

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 OCT 16 AM 11:18

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

FEC MAIL CENTER  
12FE4M5

FULL SPEED AHEAD SUPER PAC

ADDRESS (number and street)

5801 N BROADWAY EXTENSION

SUITE 101

OKLAHOMA CITY

OK

73118

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00524272

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☒ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

XX

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

XX

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2012

through

MM / DD / YYYY  
09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD MILDREN

Signature of Treasurer

*Richard Mildren*

Date

MM / DD / YYYY  
10 / 15 / 2012

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

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FULL SPEED AHEAD SUPER PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
**07 / 01 / 2012**

To:

MM / DD / YYYY  
**09 / 30 / 2012**

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

YYYYYY  
**2012**

00.00

- (b) Cash on Hand at  
Beginning of Reporting Period.....

00.00

- (c) Total Receipts (from Line 19).....

1,400,000.00

1,400,000.00

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

1,400,000.00

1,400,000.00

7. Total Disbursements (from Line 31).....

1,278,888.48

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

121,111.52

121,111.52

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

00.00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

00.00

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FULL SPEED AHEAD SUPER PAC

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2012

To:

MM / DD / YYYY  
09 / 30 / 2012

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).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds  
(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

140,000.00

140,000.00

140,000.00

140,000.00

140,000.00

140,000.00

140,000.00

140,000.00

12030910907

## 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 .....
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures .....
- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ..... ►
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E) .....
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....
26. Loan Repayments Made.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ►
29. Other Disbursements .....
30. Federal Election Activity (2 U.S.C. §431(20))
- (a) Allocated Federal Election Activity (from Schedule H6)
- (i) Federal Share .....
- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds .....
- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ►
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

12788848

12788848

2025-03-10 09:00

# **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) .....	140,000.00	140,000.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	140,000.00	140,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0000

12030910909

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

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

FOR LINE NUMBER: PAGE **1** OF **2**  
(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)

**FULL SPEED AHEAD SUPERPAC**

Full Name (Last, First, Middle Initial)

A. **PRICE, ROBERT**

Mailing Address

**502 WEST SIXTH STREET**

City

**TULSA**

State

**OK**

Zip Code

**74119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**, 50,000.00**

Date of Receipt

**06 / 29 / 2012**

Amount of Each Receipt this Period

**, 50,000.00**

Full Name (Last, First, Middle Initial)

B. **PRICE, ROBERT**

Mailing Address

**502 WEST SIXTH STREET**

City

**TULSA**

State

**OK**

Zip Code

**74119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**, 70,000.00**

Date of Receipt

**07 / 18 / 2012**

Amount of Each Receipt this Period

**, 20,000.00**

Full Name (Last, First, Middle Initial)

C. **PRICE, ROBERT**

Mailing Address

**502 WEST SIXTH STREET**

City

**TULSA**

State

**OK**

Zip Code

**74119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**, 80,000.00**

Date of Receipt

**08 / 01 / 2012**

Amount of Each Receipt this Period

**, 10,000.00**

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

**, 80,000.00**

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 **2** OF **2**

☒ 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)

**FULL SPEED AHEAD SUPER PAC**

Full Name (Last, First, Middle Initial)

A. **PRICE, ROBERT**

Mailing Address

**502 WEST SIXTH STREET**

City

**TULSA**

State

**OK**

Zip Code

**74119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**, 120,000.00**

Date of Receipt

**08 / 23 / 2012**

Amount of Each Receipt this Period

**, 40,000.00**

Full Name (Last, First, Middle Initial)

B. **PRICE, ROBERT**

Mailing Address

**502 WEST SIXTH STREET**

City

**TULSA**

State

**OK**

Zip Code

**74119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**, 140,000.00**

Date of Receipt

**09 / 14 / 2012**

Amount of Each Receipt this Period

**, 20,000.00**

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**, , ,**

SUBTOTAL of Receipts This Page (optional)..... ►

**, 60,000.00**

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

**, 140,000.00**

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

PAGE **1** OF **19**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date <b>09/10/2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>50.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	
Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>50.00</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>FACEBOOK, INC., ATTN. DEPT 415</b>		Date <b>09/10/2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>50.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	
Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>10000</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

12030910912



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

PAGE **2** OF **19**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date <b>09 / 11 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>50.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	
Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>150.00</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>FACEBOOK, INC., ATTN. DEPT 415</b>		Date <b>09 / 12 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>50.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	
Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>200.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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

Signature \_\_\_\_\_ Date **09 / 12 / 2012**

12030910913

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

PAGE **3** OF **19**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>			Date <b>09 / 13 / 2012</b>	
Mailing Address <b>P.O. BOX 10005</b>			Amount <b>250.00</b>	
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>450.00</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>FACEBOOK, INC., ATTN. DEPT 415</b>			Date <b>09 / 14 / 2012</b>	
Mailing Address <b>P.O. BOX 10005</b>			Amount <b>250.00</b>	
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>700.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

