

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| | | | |
|---|---|---------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL Mary Bono Mack Committee | | | |
| ADDRESS (number and street) PO Box 3370 | | | |
| CITY, STATE, and ZIP CODE Palm Springs CA 92263-3370 | | | |
| 2. NAME OF CANDIDATE Mary Bono Mack | 3. OFFICE SOUGHT (State and District) House CA 36 | | 4. FEC IDENTIFICATION NUMBER C00332890 |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer CMR Political Action Committee PO Box 2485 Springfield VA 22152-0485 | | Date (month, day, year) 10/27/2012 | Amount 1000 |
| Transaction ID : 31812000 | | Occupation | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Come Back Political Action Committee PO Box 2485 Springfield VA 22152-0485 | | Date (month, day, year) 10/27/2012 | Amount 2000 |
| Transaction ID : 31808000 | | Occupation | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Cooperative of American Physicians - Mutual Protection Trust (CAP-MPT) Federal PAC 333 S Hope Street Floor 8 Los Angeles CA 90071-3001 | | Date (month, day, year) 10/27/2012 | Amount 2000 |
| Transaction ID : 31814000 | | Occupation | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Lead Your Nation Now PAC (LYNN PAC) PO Box 1872 Topeka KS 66601-1872 | | Date (month, day, year) 10/27/2012 | Amount 1000 |
| Transaction ID : 31815000 | | Occupation | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Medicaid Health Plans of America PAC (MHPA PAC) 1150 18th Street NW Suite 1010 Washington DC 20036 | | Date (month, day, year) 10/27/2012 | Amount 1000 |
| Transaction ID : 31816000 | | Occupation | |
| SIGNATURE (optional) William T. Powers <i>[Electronically Filed]</i> | | DATE 10/28/2012 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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|--|--|--|--------------------|
| 1. NAME OF COMMITTEE IN FULL Mary Bono Mack Committee | | continuation page | |
| ADDRESS (number and street) PO Box 3370 | | | |
| CITY, STATE, and ZIP CODE Palm Springs CA 92263-3370 | | | |
| 2. NAME OF CANDIDATE Mary Bono Mack | 3. OFFICE SOUGHT (State and District) House CA 36 | 4. FEC IDENTIFICATION NUMBER C00332890 | |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE PG&E Corporation Energy PAC 77 Beale Street San Francisco CA 94177-0001 | Name of Employer Transaction ID : 31809000 Occupation | Date (month, day, year) 10/27/2012 | Amount 1000 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE Team Emerson for Jo Ann Emerson PO Box 822 Cape Girardeau MO 63702-0822 | Name of Employer Transaction ID : 31810000 Occupation | Date (month, day, year) 10/27/2012 | Amount 1000 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE Daniel Good 1211 Lake Road Lake Forest IL 60045-1421 | Name of Employer Good Capital Co., Inc. Transaction ID : 31807000 Occupation Investor | Date (month, day, year) 10/27/2012 | Amount 1000 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE Betty J. Willingham 45695 Sugarloaf Mountain Trail Indian Wells CA 92210-9180 | Name of Employer Transaction ID : 31811000 Occupation | Date (month, day, year) 10/27/2012 | Amount 1000 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |

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