City State Zip Code Centreville VA 20121	<b>Transaction ID : SE.8603</b>	
Purpose of Expenditure Phone calls	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House    State: LA <input type="checkbox"/> Senate    District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JEFFREY M LANDRY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15000.00</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">27500.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*  
 Signature

[Electronically Filed]    Date 01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Champion Coach</b>		Date MM / DD / YYYY <b>10 / 26 / 2012</b>
Mailing Address <b>145 Ben Hamby Lane</b>		Amount <b>7700.00</b>
City <b>Greenville</b>	State <b>SC</b>	
Zip Code <b>29615</b>	<b>Transaction ID : SE.8528</b>	
Purpose of Expenditure <b>Bus rental</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>16337.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Champion Coach</b>		Date MM / DD / YYYY <b>10 / 26 / 2012</b>
Mailing Address <b>145 Ben Hamby Lane</b>		Amount <b>7700.00</b>
City <b>Greenville</b>	State <b>SC</b>	
Zip Code <b>29615</b>	<b>Transaction ID : SE.8530</b>	
Purpose of Expenditure <b>Bus rental</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>24037.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>15400.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Chris Curry</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>3131.60</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9560</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>113035.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Chris Curry</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>114.11</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9613</b>	
Purpose of Expenditure Bus tour travel expense	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>113674.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>3245.71</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*  
Signature \_\_\_\_\_ [Electronically Filed] Date **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Engineering Supply and Imaging</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>
Mailing Address 11281 James Street		Amount <b>50.88</b>
City Holland	State MI	
Zip Code 49424	<b>Transaction ID : SE.9483</b>	
Purpose of Expenditure Supplies for bus tour	Category/ Type <b>007</b>	Office Sought: <input type="checkbox"/> House    State: <u>MO</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>118315.77</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Engineering Supply and Imaging</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>
Mailing Address 11281 James Street		Amount <b>50.88</b>
City Holland	State MI	
Zip Code 49424	<b>Transaction ID : SE.9499</b>	
Purpose of Expenditure Supplies for bus tour	Category/ Type <b>007</b>	Office Sought: <input type="checkbox"/> House    State: <u>MO</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>118366.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>101.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Flavin</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <span style="border: 1px solid black; padding: 2px;">222.05</span>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9509</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">104991.71</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Kathy Flavin</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <span style="border: 1px solid black; padding: 2px;">222.05</span>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9511</b>	
Purpose of Expenditure Travel expenses	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">105213.76</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">444.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Fris Office Outfitters</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 29 / 2012</b>
Mailing Address <b>109 River Avenue</b>		Amount <span style="margin-left: 20px;">447.49</span>
City <b>Holland</b>	State <b>MI</b>	
Zip Code <b>49423</b>	<b>Transaction ID : SE.9617</b>	
Purpose of Expenditure <b>Bus tour supplies</b>	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">114121.84</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Fris Office Outfitters</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2012</b>
Mailing Address <b>109 River Avenue</b>		Amount <span style="margin-left: 20px;">447.49</span>
City <b>Holland</b>	State <b>MI</b>	
Zip Code <b>49423</b>	<b>Transaction ID : SE.9529</b>	
Purpose of Expenditure <b>Bus tour supplies</b>	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">128628.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">894.98</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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 M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2013**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Google Inc.</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>1600 Amphitheatre Parkway</b>		Amount <b>300.72</b>
City <b>Mountain View</b>	State <b>CA</b>	
Zip Code <b>94043</b>	<b>Transaction ID : SE.9615</b>	
Purpose of Expenditure <b>Online ad</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> <b>President</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> <b>Oppose</b>
Calendar Year-To-Date Per Election for Office Sought <b>300.72</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> <b>General</b> <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Google Inc.</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address <b>1600 Amphitheatre Parkway</b>		Amount <b>1271.67</b>
City <b>Mountain View</b>	State <b>CA</b>	
Zip Code <b>94043</b>	<b>Transaction ID : SE.8595</b>	
Purpose of Expenditure <b>Estimated cost of web ads</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>DC</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> <b>President</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> <b>Oppose</b>
Calendar Year-To-Date Per Election for Office Sought <b>6271.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> <b>General</b> <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>1572.39</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Lamplight Entertainment Inc.</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 01 / 2012</b>
Mailing Address <b>8722 Oakdale Ave.</b>		Amount <span style="margin-left: 20px;">1500.00</span>
City <b>Northridge</b>	State <b>CA</b>	
Zip Code <b>91324</b>	<b>Transaction ID : SE.9521</b>	
Purpose of Expenditure Supplies for bus tour	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">120774.58</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Lamplight Entertainment Inc.</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 01 / 2012</b>
Mailing Address <b>8722 Oakdale Ave.</b>		Amount <span style="margin-left: 20px;">1500.00</span>
City <b>Northridge</b>	State <b>CA</b>	
Zip Code <b>91324</b>	<b>Transaction ID : SE.9523</b>	
Purpose of Expenditure Supplies for bus tour	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">122274.58</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">3000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Connie Mackay</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>936.83</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9489</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>103523.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Connie Mackay</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>936.83</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9491</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>104460.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>1873.66</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Connie Mackay</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>154.50</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9505</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>104615.16</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Connie Mackay</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>154.50</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9507</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>104769.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>309.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Mike Mears</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>2383.79</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9558</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>109904.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Darin Miller</b>		Date MM / DD / YYYY <b>11 / 16 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>845.69</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9513</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>130804.33</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>3229.48</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*  
Signature