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

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

12030910914

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

PAGE **4** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER <b>C00524272</b>
---	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date M M / D D / Y Y Y Y <b>09 / 17 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>250.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT 415</b>		Date M M / D D / Y Y Y Y <b>09 / 17 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>250.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>1,200.00</b>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

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

Signature \_\_\_\_\_

Date M M / D D / Y Y Y Y

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

PAGE **5** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
---	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

**FACEBOOK, INC., ATTN. DEPT. 415**

Date

**09 / 17 / 2012**

Mailing Address

**P.O. BOX 10005**

Amount

**300.00**

City

**PALO ALTO**

State

**CA**

Zip Code

**94303**

Purpose of Expenditure

**ADVERTISING**

Category/  
Type

**004**

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

**PRESIDENT OBAMA**

Calendar Year-To-Date Per Election  
for Office Sought

**1,500.00**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

**FACEBOOK, INC., ATTN. DEPT 415**

Date

**09 / 18 / 2012**

Mailing Address

**P.O. BOX 10005**

Amount

**350.00**

City

**PALO ALTO**

State

**CA**

Zip Code

**94303**

Purpose of Expenditure

**ADVERTISING**

Category/  
Type

**004**

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

**PRESIDENT OBAMA**

Calendar Year-To-Date Per Election  
for Office Sought

**1,850.00**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

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

Signature \_\_\_\_\_

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date <b>09 / 19 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>350.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>2,200.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT 415</b>		Date <b>09 / 20 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>350.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>2,550.00</b>		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

PAGE **7** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date <b>09 / 21 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>350.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought <b>2,900.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT 415</b>		Date <b>09 / 24 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>350.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought <b>3,250.00</b>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

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

Signature

Date

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

PAGE **8** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date M M / D D / Y Y Y Y <b>09 / 24 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>35000</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>3,600.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT 415</b>		Date M M / D D / Y Y Y Y <b>09 / 24 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>350.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>3,950.00</b>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

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

Signature \_\_\_\_\_

Date M M / D D / Y Y Y Y

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

PAGE **9** OF **19**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date <b>09 / 25 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>350.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	
Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4,300.00</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>FACEBOOK, INC., ATTN. DEPT 415</b>		Date <b>09 / 26 / 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>500.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	
Zip Code <b>94303</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4,800.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

12030910920



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

PAGE **10** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT. 415</b>		Date M M / D D / Y Y Y Y <b>09 27 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>500.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>5,300.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK, INC., ATTN. DEPT 415</b>		Date M M / D D / Y Y Y Y <b>09 28 2012</b>
Mailing Address <b>P.O. BOX 10005</b>		Amount <b>500.00</b>
City <b>PALO ALTO</b>	State <b>CA</b>	Zip Code <b>94303</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>5,800.00</b>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

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

Signature \_\_\_\_\_

Date M M / D D / Y Y Y Y

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

PAGE 11 OF 19  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>BLOGADS/PRESSFLEX LLC</b>		Date <b>08/30/2012</b>
Mailing Address <b>P.O. BOX 57</b>		Amount <b>120.00</b>
City <b>DURHAM</b>	State <b>NC</b>	
Zip Code <b>27702</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>5,920.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>BLOGADS/PRESSFLEX LLC</b>		Date <b>08/30/2012</b>
Mailing Address <b>P.O. BOX 57</b>		Amount <b>450.00</b>
City <b>DURHAM</b>	State <b>NC</b>	
Zip Code <b>27702</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>6,370.00</b>		

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

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

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

12030910922

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

PAGE **12** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y .....

Full Name (Last, First, Middle Initial) of Payee <b>EXPRESS MAIL</b>		Date M M / D D / Y Y Y Y <b>08 / 22 / 2012</b>
Mailing Address		Amount <b>60.00</b>
City	State	Zip Code
Purpose of Expenditure <b>POSTAGE</b>		Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>6,430.00</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>GOOGLE ADWORDS</b>		Date M M / D D / Y Y Y Y <b>08 / 30 / 2012</b>
Mailing Address <b>P.O. BOX 39000, DEPT 33654</b>		Amount <b>500.00</b>
City	State	Zip Code
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>6,930.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

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

Signature \_\_\_\_\_

Date

M M / D D / Y Y Y Y  
.....

