



**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="76231.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5339150.00"/>	<input type="text" value="5394150.00"/>
(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="5415381.85"/>	<input type="text" value="5552987.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="725479.15"/>	<input type="text" value="863084.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4689902.70"/>	<input type="text" value="4689902.70"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**YG ACTION FUND**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5277400.00	5302400.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5277400.00	5302400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	61000.00	91000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5338400.00	5393400.00
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).....	750.00	750.00
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))..... ▶	5339150.00	5394150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5339150.00	5394150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	269004.15	354609.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	269004.15	354609.70
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) .....	456475.00	508475.00
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)) ..	725479.15	863084.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	725479.15	863084.70

**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) .....	5338400.00	5393400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5338400.00	5393400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	269004.15	354609.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	750.00	750.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	268254.15	353859.70

**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 6 OF 30
	<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

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**

**A. Dr. MIRIAM ADELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3355 LAS VEGAS BLVD SOUTH

City LAS VEGAS	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

Name of Employer ADELSON CLINIC	Occupation PHYSICIAN
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : SA11AI.4415**

Amount of Each Receipt this Period  

2500000.00
------------

**CONTRIBUTION**

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

Mailing Address 3355 LAS VEGAS BLVD SOUTH

City LAS VEGAS	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAS VEGAS SANDS CORPORATION	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : SA11AI.4366**

Amount of Each Receipt this Period  

2500000.00
------------

**CONTRIBUTION**

**C. AMERICAN WELL CORP.**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 STATE ST., FL. 26

City BOSTON	State MA	Zip Code 02109
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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
05	/	03	/	2012

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period  

5000.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5005000.00
<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 7 OF 30
	<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. NEIL BENDER II</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2012 <b>Transaction ID : SA11AI.4379</b>
Mailing Address 119 ISLAND BRIDGE WAY		Amount of Each Receipt this Period 20000.00
City WILMINGTON	State NC	Zip Code 28412
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer VELOCITY SOLUTIONS	Occupation FOUNDER/DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH P GAVAGHAN</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 <b>Transaction ID : SA11AI.4373</b>
Mailing Address 2530 GLENWOOD AVE		Amount of Each Receipt this Period 2400.00
City RALEIGH	State NC	Zip Code 27608
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer KEYSTONE CORPORATION	Occupation PRESIDENT & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>C. BRUCE KOVNER</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 <b>Transaction ID : SA11AI.4384</b>
Mailing Address 500 PARK AVENUE 11TH FLOOR		Amount of Each Receipt this Period 125000.00
City NEW YORK	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer CAXTON ALTERNATIVE MANAGEMENT	Occupation FINANCIAL EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147400.00
<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: PAGE 8 OF 30  
(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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NAME OF COMMITTEE (In Full)  
**YG ACTION FUND**

**A. SUZANNE F KOVNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 PARK AVENUE  
11TH FLOOR

City NEW YORK State NY Zip Code 10022

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  
06 / 21 / 2012  
Transaction ID : SA11AI.4389

Amount of Each Receipt this Period  
125000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5277400.00

**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 9 OF 30
<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**

**A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1891 PRESTON WHITE DRIVE  
 City RESTON State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C** C00343459  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 05 / 23 / 2012  
**Transaction ID : SA11C.4381**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11921 FREEDOM DRIVE SUITE 1100  
 City RESTON State VA Zip Code 20190  
 FEC ID number of contributing federal political committee. **C** C00447565  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2012  
**Transaction ID : SA11C.4382**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. EYE OF THE TIGER PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2485  
 City SPRINGFIELD State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C** C00467431  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11C.4377**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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: PAGE 10 OF 30  
(check only one)

<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**

**A. HOUSE CONSERVATIVES FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. WASHINGTON ST., STE. 115  
City ALEXANDRIA State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00326439  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2012  
**Transaction ID : SA11C.4364**  
Amount of Each Receipt this Period  
50000.00  
**CONTRIBUTION**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
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  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	61000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 30  
(check only one)

<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**

**A. BLT STEAK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1625 I STREET NW  
City WASHINGTON State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C**  
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  
04 / 06 / 2012  
**Transaction ID : SA15.4394**  
Amount of Each Receipt this Period  
750.00  
**FUNDRAISING ROOM RENTAL REFUND**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
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  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	750.00

**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) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

**Transaction ID : SB21B.4311**

Amount of Each Disbursement this Period

164.13

**B. AT&T MOBILITY**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2012

**Transaction ID : SB21B.4338**

Amount of Each Disbursement this Period

174.51

**C. NICK BOUKNIGHT**

Full Name (Last, First, Middle Initial)

Mailing Address 6004 LOWELL AVENUE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
OFFICE EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B.4324**

Amount of Each Disbursement this Period

19.99

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

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

358.63

**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 6004 LOWELL AVENUE

City ALEXANDRIA State VA Zip Code 22312

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  
04 / 30 / 2012

Transaction ID : **SB21B.4328**

Amount of Each Disbursement this Period

2186.89

Full Name (Last, First, Middle Initial)

