



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**YG ACTION 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="158837.40"/>	<input type="text" value="158837.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4689902.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="266114.80"/>	<input type="text" value="5660264.80"/>
(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="4956017.50"/>	<input type="text" value="5819102.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4682155.47"/>	<input type="text" value="5545240.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="273862.03"/>	<input type="text" value="273862.03"/>
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="0.00"/>	

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

Write or Type Committee Name

**YG ACTION 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).....	264550.00	5566950.00
(ii) Unitemized .....	1515.30	1515.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	266065.30	5568465.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	91000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	266065.30	5659465.30
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).....	49.50	799.50
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))..... ▶	266114.80	5660264.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	266114.80	5660264.80

**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 .....	1535870.47	1890480.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1535870.47	1890480.17
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) .....	3146285.00	3654760.00
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	0.00
(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	0.00
29. Other Disbursements .....	0.00	0.00
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)) ..	4682155.47	5545240.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4682155.47	5545240.17

**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) .....	266065.30	5659465.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	266065.30	5659465.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1535870.47	1890480.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	49.50	799.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1535820.97	1889680.67

# 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 47  
(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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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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)  
**A. KEITH ALLISON**

Mailing Address **PO BOX 35910**

City **FAYETTEVILLE** State **NC** Zip Code **28303**

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

Name of Employer **SYSTEL** Occupation **PRESIDENT/CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11AI.4494**

Amount of Each Receipt this Period  
**20000.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. DOLLAR LOAN CENTER LLC**

Mailing Address **921 W 10TH STREET**

City **SIOUX FALLS** State **SD** Zip Code **57104**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11AI.4649**

Amount of Each Receipt this Period  
**5000.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. WILLIAM M GRAHAM**

Mailing Address **2719 CRENSHAW CT**

City **SALISBURY** State **NC** Zip Code **28144**

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

Name of Employer **WALLACE & GRAHAM PA** Occupation **ATTORNEY/PARTNER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : SA11AI.4501**

Amount of Each Receipt this Period  
**25000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **50000.00**

**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 7 OF 47
	<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)  
**YG ACTION FUND**

**A. ROGER HERTOOG**  
Full Name (Last, First, Middle Initial)

Mailing Address 745 5TH AVENUE

City NEW YORK State NY Zip Code 10151

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : SA11AI.4506**

Amount of Each Receipt this Period  
 25000.00

CONTRIBUTION

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

Mailing Address 4641 PARAGON PARK ROAD

City RALEIGH State NC Zip Code 27616

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

Name of Employer CAPTIVE AIRE SYSTEMS Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.4499**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C. ROBERT L LUDDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4641 PARAGON PARK ROAD

City RALEIGH State NC Zip Code 27616

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

Name of Employer CAPTIVE AIRE SYSTEMS Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2012

**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period  
 50000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80000.00
<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: (check only one)	PAGE 8 OF 47
	<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)  
**YG ACTION FUND**

**A. DONALD RADY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3770 HANCOCK ST STE D  
City SAN DIEGO State CA Zip Code 92110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VALUE REAL ESTATE Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 09 / 03 / 2012  
Transaction ID : SA11AI.4526  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION EARMARKED THROUGH ACT RIGHT PAC

**B. KEN REEDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3810 MONETS LN  
City CINCINNATI State OH Zip Code 45241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PAR EXCELLENCE SYSTEMS Occupation SOFTWARE DEVELOPER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 08 / 30 / 2012  
Transaction ID : SA11AI.4510  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION EARMARKED THROUGH ACT RIGHT PAC

**C. RGM CONSULTING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9218 METCALF AVE STE 305  
City OVERLAND PARK State KS Zip Code 66212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 09 / 30 / 2012  
Transaction ID : SA11AI.4651  
Amount of Each Receipt this Period 2500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 3300.00  
**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 9 OF 47
	<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)  
**YG ACTION FUND**

**A. WILLIAM ROBERTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 19360 RINALDI ST

City NORTHRIDGE State CA Zip Code 91326

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

Name of Employer RETIRED Occupation RETIRED

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  
 09 / 05 / 2012

**Transaction ID : SA11AI.4534**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION EARMARKED THROUGH ACT RIGHT PAC

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

Mailing Address ONE NORTH END AVE  
STE 1231

City NEW YORK State NY Zip Code 10282

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

Name of Employer SABIN METAL CORPORATION Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA11AI.4492**

