

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Leaders for Families Super PAC, Inc.

ADDRESS (number and street) 1 South 6th Street
Check if different than previously reported. (ACC) Terre Haute IN 47807

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00508317 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 12 / 21 / 2011 through 12 / 31 / 2011

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

Type or Print Name of Treasurer Charles Hurley

Signature of Treasurer Charles Hurley [Electronically Filed] Date 04 / 11 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Leaders for Families Super PAC, Inc.

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="2011"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="150050.00"/>	<input type="text" value="150050.00"/>
(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="150050.00"/>	<input type="text" value="150050.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="137929.75"/>	<input type="text" value="137929.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12120.25"/>	<input type="text" value="12120.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="7675.00"/>	

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

Leaders for Families Super PAC, Inc.

Report Covering the Period: From: 12 / 21 / 2011 To: 12 / 31 / 2011

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).....	75000.00	75000.00
(ii) Unitemized	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75050.00	75050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	75000.00	75000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	150050.00	150050.00
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).....	0.00	0.00
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))..... ▶	150050.00	150050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	150050.00	150050.00

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	15162.50	15162.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15162.50	15162.50
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)	122767.25	122767.25
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)) ..	137929.75	137929.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	137929.75	137929.75

DETAILED SUMMARY PAGE
of Disbursements

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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)	150050.00	150050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150050.00	150050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	15162.50	15162.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	15162.50	15162.50

**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 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Leaders for Families Super PAC, Inc.

Full Name (Last, First, Middle Initial)
A. Foster Friess

Mailing Address PO Box 9790

City Jackson State WY Zip Code 83002

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

Name of Employer Self Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 12 / 29 / 2011
Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
 50000.00

wire in

Full Name (Last, First, Middle Initial)
B. Charles Parlato

Mailing Address 1529 Crestview Ave

City Tallahassee State FL Zip Code 32303

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

Name of Employer C&C Shorelands Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 25000.00

wire in

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	75000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Leaders for Families Super PAC, Inc.

A. RED WHITE AND BLUE FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 26141
 City ALEXANDRIA State VA Zip Code 22313
 FEC ID number of contributing federal political committee. **C** C00503417
 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
 12 / 27 / 2011
Transaction ID : SA11C.4187
 Amount of Each Receipt this Period
 50000.00
 wire in

B. RED WHITE AND BLUE FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 26141
 City ALEXANDRIA State VA Zip Code 22313
 FEC ID number of contributing federal political committee. **C** C00503417
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 75000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : SA11C.4253
 Amount of Each Receipt this Period
 25000.00
 wire in

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

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	75000.00

**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)
Leaders for Families Super PAC, Inc.

Full Name (Last, First, Middle Initial)

A. The Bopp Law Firm

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bopp Law Firm

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4260

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bopp Law Firm

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4261

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

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NAME OF COMMITTEE (In Full)
Leaders for Families Super PAC, Inc.

Full Name (Last, First, Middle Initial)

A. The Bopp Law Firm

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.4262

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bopp Law Firm Trust Account

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Defense Fund

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.4263

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Bopp Law Firm Trust Account

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Defense Fund

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B.4265

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

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NAME OF COMMITTEE (In Full)
Leaders for Families Super PAC, Inc.

Full Name (Last, First, Middle Initial)

A. The Bopp Law Firm Trust Account

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Defense Fund

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4266

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Bopp Law Firm Trust Account

Mailing Address 1 South 6th Street

City State Zip Code
Terre Haute IN 47807

Purpose of Disbursement
Legal Defense Fund

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4267

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Leaders for Families Super PAC, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Matthew Reisetter	Nature of Debt (Purpose): Estimate for professional services for media production and communication coordination
Mailing Address 1925 Main St.	
City State Zip Code Cedar Falls IA 50613	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4273	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Family Leader, Inc.	Nature of Debt (Purpose): Office supplies, phone usage
Mailing Address 1100 N. Hickory Suite 107	
City State Zip Code Pleasant Hill IA 50327	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4269	
Amount Incurred This Period 175.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 175.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Vander Plaats	Nature of Debt (Purpose): Estimate for professional services for fundraising, media production, and media relations.
Mailing Address 25242 332nd Street	
City State Zip Code Sioux City IA 51108	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4271	
Amount Incurred This Period 6500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	7675.00
2) TOTALS This Period (last page this line number only)..... ▶	7675.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	7675.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Leaders for Families Super PAC, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00508317
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 Action Solutions		Date MM / DD / YYYY 12 / 22 / 2011
Mailing Address 6355 NE Arnold Avenue		Amount 5447.25
City Adair Village	State OR	
Zip Code 97300	Transaction ID : SE.4113	
Purpose of Expenditure 108,945 Autodial Calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5447.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee KCAU		Date MM / DD / YYYY 12 / 29 / 2011
Mailing Address 625 Douglas		Amount 11400.00
City Sioux City	State IA	
Zip Code 51101	Transaction ID : SE.4122	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 70632.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16847.25
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Charles Hurley