**B. NICK BOUKNIGHT**

Mailing Address 6004 LOWELL AVENUE

City ALEXANDRIA State VA Zip Code 22312

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  
05 / 31 / 2012

Transaction ID : **SB21B.4345**

Amount of Each Disbursement this Period

2186.89

Full Name (Last, First, Middle Initial)

**C. NICK BOUKNIGHT**

Mailing Address 6004 LOWELL AVENUE

City ALEXANDRIA State VA Zip Code 22312

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  
06 / 04 / 2012

Transaction ID : **SB21B.4352**

Amount of Each Disbursement this Period

31.68

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

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

4405.46

**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 6004 LOWELL AVENUE

City ALEXANDRIA State VA Zip Code 22312

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  
06 / 30 / 2012

Transaction ID : **SB21B.4362**

Amount of Each Disbursement this Period

3675.08

Full Name (Last, First, Middle Initial)

**B. CREATIVE DIRECT LLC**

Mailing Address 25 E. MAIN ST

City RICHMOND State VA Zip Code 23219

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  
06 / 25 / 2012

Transaction ID : **SB21B.4359**

Amount of Each Disbursement this Period

2150.00

Full Name (Last, First, Middle Initial)

**C. BRAD DAYSRING**

Mailing Address 4063 SOUTH FOUR MILE RUN DRIVE  
#403

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : **SB21B.4350**

Amount of Each Disbursement this Period

5000.00

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

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

10825.08

**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**

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2012

Mailing Address: 4063 SOUTH FOUR MILE RUN DRIVE #403

City: ARLINGTON State: VA Zip Code: 22204

Purpose of Disbursement: PAYROLL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.4363**

Amount of Each Disbursement this Period: 3758.71

Category/Type: \_\_\_\_\_

Full Name (Last, First, Middle Initial)  
**B. GRAND SLAM FINANCE**

Date of Disbursement: MM / DD / YYYY  
04 / 03 / 2012

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) ▼

Transaction ID : **SB21B.4313**

Amount of Each Disbursement this Period: 4050.00

Category/Type: \_\_\_\_\_

Full Name (Last, First, Middle Initial)  
**C. GRAND SLAM FINANCE**

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2012

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) ▼

Transaction ID : **SB21B.4336**

Amount of Each Disbursement this Period: 8850.00

Category/Type: \_\_\_\_\_

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 16658.71

**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. 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

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2012

Transaction ID : SB21B.4353

Amount of Each Disbursement this Period

5850.00

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

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2012

Transaction ID : SB21B.4354

Amount of Each Disbursement this Period

179.88

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  
04 / 03 / 2012

Transaction ID : SB21B.4317

Amount of Each Disbursement this Period

3822.49

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

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

9852.37

**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

MM / DD / YYYY  
04 / 09 / 2012

**Transaction ID : SB21B.4320**

Amount of Each Disbursement this Period

42.00

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

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : SB21B.4332**

Amount of Each Disbursement this Period

3822.49

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

MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : SB21B.4347**

Amount of Each Disbursement this Period

3822.49

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

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

7686.98

**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 2321 N. KENTUCKY STREET

City ARLINGTON State VA Zip Code 22205

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  
05 / 02 / 2012

Transaction ID : SB21B.4330

Amount of Each Disbursement this Period

135000.00

Full Name (Last, First, Middle Initial)

**B. JOHN MURRAY**

Mailing Address 1556 21ST CT N

City ARLINGTON State VA Zip Code 22209

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  
04 / 30 / 2012

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

7644.36

Full Name (Last, First, Middle Initial)

**C. JOHN MURRAY**

Mailing Address 1556 21ST CT N

City ARLINGTON State VA Zip Code 22209

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  
05 / 31 / 2012

Transaction ID : SB21B.4344

Amount of Each Disbursement this Period

7644.36

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

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

150288.72

**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 1556 21ST CT N

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
TRAVEL 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	6		0	4		2	0	1	2

Transaction ID : SB21B.4351

Amount of Each Disbursement this Period

1	1	6	6	5	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. W HOTEL**

Mailing Address 930 HILGARD AVE

City LOS ANGELES State CA Zip Code 90024

Purpose of Disbursement  
LODGING EXPENSE

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	4		3	0		2	0	1	2

Transaction ID : SB21B.4351.3

Amount of Each Disbursement this Period

4	0	0	5	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 4300 GARDEN CITY DR

City HYATTSVILLE State MD Zip Code 20785

Purpose of Disbursement  
TRAVEL EXPENSE

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	5		1	1		2	0	1	2

Transaction ID : SB21B.4351.5

Amount of Each Disbursement this Period

4	3	6	0	0
---	---	---	---	---

[MEMO ITEM]

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

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

1	1	6	6	5	6
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1	1	6	6	5	6
---	---	---	---	---	---

**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 1556 21ST CT N

City ARLINGTON State VA Zip Code 22209

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  
06 / 30 / 2012

Transaction ID : **SB21B.4361**

Amount of Each Disbursement this Period

7644.36

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  
05 / 28 / 2012

Transaction ID : **SB21B.4343**

Amount of Each Disbursement this Period

15000.00

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2012

Transaction ID : **SB21B.4310**

Amount of Each Disbursement this Period

149.00

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

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

22793.36

**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

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : SB21B.4326**

Amount of Each Disbursement this Period

149.00
--------

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

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : SB21B.4348**

Amount of Each Disbursement this Period

149.00
--------

Full Name (Last, First, Middle Initial)