Amount of Each Receipt this Period  
 25000.00

CONTRIBUTION

**C. MUNEEER SATTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 SHERIDAN ROAD

City WINNETKA State IL Zip Code 60093

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

Name of Employer GOLDMAN SACKS Occupation INVESTMENT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  
 25000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50250.00

**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 47
	<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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial) <b>A. SELLING SOURCE LLC</b>		Date of Receipt
Mailing Address 325 E WARM SPRINGS RD, 2ND FL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAS VEGAS	NV	89119
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4645</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TC LOAN SERVICE LLC</b>		Date of Receipt
Mailing Address 4150 INTERNATIONAL PLAZA STE 400		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
FORT WORTH	TX	76109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4647</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LTC DEBORAH L VAN DORMOLEN</b>		Date of Receipt
Mailing Address 1507 HILLTOP CIRCLE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
SALADO	TX	76571
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4490</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
US ARMY	RETIRED	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="21000.00"/>
<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 11 OF 47
	<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)  
**YG ACTION FUND**

**A. MELISSA WIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2050 ROYAL PALM WAY

City BOCA RATON State FL Zip Code 33432

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 ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11AI.4655**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address 2050 ROYAL PALM WAY

City BOCA RATON State FL Zip Code 33432

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

Name of Employer INTERSTATE PROPERTIES Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11AI.4653**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C. SAMUEL ZELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 N RIVERSIDE PLAZA #600

City CHICAGO State IL Zip Code 60606

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

Name of Employer EGI Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60000.00
<b>TOTAL</b> This Period (last page this line number only).....	264550.00

**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 47
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**YG ACTION FUND**

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

Mailing Address 2029 K STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00488478

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  
 09 / 07 / 2012

**Transaction ID : SA11C.4772**

Amount of Each Receipt this Period  
 1372.85

EARMARKED CONTRIBUTIONS RECEIVED FROM ACTRIGHT PAC

**[MEMO ITEM]**

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

Mailing Address 2029 K STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00488478

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  
 09 / 14 / 2012

**Transaction ID : SA11C.4771**

Amount of Each Receipt this Period  
 454.45

EARMARKED CONTRIBUTIONS RECEIVED FROM ACTRIGHT PAC

**[MEMO ITEM]**

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

Mailing Address 2029 K STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00488478

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  
 09 / 21 / 2012

**Transaction ID : SA11C.4770**

Amount of Each Receipt this Period  
 738.00

EARMARKED CONTRIBUTIONS RECEIVED FROM ACTRIGHT PAC

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. AT&T MOBILITY**

Mailing Address PO BOX 536216

City ATLANTA State GA Zip Code 30353-6216

Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2012

**Transaction ID : SB21B.4582**

Amount of Each Disbursement this Period

317.86

Full Name (Last, First, Middle Initial)

**B. NICK BOUKNIGHT**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : SB21B.4569**

Amount of Each Disbursement this Period

45.25

Full Name (Last, First, Middle Initial)

**C. NICK BOUKNIGHT**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : SB21B.4580**

Amount of Each Disbursement this Period

3675.08

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

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

4038.19

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. NICK BOUKNIGHT**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EVENT EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : **SB21B.4589**

Amount of Each Disbursement this Period

225.68

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BRANDERS.COM**

Mailing Address 2551 C CASEY AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
YG ACTION FUND EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2012

Transaction ID : **SB21B.4589.0**

Amount of Each Disbursement this Period

225.68

Category/  
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. NICK BOUKNIGHT**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

Transaction ID : **SB21B.4612**

Amount of Each Disbursement this Period

3675.08

Category/  
Type

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

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

3900.76

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. NICK BOUKNIGHT**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : **SB21B.4620**

Amount of Each Disbursement this Period

349.52

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 3301 JEFFERSON DAVIS HWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2012

Transaction ID : **SB21B.4620.1**

Amount of Each Disbursement this Period

33.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. NICK BOUKNIGHT**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : **SB21B.4637**