[Electronically Filed]    Date **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Darin Miller</b>		Date MM / DD / YYYY <b>11 / 16 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>845.69</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9515</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>131650.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Newscom Services Inc.</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address <b>375 Chipeta Way</b>		Amount <b>60.00</b>
City <b>Salt Lake City</b>	State <b>UT</b>	
Zip Code <b>84108</b>	<b>Transaction ID : SE.9531</b>	
Purpose of Expenditure Bus tour supplies	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>8637.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>905.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Scott Potter</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>300.00</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9606</b>	
Purpose of Expenditure <b>Bus tour travel expense</b>	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>113335.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Scott Potter</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <b>453.96</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9501</b>	
Purpose of Expenditure <b>Travel expenses for bus tour</b>	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>118820.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>753.96</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Scott Potter</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>11 / 01 / 2012</b>
Mailing Address <b>801 G Street NW</b>		Amount <span style="border: 1px solid black; padding: 2px;">453.97</span>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001</b>	<b>Transaction ID : SE.9503</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">119274.58</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>PR Newswire</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 29 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <span style="border: 1px solid black; padding: 2px;">240.00</span>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10087</b>	<b>Transaction ID : SE.9620</b>	
Purpose of Expenditure Bus tour advertising	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: <b>MO</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">114361.84</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">693.97</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 19 / 2012
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="border: 1px solid black; padding: 2px;">7500.00</span>
City Irving State TX Zip Code 75063	<b>Transaction ID : SE.8442</b>	
Purpose of Expenditure Radio ad buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONATHAN PATON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7500.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 19 / 2012
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="border: 1px solid black; padding: 2px;">7500.00</span>
City Irving State TX Zip Code 75063	<b>Transaction ID : SE.8444</b>	
Purpose of Expenditure Radio ad buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARTHA E MCSALLY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7500.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">15000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 19 / 2012</b>
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="margin-left: 20px;">7200.00</span>
City Irving	State TX	
Zip Code 75063		<b>Transaction ID : SE.8450</b>
Purpose of Expenditure Radio ad buy	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: <u>IN</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD E MOURDOCK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">7200.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 19 / 2012</b>
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="margin-left: 20px;">20900.00</span>
City Irving	State TX	
Zip Code 75063		<b>Transaction ID : SE.8452</b>
Purpose of Expenditure Radio ad buy	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">20900.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">28100.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2012
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="border: 1px solid black; padding: 2px;">6300.00</span>
City Irving	State TX Zip Code 75063	
Purpose of Expenditure Radio ad buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN DAINES		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6300.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SE.8454**