**C. THE JEFFERSON**

Mailing Address **101W. FRANKLIN STREET**

City **RICHMOND** State **VA** Zip Code **23220**

Purpose of Disbursement  
**FUNDRAISING EVENT VENUE**

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
04	/	18	/	2012

**Transaction ID : SB21B.4323**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

798.00
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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. THE JEFFERSON**

Mailing Address 101W. FRANKLIN STREET

City RICHMOND State VA Zip Code 23220

Purpose of Disbursement  
FUNDRAISING EVENT CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2012

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

863.40

**B. VIRGINIA DEPT OF TAXATION**

Full Name (Last, First, Middle Initial)

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

MM / DD / YYYY  
04 / 03 / 2012

Transaction ID : SB21B.4316

Amount of Each Disbursement this Period

699.24

**C. VIRGINIA DEPT OF TAXATION**

Full Name (Last, First, Middle Initial)

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

MM / DD / YYYY  
04 / 09 / 2012

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

10.00

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

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

1572.64

**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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

699.24

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2012

Transaction ID : SB21B.4346

Amount of Each Disbursement this Period

699.24

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

Transaction ID : SB21B.4321

Amount of Each Disbursement this Period

61.78

Category/Type

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

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

1460.26

**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. 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

Transaction ID : SB21B.4337

Amount of Each Disbursement this Period

107.80

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

Transaction ID : SB21B.4312

Amount of Each Disbursement this Period

10000.00

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : SB21B.4356

Amount of Each Disbursement this Period

20025.00

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

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

30132.80

**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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

Transaction ID : **SB21B.4357**

Amount of Each Disbursement this Period

10000.00

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  
04 / 24 / 2012

Transaction ID : **SB21B.4325**

Amount of Each Disbursement this Period

408.34

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  
05 / 28 / 2012

Transaction ID : **SB21B.4339**

Amount of Each Disbursement this Period

216.67

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

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

10625.01

# 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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : SB21B.4360

Amount of Each Disbursement this Period

216.67
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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
	/		/	

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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
	/		/	

Amount of Each Disbursement this Period

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

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

216.67
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268841.25
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**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>CREATIVE DIRECT LLC</b>		Date MM / DD / YYYY <b>04 / 24 / 2012</b>
Mailing Address <b>25 E. MAIN ST</b>		Amount <b>22750.00</b>
City <b>RICHMOND</b>	State <b>VA</b>	
Zip Code <b>23219</b>	<b>Transaction ID : SE.4272</b>	
Purpose of Expenditure <b>MAILER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>08</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD LANE HUDSON Jr.</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>22750.00</b>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>CREATIVE DIRECT LLC</b>		Date MM / DD / YYYY <b>06 / 29 / 2012</b>
Mailing Address <b>25 E. MAIN ST</b>		Amount <b>22750.00</b>
City <b>RICHMOND</b>	State <b>VA</b>	
Zip Code <b>23219</b>	<b>Transaction ID : SE.4291</b>	
Purpose of Expenditure <b>MAILER</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>08</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT KEADLE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>22750.00</b>		Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>45500.00</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 **09 / 20 / 2012**

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4272

DISSEMINATION DATE OF INDEPENDENT EXPENDITURE IS 4/25/2012

Form/Schedule: SE

Transaction ID: SE.4291

DISSEMINATION DATE OF INDEPENDENT EXPENDITURE IS 7/2/12

**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>NATIONAL MEDIA PUBLIC AFFAIRS, LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 29 / 2012
Mailing Address 815 SLATERS LANE		Amount <span style="margin-left: 20px;">M M M M M M . 00</span> 357975.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TV/RADIO PLACEMENT & PRODUCTION	Category/ Type 004	<b>Transaction ID : SE.4302</b>
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT KEADLE		Office Sought: <input checked="" type="checkbox"/> House    State: NC <input type="checkbox"/> Senate    District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M . 00</span> 380725.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		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 RESEARCH, PLANNING &amp; PLACEMENT LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 02 / 2012
Mailing Address 815 SLATERS LANE		Amount <span style="margin-left: 20px;">M M M M M M . 00</span> 53000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT AND PRODUCTION	Category/ Type 004	<b>Transaction ID : SE.4285</b>
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD LANE HUDSON Jr.		Office Sought: <input checked="" type="checkbox"/> House    State: NC <input type="checkbox"/> Senate    District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M . 00</span> 75750.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">M M M M M M . 00</span> 410975.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;">M M M M M M . 00</span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;">M M M M M M . 00</span> 456475.00

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

*JOHN MURRAY*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2012

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

Form/Schedule: SE

Transaction ID : SE.4302

DISSEMINATION DATE OF INDEPENDENT EXPENDITURE IS 7/9/12

Form/Schedule:

Transaction ID: