

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 JAN 31 AM 11:21

Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

PHIL NORRIS FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 36956

Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35236-6956

2. FEC IDENTIFICATION NUMBER

C00508382

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AL 07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM/DD/YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

12/29/2011

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

PHILLIP NORRIS

Signature of Treasurer

[Handwritten Signature]

Date

01/25/2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

12030723000

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

PHIL MORRIS FOR CONGRESS

Report Covering the Period:

From:

12 / 29 / 2011

To:

12 / 31 / 2011

**COLUMN A  
This Period**

**COLUMN B  
Election Cycle-to-Date**

**6. Net Contributions (other than loans)**

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

(b) Total Contribution Refunds  
(from Line 20(d)) .....

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

3,598.05

3,598.05

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

3,598.05

3,598.05

**8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....**

1,000.00

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

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

3,698.05

**For further information contact:**

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

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

12030723001



**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	3,598.05	3,598.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs) .....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3,598.05	3,598.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3,698.05
25. SUBTOTAL (add Line 23 and Line 24).....	3,698.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,598.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,000.00

12030723003

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

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

FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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)  
**PHIL NORRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

A. **NORRIS, PHILLIP D.**

Mailing Address  
**373 HERITAGE DR**  
City **HOOPER** State **AL** Zip Code **35216**

FEC ID number of contributing federal political committee. **C:00508382**

Name of Employer **CABRERA SERVICES** Occupation **RAD ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **3480.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2011**

Amount of Each Receipt this Period  
**3480.00**

Full Name (Last, First, Middle Initial)

B. **NORRIS, PHILLIP D.**

Mailing Address  
**373 HERITAGE DR.**  
City **HOOPER** State **AL** Zip Code **35216**

FEC ID number of contributing federal political committee. **C:00508382**

Name of Employer **CABRERA SERVICES** Occupation **RAD ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **3518.05**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 23 / 2011**

Amount of Each Receipt this Period  
**38.05**

Full Name (Last, First, Middle Initial)

C. **NORRIS, PHILLIP D.**

Mailing Address  
**373 HERITAGE DR.**  
City **HOOPER** State **AL** Zip Code **35216**

FEC ID number of contributing federal political committee. **C:00508382**

Name of Employer **CABRERA SERVICES** Occupation **RAD ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **3618.05**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 26 / 2011**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3618.05**

12030723004

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>2</u> OF <u>2</u>	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
PHIL NORRIS FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. <u>NORRIS, PHILIP D.</u></b>		Date of Receipt M M / D D / Y Y Y Y <u>12 / 27 / 2011</u>
Mailing Address <u>373 HERITAGE DR.</u>		Amount of Each Receipt this Period  <u>45.00</u>
City <u>Homewood</u>	State Zip Code <u>AL 35216</u>	
FEC ID number of contributing federal political committee. <u>C00508382</u>		Amount of Each Receipt this Period  <u>3,663.05</u>
Name of Employer <u>CARDERA SERVICES</u>	Occupation <u>PAN ENGINEER</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. <u>NORRIS, PHILIP D.</u></b>		Date of Receipt M M / D D / Y Y Y Y <u>12 / 29 / 2011</u>
Mailing Address <u>373 HERITAGE DR.</u>		Amount of Each Receipt this Period  <u>35.00</u>
City <u>Homewood</u>	State Zip Code <u>AL 35216</u>	
FEC ID number of contributing federal political committee. <u>C00508382</u>		Amount of Each Receipt this Period  <u>3,698.05</u>
Name of Employer <u>CARDERA SERVICES</u>	Occupation <u>PAN ENGINEER</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period  <u>.</u>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<u>80.00</u>
TOTAL This Period (last page this line number only).....	<u>3,698.05</u>

12030723005

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

PHIL NORRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

<p><b>A. ALABAMA REPUBLICAN PARTY</b></p> <p>Mailing Address <u>2415 INDEPENDENCE DR. SUITE 219</u></p> <p>City <u>BIRMINGHAM</u> State <u>AL</u> Zip Code <u>35209</u></p> <p>Purpose of Disbursement <u>CANDIDATE FILING FEE</u></p> <p>Candidate Name <u>PHILLIP NORRIS</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <u>AL</u> District: <u>07</u></p>		<p>Date of Disbursement MM / DD / YYYY <u>12 / 21 / 2011</u></p> <p>Amount of Each Disbursement this Period <u>3480.00</u></p> <p>Category/Type <u>001</u></p>
--	--	--