Amount of Each Disbursement this Period

3675.08

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

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

4024.60

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

Transaction ID : **SB21B.4626**

Amount of Each Disbursement this Period

2999.04

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CONQUEST COMMUNICATIONS GROUP**

Mailing Address 2812 EMERYWOOD PKY STE 103

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
INFORMATION PHONE CALLS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

Transaction ID : **SB21B.4606**

Amount of Each Disbursement this Period

5848.40

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CREATIVE DIRECT LLC**

Mailing Address 25 E. MAIN ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

Transaction ID : **SB21B.4597**

Amount of Each Disbursement this Period

1515.00

Category/  
Type

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

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

10362.44



**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. BRAD DAYSPRING**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2012

Transaction ID : **SB21B.4581**

Amount of Each Disbursement this Period

3758.71

Full Name (Last, First, Middle Initial)

**B. BRAD DAYSPRING**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : **SB21B.4590**

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

**C. YUMA**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
EMAIL MARKETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2012

Transaction ID : **SB21B.4590.0**

Amount of Each Disbursement this Period

36.00

[MEMO ITEM]

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

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

3794.71

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. BRAD DAYSPRING**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : SB21B.4613**

Amount of Each Disbursement this Period

3758.71

Full Name (Last, First, Middle Initial)

**B. BRAD DAYSPRING**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
OFFICE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : SB21B.4621**

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

**C. YUMA**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
EMAIL MARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2012

**Transaction ID : SB21B.4621.0**

Amount of Each Disbursement this Period

36.00

**[MEMO ITEM]**

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

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

3794.71

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. BRAD DAYSRING**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : **SB21B.4638**

Amount of Each Disbursement this Period

3758.71

Full Name (Last, First, Middle Initial)

**B. GRAND SLAM FINANCE**

Mailing Address 13805 RESEARCH BLVD  
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

Transaction ID : **SB21B.4566**

Amount of Each Disbursement this Period

7350.00

Full Name (Last, First, Middle Initial)

**C. GRAND SLAM FINANCE**

Mailing Address 13805 RESEARCH BLVD  
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : **SB21B.4588**

Amount of Each Disbursement this Period

9900.00

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

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

21008.71

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. GRAND SLAM FINANCE**

Mailing Address 13805 RESEARCH BLVD  
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : SB21B.4617

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**B. IPAYMENT, INC.**

Mailing Address PO BOX 3429

City THOUSAND OAKS State CA Zip Code 91359

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

Transaction ID : SB21B.4561

Amount of Each Disbursement this Period

17.95

Full Name (Last, First, Middle Initial)

**C. IPAYMENT, INC.**

Mailing Address PO BOX 3429

City THOUSAND OAKS State CA Zip Code 91359

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : SB21B.4618

Amount of Each Disbursement this Period

17.95

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

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

6035.90

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : SB21B.4560**

Amount of Each Disbursement this Period

5445.00

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : SB21B.4567**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : SB21B.4586**

Amount of Each Disbursement this Period

5445.00

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

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

10920.00

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : SB21B.4615**

Amount of Each Disbursement this Period

5445.00

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB21B.4640**

Amount of Each Disbursement this Period

5445.00

Full Name (Last, First, Middle Initial)

**C. MAC RESEARCH**

Mailing Address 1400 KENESAW AVE, 12C

City KNOXVILLE State TN Zip Code 37919

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2012

**Transaction ID : SB21B.4630**

Amount of Each Disbursement this Period

3000.00

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

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

13890.00

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. MCKENNA & ASSOCIATES LLC**

Mailing Address 2000 CLARENDON BLVD STE 200

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
POL/FUND/STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : SB21B.4563**

Amount of Each Disbursement this Period

45000.00

Full Name (Last, First, Middle Initial)

**B. MCKENNA & ASSOCIATES LLC**

Mailing Address 2000 CLARENDON BLVD STE 200

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
POL/FUND/STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2012

**Transaction ID : SB21B.4593**

Amount of Each Disbursement this Period

22500.00

Full Name (Last, First, Middle Initial)

**C. MCKENNA & ASSOCIATES LLC**

Mailing Address 2000 CLARENDON BLVD STE 200

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
POL/FUND/STRATEGIC CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB21B.4627**

