

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) YG ACTION FUND	FEC IDENTIFICATION NUMBER C C00504761
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA PUBLIC AFFAIRS, LLC		Date M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2012
Mailing Address 815 SLATERS LANE		Amount 529365.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE.4451	
Purpose of Expenditure TELEVISION AD PLACEMENT & PRODUCTION	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 529365.00		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 M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2012
Mailing Address 815 SLATERS LANE		Amount 428575.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE.4455	
Purpose of Expenditure TELEVISION AD PLACEMENT & PRODUCTION	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LOIS J FRANKEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 428575.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	957940.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	957940.00

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.

JOHN MURRAY
Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2012