

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

6. TOTAL CONTRIBUTIONS.....	0.00
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7. TOTAL INDEPENDENT EXPENDITURES	2178.89
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02/15/2014

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

YG NETWORK INC.

Full Name (Last, First, Middle Initial) of Payee
CONQUEST COMMUNICATIONS GROUP

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 13 / 2014

Mailing Address 2812 EMERYWOOD PKY
STE 103

Amount

City State Zip Code
RICHMOND VA 23294

Amount
2178.89

Transaction ID : F57.4295

Purpose of Expenditure
GOTV PHONE CALLS

Category/
Type 004

Office Sought: ☒ House State: FL
☐ Senate District: 13
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID W. JOLLY

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2178.89

Disbursement For: ☐ Primary ☒ General
2014
☐ 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

Amount

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ 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

Amount

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 2178.89

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

(c) **TOTAL** Independent Expenditures.....▶ 2178.89
(carry total from last page forward to Line 7)