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2012
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="border: 1px solid black; padding: 2px;">7475.00</span>
City Irving	State TX Zip Code 75063	
Purpose of Expenditure Radio ad buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS LATHAM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7475.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SE.8456**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">13775.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 28 / 2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 19 / 2012
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="border: 1px solid black; padding: 2px;">7500.00</span>
City Irving	State TX Zip Code 75063	
Purpose of Expenditure Radio ad buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	<b>Transaction ID : SE.8458</b>
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7500.00</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 19 / 2012
Mailing Address 6400 N. Beltline Road Suite 220		Amount <span style="border: 1px solid black; padding: 2px;">7500.00</span>
City Irving	State TX Zip Code 75063	
Purpose of Expenditure Radio ad buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	<b>Transaction ID : SE.8460</b>
Name of Federal Candidate Supported or Opposed by Expenditure: GARLAND ANDY BARR		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7500.00</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">15000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*  
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date MM / DD / YYYY <b>10 / 19 / 2012</b>
Mailing Address 6400 N. Beltline Road Suite 220		Amount <b>2160.00</b>
City Irving	State TX	Zip Code 75063
Purpose of Expenditure Radio ad buy	Category/ Type <b>004</b>	<b>Transaction ID : SE.8462</b>
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. MD BENISHEK		Office Sought: <input checked="" type="checkbox"/> House    State: MI <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2160.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date MM / DD / YYYY <b>10 / 19 / 2012</b>
Mailing Address 6400 N. Beltline Road Suite 220		Amount <b>10000.00</b>
City Irving	State TX	Zip Code 75063
Purpose of Expenditure Radio ad buy	Category/ Type <b>004</b>	<b>Transaction ID : SE.8464</b>
Name of Federal Candidate Supported or Opposed by Expenditure: KERRY BENTIVOLIO		Office Sought: <input checked="" type="checkbox"/> House    State: MI <input type="checkbox"/> Senate    District: 11 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>10000.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>12160.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
**01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 19 / 2012</b>
Mailing Address <b>6400 N. Beltline Road</b> <b>Suite 220</b>		Amount <span style="border: 1px solid black; padding: 2px;">3600.00</span>
City <b>Irving</b> State <b>TX</b> Zip Code <b>75063</b>	<b>Transaction ID : SE.8471</b>	
Purpose of Expenditure Radio ad buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>OH</b> <input type="checkbox"/> Senate      District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES B RENACCI</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3600.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 19 / 2012</b>
Mailing Address <b>6400 N. Beltline Road</b> <b>Suite 220</b>		Amount <span style="border: 1px solid black; padding: 2px;">7328.00</span>
City <b>Irving</b> State <b>TX</b> Zip Code <b>75063</b>	<b>Transaction ID : SE.8473</b>	
Purpose of Expenditure Radio ad buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>PA</b> <input type="checkbox"/> Senate      District: <b>12</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH MR. ROTHFUS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7328.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">10928.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Paul Tripodi      *[Electronically Filed]*      Date M M / D D / Y Y Y Y  
**01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Skyline West Michigan</b>		Date MM / DD / YYYY <b>11 / 07 / 2012</b>
Mailing Address <b>4768 Danvers Dr. SE</b>		Amount <b>1639.30</b>
City <b>Kentwood</b>	State <b>MI</b>	
Zip Code <b>49512</b>	<b>Transaction ID : SE.9517</b>	
Purpose of Expenditure Supplies for bus tour	Category/ Type <b>007</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>126541.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Skyline West Michigan</b>		Date MM / DD / YYYY <b>11 / 07 / 2012</b>
Mailing Address <b>4768 Danvers Dr. SE</b>		Amount <b>1639.31</b>
City <b>Kentwood</b>	State <b>MI</b>	
Zip Code <b>49512</b>	<b>Transaction ID : SE.9519</b>	
Purpose of Expenditure Supplies for bus tour	Category/ Type <b>007</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>128181.19</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>3278.61</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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 MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Media Placement Inc.</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>65000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8537</b>	
Purpose of Expenditure <b>TV ad media buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>90087.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategic Media Placement Inc.</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>12500.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8539</b>	
Purpose of Expenditure <b>Production of ad - debt bill</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CLAIRE MCCASKILL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>102587.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>77500.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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 MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00489625</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10</span> / <span style="font-size: 1.2em; font-weight: bold;">24</span> / <span style="font-size: 1.2em; font-weight: bold;">2012</span> </div>
Mailing Address <b>7669 Stagers Loop</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">17500.00</span> </div>
City State Zip Code Delaware OH 43015	<b>Transaction ID : SE.8550</b>	
Purpose of Expenditure Cable ad buy	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">004</span> </div>	Office Sought:    House State: MT <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DENNIS RAY REHBERG</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">17500.00</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10</span> / <span style="font-size: 1.2em; font-weight: bold;">24</span> / <span style="font-size: 1.2em; font-weight: bold;">2012</span> </div>
Mailing Address <b>7669 Stagers Loop</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">17500.00</span> </div>
City State Zip Code Delaware OH 43015		<b>Transaction ID : SE.8552</b>
Purpose of Expenditure Cable ad buy	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">004</span> </div>	Office Sought:    House State: MT <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JON TESTER</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">35000.00</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">35000.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*
Date 
M M / D D / Y Y Y Y  
01 / 28 / 2013

Signature \_\_\_\_\_
[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>1000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8554</b>	
Purpose of Expenditure Production and shipping costs of cable ad	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>MT</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DENNIS RAY REHBERG</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>36000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>1000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8556</b>	
Purpose of Expenditure Production and shipping cost of cable ad	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>MT</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JON TESTER</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>37000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>2000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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*

Signature

[Electronically Filed]

Date

MM / DD / YYYY <b>01 / 28 / 2013</b>		
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>20000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8558</b>	
Purpose of Expenditure <b>Cable ad buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>NE</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEBRA S FISCHER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>20000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>20000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8560</b>	
Purpose of Expenditure <b>Cable ad buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>NE</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>J ROBERT KERREY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>40000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>40000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2012
Mailing Address 7669 Stagers Loop		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City Delaware	State OH	
Zip Code 43015	<b>Transaction ID : SE.8562</b>	
Purpose of Expenditure Production and shipping cost of cable ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEBRA S FISCHER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">41000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2012
Mailing Address 7669 Stagers Loop		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City Delaware	State OH	
Zip Code 43015	<b>Transaction ID : SE.8564</b>	
Purpose of Expenditure Production and shipping cost of cable ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: J ROBERT KERREY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">42000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 24 / 2012
Mailing Address 7669 Stagers Loop		Amount <span style="border: 1px solid black; padding: 2px;">15500.00</span>
City Delaware	State OH	
Zip Code 43015	<b>Transaction ID : SE.8566</b>	
Purpose of Expenditure Cable ad buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A BERG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">15500.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 24 / 2012
Mailing Address 7669 Stagers Loop		Amount <span style="border: 1px solid black; padding: 2px;">15500.00</span>
City Delaware	State OH	
Zip Code 43015	<b>Transaction ID : SE.8568</b>	
Purpose of Expenditure Cable ad buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HEIDI HEITKAMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">31000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">31000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>1000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8570</b>	
Purpose of Expenditure <b>Production and shipping cost of cable ad</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>ND</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD A BERG</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>1000.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8572</b>	
Purpose of Expenditure <b>Production and shipping cost of cable ad</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>ND</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEIDI HEITKAMP</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>33000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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