Amount of Each Disbursement this Period

22500.00

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

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

90000.00

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. MCLAUGHLIN & ASSOCIATES, INC.**

Mailing Address 566 SOUTH ROUTE 303

City State Zip Code  
BLAUVELT NY 10913

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : **SB21B.4571**

Amount of Each Disbursement this Period

13425.00

Full Name (Last, First, Middle Initial)

**B. MCLAUGHLIN & ASSOCIATES, INC.**

Mailing Address 566 SOUTH ROUTE 303

City State Zip Code  
BLAUVELT NY 10913

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

Transaction ID : **SB21B.4598**

Amount of Each Disbursement this Period

57100.00

Full Name (Last, First, Middle Initial)

**C. MCLAUGHLIN & ASSOCIATES, INC.**

Mailing Address 566 SOUTH ROUTE 303

City State Zip Code  
BLAUVELT NY 10913

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : **SB21B.4635**

Amount of Each Disbursement this Period

7250.00

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

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

7775.00



**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JOHN MURRAY**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : SB21B.4568**

Amount of Each Disbursement this Period

350.30

Full Name (Last, First, Middle Initial)

**B. JOHN MURRAY**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : SB21B.4579**

Amount of Each Disbursement this Period

7644.36

Full Name (Last, First, Middle Initial)

**C. JOHN MURRAY**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING EVENT REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : SB21B.4591**

Amount of Each Disbursement this Period

681.25

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

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

8675.91

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. THE HAMILTON**

Mailing Address 600 14TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FUNDRAISING EVENT FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

Transaction ID : **SB21B.4591.0**

Amount of Each Disbursement this Period

321.25
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DANIEL SWIERDSIOL DJ**

Mailing Address 1444 DECATUR ST

City BALTIMOR State MD Zip Code 21230

Purpose of Disbursement  
FUNDRAISING EVENT MUSIC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2012

Transaction ID : **SB21B.4591.1**

Amount of Each Disbursement this Period

360.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JOHN MURRAY**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2012

Transaction ID : **SB21B.4611**

Amount of Each Disbursement this Period

7644.36
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7644.36
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**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JOHN MURRAY**

Mailing Address 211 NORTH UNION STREET  
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : SB21B.4636**

Amount of Each Disbursement this Period

7644.36
---------

Full Name (Last, First, Middle Initial)

**B. NATIONAL MEDIA PUBLIC AFFAIRS, LLC**

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : SB21B.4578**

Amount of Each Disbursement this Period

25000.00
----------

Full Name (Last, First, Middle Initial)

**C. NATIONAL MEDIA PUBLIC AFFAIRS, LLC**

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRE-PAYMENT FOR FUTURE COMMUNICATIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SB21B.4542**

Amount of Each Disbursement this Period

204030.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

236674.36
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. NATIONAL MEDIA PUBLIC AFFAIRS, LLC**

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRE-PAYMENT FOR FUTURE COMMUNICATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2012

Transaction ID : **SB21B.4543**

Amount of Each Disbursement this Period

367595.00

Full Name (Last, First, Middle Initial)

**B. NATIONAL MEDIA PUBLIC AFFAIRS, LLC**

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRE-PAYMENT FOR FUTURE COMMUNICATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

Transaction ID : **SB21B.4544**

Amount of Each Disbursement this Period

454000.00

Full Name (Last, First, Middle Initial)

**C. NMB RESEARCH**

Mailing Address 206 N. FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

Transaction ID : **SB21B.4602**

Amount of Each Disbursement this Period

20000.00

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

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

841595.00

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. NORTH STAR OPINION RESEARCH**

Mailing Address 112 NORTH ALFRED STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : SB21B.4600**

Amount of Each Disbursement this Period

52800.00

Full Name (Last, First, Middle Initial)

**B. NORTH STAR OPINION RESEARCH**

Mailing Address 112 NORTH ALFRED STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : SB21B.4622**

Amount of Each Disbursement this Period

17600.00

Full Name (Last, First, Middle Initial)

**C. PUBLIC OPINION STRATEGIES**

Mailing Address 214 NORTH FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

**Transaction ID : SB21B.4604**

Amount of Each Disbursement this Period

10000.00

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

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

80400.00

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. RED RIVER LLC**

Mailing Address 3140 W. WARD ROAD  
SUITE 201

City DUNKIRK State MD Zip Code 20754

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2012

Transaction ID : **SB21B.4592**

Amount of Each Disbursement this Period

36250.00

Full Name (Last, First, Middle Initial)

**B. RED RIVER LLC**

Mailing Address 3140 W. WARD ROAD  
SUITE 201

City DUNKIRK State MD Zip Code 20754

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2012

Transaction ID : **SB21B.4608**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. RED RIVER LLC**

Mailing Address 3140 W. WARD ROAD  
SUITE 201

City DUNKIRK State MD Zip Code 20754

Purpose of Disbursement  
FUNDRAISING/EVENT PLANNING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : **SB21B.4628**

Amount of Each Disbursement this Period

5000.00

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

46250.00

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

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. REGUS MANAGEMENT GROUP, LLC**

Mailing Address **ATTN: KATHIE SHAFFER**  
211 N. UNION ST, SUITE 100

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**OFFICE RENT**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4556**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. REGUS MANAGEMENT GROUP, LLC**

Mailing Address **ATTN: KATHIE SHAFFER**  
211 N. UNION ST, SUITE 100

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**OFFICE RENT**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4583**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. REGUS MANAGEMENT GROUP, LLC**

Mailing Address **ATTN: KATHIE SHAFFER**  
211 N. UNION ST, SUITE 100

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**OFFICE RENT**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4616**

Amount of Each Disbursement this Period

Category/  
Type

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

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

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. REGUS MANAGEMENT GROUP, LLC**

Mailing Address **ATTN: KATHIE SHAFFER  
211 N. UNION ST, SUITE 100**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**OFFICE RENT**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4632**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. RIGHT PATH STRATEGIC AFFAIRS, LLC**

Mailing Address **3960 ROLLING HILLS DRIVE**

City **CUMMING** State **GA** Zip Code **30041**

Purpose of Disbursement  
**MANAGEMENT CONSULTING**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4565**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RIGHT PATH STRATEGIC AFFAIRS, LLC**

Mailing Address **3960 ROLLING HILLS DRIVE**

City **CUMMING** State **GA** Zip Code **30041**

Purpose of Disbursement  
**MANAGEMENT CONSULTING**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4575**

Amount of Each Disbursement this Period

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

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



**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

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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)  
**A. RIGHT PATH STRATEGIC AFFAIRS, LLC**

Date of Disbursement: MM / DD / YYYY  
08 / 28 / 2012

Mailing Address 3960 ROLLING HILLS DRIVE

City CUMMING State GA Zip Code 30041

Purpose of Disbursement: MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.4609**

Amount of Each Disbursement this Period: 5000.00

Full Name (Last, First, Middle Initial)  
**B. RIGHT PATH STRATEGIC AFFAIRS, LLC**

Date of Disbursement: MM / DD / YYYY  
09 / 28 / 2012

Mailing Address 3960 ROLLING HILLS DRIVE

City CUMMING State GA Zip Code 30041

Purpose of Disbursement: MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.4634**

Amount of Each Disbursement this Period: 8471.60

Full Name (Last, First, Middle Initial)  
**C. THE RESULTS COMPANY, INC.**

Date of Disbursement: MM / DD / YYYY  
07 / 20 / 2012

Mailing Address 1916 TORREY PINES PLACE

City RALEIGH State NC Zip Code 27615

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.4573**

Amount of Each Disbursement this Period: 5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18471.60

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

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. DEAN THOMPSON**

Mailing Address 805 C STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
EVENT EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	2

**Transaction ID : SB21B.4595**

Amount of Each Disbursement this Period

5	2	2	.	2	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	2

**Transaction ID : SB21B.4559**

Amount of Each Disbursement this Period

1	0	0	.	6	8	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	2

**Transaction ID : SB21B.4587**

Amount of Each Disbursement this Period

1	0	0	.	6	8	5
---	---	---	---	---	---	---

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

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

2	5	3	.	5	9	3
---	---	---	---	---	---	---

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**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 31 / 2012