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

PAGE **13** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>BYRNE, JOHN/RAW MEDIA</b>		Date <b>08 / 30 / 2012</b>
Mailing Address <b>P.O. BOX 21050</b>		Amount <b>1,000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20009</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President    State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>7,930.00</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>RICHMOND TIMES</b>		Date <b>09 / 25 / 2012</b>
Mailing Address <b>300 E. FRANKLIN STREET</b>		Amount <b>2,000.00</b>
City <b>RICHMOND</b>	State <b>VA</b>	
Zip Code <b>23219</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President    State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>9,930.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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

Signature \_\_\_\_\_

Date M M / D D / Y Y Y Y

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

PAGE **14** OF **19**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SCRIPPS MEDIA</b>		Date <b>09 / 11 / 2012</b>
Mailing Address <b>312 WALNUT ST. 2800</b>		Amount <b>1,000.00</b>
City <b>CINCINATI</b>	State <b>OH</b>	
Zip Code <b>45202</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>10,930.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>SCRIPPS MEDIA</b>		Date <b>09 / 27 / 2012</b>
Mailing Address <b>312 WALNUT ST. 2800</b>		Amount <b>1,000.00</b>
City <b>CINCINATI</b>	State <b>OH</b>	
Zip Code <b>45202</b>		
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>11,930.00</b>		

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

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

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

12030910925

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

PAGE 15 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y 

Full Name (Last, First, Middle Initial) of Payee <b>THE DISPATCH BROADCAST GROUP</b>		Date M M / D D / Y Y Y Y <b>09 27 2012</b>
Mailing Address <b>770 TWIN RIVERS DRIVE</b>		Amount <b>1,000.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>12,930.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>WCMH TV</b>		Date M M / D D / Y Y Y Y <b>09 27 2012</b>
Mailing Address <b>3165 OLENTANGLY RIVER RD</b>		Amount <b>1,000.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43202</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>13,930.00</b>		

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

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

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

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

PAGE **16** OF **19**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPER PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>THE SIGNAL FACTORY, INC.</b>		Date <b>06/29/2012</b>
Mailing Address <b>624 S. BOSTON, STE 450</b>		Amount <b>45,000.00</b>
City <b>TULSA</b>	State <b>OK</b>	
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>58,930.00</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>THE SIGNAL FACTORY, INC.</b>		Date <b>07/18/2012</b>
Mailing Address <b>624 S. BOSTON, STE 450</b>		Amount <b>9,500.00</b>
City <b>TULSA</b>	State <b>OK</b>	
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>68,430.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

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

Signature \_\_\_\_\_ Date **07/18/2012**

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

PAGE 17 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C 00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>THE SIGNAL FACTORY, INC.</b>		Date <b>08 / 27 / 2012</b>
Mailing Address <b>624 S. BOSTON, STE 450</b>		Amount <b>39,583.48</b>
City <b>TULSA</b>	State <b>OK</b>	Zip Code <b>74119</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>108,013.48</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FLYOVER, LLC</b>		Date <b>08 / 01 / 2012</b>
Mailing Address <b>4968 E. 27TH STREET</b>		Amount <b>6,000.00</b>
City <b>TULSA</b>	State <b>OK</b>	Zip Code <b>74114</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>114,013.48</b>		

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

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

Signature \_\_\_\_\_

Date

M M / D D / Y Y Y Y



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

PAGE 18 OF 19  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>FLYOVER, LLC</b>		Date <b>08 30 2012</b>
Mailing Address <b>4968 E. 27<sup>TH</sup> STREET</b>		Amount <b>6,000.00</b>
City <b>TULSA</b>	State <b>OK</b>	Zip Code <b>74114</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>1,120,013.48</b>		

Full Name (Last, First, Middle Initial) of Payee <b>FLYOVER, LLC</b>		Date <b>09 13 2012</b>
Mailing Address <b>4968 E. 27<sup>TH</sup> STREET</b>		Amount <b>2,625.00</b>
City <b>TULSA</b>	State <b>OK</b>	Zip Code <b>74114</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>1,122,638.48</b>		

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

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

Signature \_\_\_\_\_

Date

M M / D D / Y Y Y Y

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

PAGE **19** OF **19**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FULL SPEED AHEAD SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00524272</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee <b>FLYOVER, LLC</b>		Date <b>09 / 24 / 2012</b>
Mailing Address <b>4968 E. 27<sup>TH</sup> STREET</b>		Amount <b>5,250.00</b>
City <b>TULSA</b>	State <b>OK</b>	Zip Code <b>74114</b>
Purpose of Expenditure <b>ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PRESIDENT OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <b>127,888.48</b>		

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ **127,888.48**

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶ **127,888.48**

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

Date **10 / 15 / 2012**

12030910930

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>10/15/12</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMP</i> PREPARER	<i>10/16/12</i> DATE PREPARED

(3/2005)

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