Signature _____ [Electronically Filed] Date MM / DD / YYYY **04 / 11 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Leaders for Families Super PAC, Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00508317 </div>
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 KCCI		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 12 / 28 / 2011 </div>
Mailing Address 888 Ninth Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7375.00</div>
City Des Moines	State IA	Zip Code 50309
Purpose of Expenditure TV Ad	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">40022.25</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4109

Full Name (Last, First, Middle Initial) of Payee KCCI		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 12 / 29 / 2011 </div>
Mailing Address 888 Ninth Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">975.00</div>
City Des Moines	State IA	Zip Code 50309
Purpose of Expenditure TV Ad	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">102762.25</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4131

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">8350.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Charles Hurley

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y
04 / 11 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Leaders for Families Super PAC, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00508317
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 KDSM		Date MM / DD / YYYY 12 / 28 / 2011
Mailing Address 4023 Fleur Drive		Amount 1600.00
City Des Moines	State IA	
Zip Code 50321	Transaction ID : SE.4107	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 32647.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee KMEG		Date MM / DD / YYYY 12 / 29 / 2011
Mailing Address 100 Gold Circle		Amount 6200.00
City Dakota Dunes	State SD	
Zip Code 57049	Transaction ID : SE.4126	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 94182.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7800.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Charles Hurley

Signature _____ [Electronically Filed] Date MM / DD / YYYY **04 / 11 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Leaders for Families Super PAC, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00508317
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 KPSZ-AM		Date MM / DD / YYYY 12 / 23 / 2011
Mailing Address 1416 Locust Street		Amount 2520.00
City Des Moines	State IA	
Zip Code 50309	Transaction ID : SE.4119	
Purpose of Expenditure Radio Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14392.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee KTIA-KM		Date MM / DD / YYYY 12 / 23 / 2011
Mailing Address 4405 Providence Lane		Amount 5105.00
City Winston-Salem	State NC	
Zip Code 27106	Transaction ID : SE.4117	
Purpose of Expenditure Radio Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11872.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Charles Hurley

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ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee KTIV		Date M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 3135 Floyd Blvd		Amount 17350.00
City Sioux City	State IA	
Zip Code 51104	Transaction ID : SE.4124	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 87982.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NCC Media		Date M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2011
Mailing Address 1150 Santa Monica Blvd 9th Floor		Amount 19210.00
City Los Angeles	State CA	
Zip Code 90025	Transaction ID : SE.4111	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 59232.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	36560.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Charles Hurley

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee NCC Media		Date M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 1150 Santa Monica Blvd 9th Floor		Amount 7040.00
City Los Angeles	State CA	Zip Code 90025
Purpose of Expenditure TV Ad	Category/ Type 004	Transaction ID : SE.4132
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 109802.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Schubert Flint Public Affairs		Date M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 1415 L Street Suite 1250		Amount 2875.00
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Production Cost for Radio Ad	Category/ Type 004	Transaction ID : SE.4192
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17267.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9915.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles Hurley
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Leaders for Families Super PAC, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00508317
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 Schubert Flint Public Affairs		Date 12 / 29 / 2011
Mailing Address 1415 L Street Suite 1250		Amount 12965.00
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Production Cost of TV Ad	Category/ Type 004	Transaction ID : SE.4195
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 122767.25		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)

Full Name (Last, First, Middle Initial) of Payee WHO		Date 12 / 28 / 2011
Mailing Address 1801 Grand Ave		Amount 10450.00
City Des Moines	State IA	Zip Code 50309
Purpose of Expenditure TV Ad	Category/ Type 004	Transaction ID : SE.4105
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 31047.25		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) SUBTOTAL of Itemized Independent Expenditures.....	23415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Charles Hurley
Signature

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ITEMIZED INDEPENDENT EXPENDITURES

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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 WHO		Date MM / DD / YYYY 12 / 29 / 2011
Mailing Address 1801 Grand Ave		Amount 6100.00
City Des Moines	State IA	
Zip Code 50309	Transaction ID : SE.4130	
Purpose of Expenditure TV Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 101787.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee WHO-AM		Date MM / DD / YYYY 12 / 23 / 2011
Mailing Address 2141 Grand Avenue		Amount 1320.00
City Des Moines	State IA	
Zip Code 50312	Transaction ID : SE.4115	
Purpose of Expenditure Radio Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6767.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7420.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles Hurley

Signature _____ [Electronically Filed] Date MM / DD / YYYY **04 / 11 / 2012**

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ITEMIZED INDEPENDENT EXPENDITURES

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Full Name (Last, First, Middle Initial) of Payee WOI		Date M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2011
Mailing Address 3903 Westown Parkway		Amount 3330.00
City West Des Moines	State IA	
Zip Code 50266	Transaction ID : SE.4102	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20597.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee WOI		Date M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 3903 Westown Parkway		Amount 1505.00
City West Des Moines	State IA	
Zip Code 50266	Transaction ID : SE.4128	
Purpose of Expenditure TV Ad	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 95687.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4835.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	122767.25

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Charles Hurley

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2012