

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | | |
|--|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation YG NETWORK INC. | | | 3. FEC Identification Number C C90013038 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 211 NORTH UNION STREET | | | |
| (c) City, State and ZIP Code ALEXANDRIA VA 22314 | | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

5. COVERING PERIOD:

FROM

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 01 | | 2014 |

THROUGH

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2014 |

| | |
|---|-----------|
| 6. TOTAL CONTRIBUTIONS..... | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 335786.08 |

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

MARY ANNE CARTER

MARY ANNE CARTER

10/12/2014

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

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

Form/Schedule: F5N
Transaction ID :

This report is complete as filed. YG Network had no contributions requiring disclosure during this reporting period.

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
YG NETWORK INC.

| | | | |
|---|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee CRAFT MEDIA / DIGITAL | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014 | |
| Mailing Address 1600 K St. NW SUITE 300 | | Amount 15700.00 | |
| City WASHINGTON | State DC | Zip Code 20006 | Transaction ID : F57.4395 |
| Purpose of Expenditure TELEVISION AD PRODUCTION | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: WV District: 03 |
| Name of Federal Candidate Supported or Opposed by Expenditure: NICK J. RAHALL II | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 15700.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA PUBLIC AFFAIRS LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014 | |
| Mailing Address 815 SLATERS LANE | | Amount 320086.08 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : F57.4401 |
| Purpose of Expenditure TELEVISION AD PLACEMENT | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: WV District: 03 |
| Name of Federal Candidate Supported or Opposed by Expenditure: NICK J. RAHALL II | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 335786.08 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 335786.08 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 335786.08 |