<p><b>B. GODADDY.COM</b></p> <p>Mailing Address <u>14455 N. HAYDEN RD SUITE 226</u></p> <p>City <u>SCOTTSDALE</u> State <u>AZ</u> Zip Code <u>85260</u></p> <p>Purpose of Disbursement <u>PURCHASE URL FOR WEBSITE</u></p> <p>Candidate Name <u>PHILLIP NORRIS</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <u>AL</u> District: <u>07</u></p>		<p>Date of Disbursement MM / DD / YYYY <u>12 / 23 / 2011</u></p> <p>Amount of Each Disbursement this Period <u>38.05</u></p> <p>Category/Type <u>004</u></p>
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<p><b>C. UNITED STATES POSTAL SERVICE</b></p> <p>Mailing Address <u>1809 RIVERCHASE DR.</u></p> <p>City <u>HOOVER</u> State <u>AL</u> Zip Code <u>35244-9998</u></p> <p>Purpose of Disbursement <u>POST OFFICE BOX RENTAL</u></p> <p>Candidate Name <u>PHILLIP NORRIS</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <u>AL</u> District: <u>07</u></p>		<p>Date of Disbursement MM / DD / YYYY <u>12 / 27 / 2011</u></p> <p>Amount of Each Disbursement this Period <u>450.00</u></p> <p>Category/Type <u>001</u></p>
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SUBTOTAL of Disbursements This Page (optional).....

3563.05

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

12030723006

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

PHIL MORRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

<p><b>A.</b> <u>ENVATO</u></p> <p>Mailing Address <u>PO BOX 21177 LITTLE LOUDDALE ST.</u></p> <p>City <u>MELBOURNE</u> State <u>VICTORIA</u> Zip Code <u>AUSTRALIA 3011</u></p> <p>Purpose of Disbursement <u>WEBSITE</u></p> <p>Candidate Name <u>PHILLIP MORRIS</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <u>AL</u> District: <u>07</u></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <u>12 / 29 / 2011</u></p> <p>Amount of Each Disbursement this Period <u>35.00</u></p> <p>Category/ Type <u>0.0.4</u></p>
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<p><b>B.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>Category/ Type</p>
---	--	--

<p><b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>Category/ Type</p>
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SUBTOTAL of Disbursements This Page (optional).....

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

<u>35.00</u>
<u>3598.05</u>

12030723007

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**PHIL NORRIS FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**NORRIS, PHILIP D.**

Mailing Address  
**373 HERITAGE DR.**

City **HOOPER** State **AL** ZIP Code **35216**

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan **3,698.05** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **3,698.05**

**TERMS** Date Incurred **12/21/2011** Date Due **NONE** Interest Rate **NONE** % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ..... ▶ **3,698.05**

**TOTALS** This Period (last page in this line only) ..... ▶ **3,698.05**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030723008

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>PHIL NORRIS FOR CONGRESS</b>	FEC IDENTIFICATION NUMBER <b>C 00508382</b>
--	--

LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address <b>N/A</b>	Date Incurred or Established ____/____/____	____/____/____
City <b>N/A</b> State Zip Code	Date Due ____/____/____	____/____/____

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_/\_\_\_\_/\_\_\_\_

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Date account established: \_\_\_\_/\_\_\_\_/\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE ____/____/____
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE ____/____/____
_____ Title	____/____/____

120330723009

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9  
10

NAME OF COMMITTEE (In Full)

**PHIL NORRIS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

**THIS PAGE IS NOT APPLICABLE**

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

Blank boxes for entering totals and carrying forward values.

12030723010

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>PHIL NORRIS FOR CONGRESS</b>	Report Covering Period: From: <b>12 / 21 / 2011</b> To: <b>12 / 31 / 2011</b>
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Committee Name <b>THIS PAGE NOT APPLICABLE</b>	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A		
B	Column Total Last Page Only.....	

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

12030723011

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

12030723012

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>1/30/12</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>AMP</i>	<i>1/31/12</i>
PREPARER	DATE PREPARED

(3/2005)