Transaction ID : **SB21B.4614**

Amount of Each Disbursement this Period: 1006.85

Category/Type

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPT OF TAXATION**

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : **SB21B.4639**

Amount of Each Disbursement this Period: 1006.85

Category/Type

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO**

Mailing Address 111 CONGRESS AVE  
11TH FLOOR

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 02 / 2012

Transaction ID : **SB21B.4585**

Amount of Each Disbursement this Period: 718.44

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2732.14

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

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : **SB21B.4574**

Amount of Each Disbursement this Period: 10000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 28 / 2012

Transaction ID : **SB21B.4607**

Amount of Each Disbursement this Period: 10000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : **SB21B.4633**

Amount of Each Disbursement this Period: 10000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30000.00

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

**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)  
**YG ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. YUMA**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

Transaction ID : **SB21B.4576**

Amount of Each Disbursement this Period

216.67

Full Name (Last, First, Middle Initial)

**B. YUMA**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2012

Transaction ID : **SB21B.4610**

Amount of Each Disbursement this Period

216.67

Full Name (Last, First, Middle Initial)

**C. YUMA**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : **SB21B.4631**

Amount of Each Disbursement this Period

216.67

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

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

650.01

1535770.33

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>CREATIVE DIRECT LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 03 / 2012</b>
Mailing Address <b>25 E. MAIN ST</b>		Amount <span style="margin-left: 20px;">22750.00</span>
City <b>RICHMOND</b>	State <b>VA</b>	Zip Code <b>23219</b>
Purpose of Expenditure <b>MAILER- DISSEMINATED ON 7/05/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4297</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT KEADLE</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>08</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">403475.00</span>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		2012 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

Full Name (Last, First, Middle Initial) of Payee <b>CREATIVE DIRECT LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 06 / 2012</b>
Mailing Address <b>25 E. MAIN ST</b>		Amount <span style="margin-left: 20px;">22750.00</span>
City <b>RICHMOND</b>	State <b>VA</b>	Zip Code <b>23219</b>
Purpose of Expenditure <b>MAILER- DISSEMINATED ON 7/06/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4300</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT KEADLE</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>08</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">426225.00</span>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		2012 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">45500.00</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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 15 / 2012**

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504761
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>CREATIVE DIRECT LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 06 / 2012
Mailing Address 25 E. MAIN ST		Amount <span style="border: 1px solid black; padding: 2px;">22750.00</span>
City RICHMOND	State VA	
Zip Code 23219	<b>Transaction ID : SE.4303</b>	
Purpose of Expenditure MAILER- DISSEMINATED ON 7/10/2012	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT KEADLE		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;">448975.00</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 10 / 2012
Mailing Address 815 SLATERS LANE		Amount <span style="border: 1px solid black; padding: 2px;">541445.00</span>
City ALEXANDRIA	State VA	
Zip Code 22314	<b>Transaction ID : SE.4419</b>	
Purpose of Expenditure MEDIA PLACEMENT-DISSEMINATED ON 9/06/2012	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		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;">541445.00</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;">564195.00</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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2012

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 10 / 2012
Mailing Address 815 SLATERS LANE		Amount <span style="border: 1px solid black; padding: 2px;">541150.00</span>
City ALEXANDRIA	State VA	
Zip Code 22314	<b>Transaction ID : SE.4423</b>	
Purpose of Expenditure MEDIA PLACEMENT-DISSEMINATED ON 9/06/2012	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>IL</u> <input type="checkbox"/> Senate    District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L ENYART Jr.		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;">541150.00</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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 08 / 10 / 2012
Mailing Address 815 SLATERS LANE		Amount <span style="border: 1px solid black; padding: 2px;">799000.00</span>
City ALEXANDRIA	State VA	
Zip Code 22314	<b>Transaction ID : SE.4427</b>	
Purpose of Expenditure MEDIA PLACEMENT-DISSEMINATED ON 9/06/2012	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>MA</u> <input type="checkbox"/> Senate    District: <u>06</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN F TIERNEY		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;">799000.00</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;">1340150.00</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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2012