MM / DD / YYYY  
**01 / 28 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>32500.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8574</b>	
Purpose of Expenditure <b>Cable ad buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>VA</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GEORGE ALLEN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>7669 Stagers Loop</b>		Amount <b>32500.00</b>
City <b>Delaware</b>	State <b>OH</b>	
Zip Code <b>43015</b>	<b>Transaction ID : SE.8576</b>	
Purpose of Expenditure <b>Cable ad buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>VA</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY MICHAEL KAINE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>65000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>65000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 24 / 2012
Mailing Address 7669 Stagers Loop		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City Delaware	State OH	
Zip Code 43015	<b>Transaction ID : SE.8578</b>	
Purpose of Expenditure Production and shipping cost of cable ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE ALLEN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">66000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Strategy Group for Media</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 24 / 2012
Mailing Address 7669 Stagers Loop		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City Delaware	State OH	
Zip Code 43015	<b>Transaction ID : SE.8580</b>	
Purpose of Expenditure Production and shipping cost of cable ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">67000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 28 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>UPS</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>PO Box 533238</b>		Amount <b>1095.05</b>
City <b>Charlotte</b>	State <b>NC</b>	
Zip Code <b>28290</b>	<b>Transaction ID : SE.9622</b>	
Purpose of Expenditure <b>Bus tour supplies</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>115456.89</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Working Media Group LLC</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>21 West 38th St</b>		Amount <b>7455.00</b>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10018</b>	<b>Transaction ID : SE.8508</b>	
Purpose of Expenditure <b>Radio ad buy</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>IA</b> <input type="checkbox"/> Senate    District: <b>03</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>THOMAS LATHAM</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>14930.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>8550.05</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*Paul Tripodi*  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Faith Family Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Working Media Group LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 24 / 2012</b>
Mailing Address <b>21 West 38th St</b>		Amount <span style="margin-left: 20px;">4350.00</span>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10018</b>
Purpose of Expenditure <b>Radio ad buy</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.8510</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ROSCOE G. REP. BARTLETT</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>MD</b> <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">4350.00</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Working Media Group LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 24 / 2012</b>
Mailing Address <b>21 West 38th St</b>		Amount <span style="margin-left: 20px;">7620.00</span>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10018</b>
Purpose of Expenditure <b>Radio ad buy</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.8512</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ANN MARIE BUERKLE</b>		Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>24</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">7620.00</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">11970.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Tripodi*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Glyn Wright</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>8412 Blackishton Ln</b>		Amount <b>224.54</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22308</b>	<b>Transaction ID : SE.9611</b>	
Purpose of Expenditure <b>Bus tour travel expense</b>	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>113560.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Mark Yarborough</b>		Date MM / DD / YYYY <b>11 / 16 / 2012</b>
Mailing Address <b>417 Desert Garden Drive</b>		Amount <b>356.18</b>
City <b>Plano</b>	State <b>TX</b>	
Zip Code <b>75093</b>	<b>Transaction ID : SE.9485</b>	
Purpose of Expenditure <b>Travel expenses for bus tour</b>	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>MO</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>W TODD AKIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>128984.86</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>580.72</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Paul Tripodi*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee <b>Mark Yarborough</b>		Date MM / DD / YYYY <b>11 / 16 / 2012</b>
Mailing Address 417 Desert Garden Drive		Amount <b>356.19</b>
City Plano	State TX	
Zip Code 75093	<b>Transaction ID : SE.9487</b>	
Purpose of Expenditure Travel expenses for bus tour	Category/ Type	Office Sought: <input type="checkbox"/> House    State: <u>MO</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>129341.05</b>		<b>2012</b>

Full Name (Last, First, Middle Initial) of Payee <b>YouTube, LLC</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address 901 Cherry Ave		Amount <b>387.54</b>
City San Bruno	State CA	
Zip Code 94066	<b>Transaction ID : SE.9573</b>	
Purpose of Expenditure Online ad	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>688.26</b>		<b>2012</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>743.73</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>520497.95</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*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **01 / 28 / 2013**