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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY 08 / 10 / 2012
Mailing Address 815 SLATERS LANE		Amount 268265.00
City ALEXANDRIA	State VA	
Purpose of Expenditure TELEVISION AD PLACEMENT-DISSEMINATED ON 9/21/2012	Category/Type 004	<b>Transaction ID : SE.4449</b>
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House    State: PA <input type="checkbox"/> Senate    District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 268265.00		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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY 08 / 10 / 2012
Mailing Address 815 SLATERS LANE		Amount 204945.00
City ALEXANDRIA	State VA	
Purpose of Expenditure TELEVISION AD PLACEMENT-DISSEMINATED ON 9/21/2012	Category/Type 004	<b>Transaction ID : SE.4452</b>
Name of Federal Candidate Supported or Opposed by Expenditure: LOIS J FRANKEL		Office Sought: <input checked="" type="checkbox"/> House    State: FL <input type="checkbox"/> Senate    District: 22 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 204945.00		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.....▶	473210.00
(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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
10 / 15 / 2012

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 815 SLATERS LANE		Amount 15100.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION-DISSEMINATED ON 9/06/2012	Category/ Type 004	<b>Transaction ID : SE.4549</b>
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Office Sought: <input checked="" type="checkbox"/> House    State: NC <input type="checkbox"/> Senate    District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 556545.00		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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY 09 / 07 / 2012
Mailing Address 815 SLATERS LANE		Amount 16600.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION-DISSEMINATED ON 9/06/2012	Category/ Type 004	<b>Transaction ID : SE.4550</b>
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L ENYART Jr.		Office Sought: <input checked="" type="checkbox"/> House    State: IL <input type="checkbox"/> Senate    District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 557750.00		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.....▶	31700.00
(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.

JOHN MURRAY

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2012

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY <b>09 / 07 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>19200.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Purpose of Expenditure <b>MEDIA PRODUCTION-DISSEMINATED ON 9/06/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4551</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN F TIERNEY</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>MA</b> <input type="checkbox"/> Senate    District: <b>06</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>818200.00</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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY <b>09 / 13 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>133000.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Purpose of Expenditure <b>TELEVISION AD PLACEMENT-DISSEMINATED ON 9/24/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4458</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN J BARROW</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>GA</b> <input type="checkbox"/> Senate    District: <b>12</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>133000.00</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>152200.00</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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 15 / 2012**

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY 09 / 13 / 2012
Mailing Address 815 SLATERS LANE		Amount 192500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TELEVISION AD PLACEMENT-DISSEMINATED ON 9/26/2012	Category/Type 004	<b>Transaction ID : SE.4463</b>
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE		Office Sought: <input checked="" type="checkbox"/> House    State: NC <input type="checkbox"/> Senate    District: 07 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 749045.00		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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY 09 / 13 / 2012
Mailing Address 815 SLATERS LANE		Amount 239000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TELEVISION AD PLACEMENT-DISSEMINATED ON 9/21/2012	Category/Type 004	<b>Transaction ID : SE.4547</b>
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House    State: PA <input type="checkbox"/> Senate    District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 507265.00		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.....▶	431500.00
(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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
10 / 15 / 2012

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>19600.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TELEVISION AD PRODUCTION-DISSEMINATED ON 9/21/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4545</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS J FRANKEL</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>22</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>224545.00</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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>22100.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TELEVISION AD PRODUCTION-DISSEMINATED ON 9/21/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4548</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>PA</b> <input type="checkbox"/> Senate    District: <b>12</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>529365.00</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>41700.00</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.

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 15 / 2012**

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

NAME OF COMMITTEE (In Full) <b>YG ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504761
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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY <b>09 / 25 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>29600.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TELEVISION AD PRODUCTION-DISSEMINATED ON 9/24/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4546</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN J BARROW</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>GA</b> <input type="checkbox"/> Senate    District: <b>12</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>162600.00</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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date MM / DD / YYYY <b>09 / 25 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>29200.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TELEVISION AD PRODUCTION-DISSEMINATED ON 9/26/2012</b>	Category/Type <b>004</b>	<b>Transaction ID : SE.4552</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>07</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>778245.00</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>58800.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 15 / 2012**

