

To: Federal Election Commission  
From: Donald T. Woolley, Treasurer, SACPAC  
Date: 01/23/2013  
Subject: Amended Report, year ended Dec. 31<sup>st</sup>, 2013

RECEIVED  
2014 JAN 30 AM 11:45  
FEC MAIL CENTER

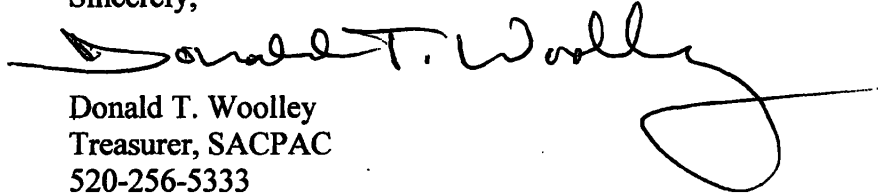
Ladies/Gentlemen,

Enclosed is an amended report covering the year end period (last six months) of 2013.

A previous report that was mailed just yesterday was in error and should not have been processed to you. That report was incomplete and did not reflect the correct data or time period (07/01/2013 to 12/31/2013) that the report should have covered.

We apologize for the error,

Sincerely,

  
Donald T. Woolley  
Treasurer, SACPAC  
520-256-5333

14031170013

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2014 JAN 30 AM 11:46 Office Use Only. FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Southern Arizona Conservative Political Action Committee

ADDRESS (number and street) PO Box 1504

Check if different than previously reported. (ACC)

Sahuarita AZ 85629

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 005012046

3. IS THIS REPORT NEW OR AMENDED

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

Table with columns for report frequency and due dates: Monthly Report Due On, Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 / D D / 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 / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

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 Donald T. Woolley

Signature of Treasurer [Handwritten Signature] Date 01 / 23 / 2014

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

Table with 8 columns for Office Use Only.

FEC FORM 3X Rev. 12/2004

14031170014

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

---

Report Covering the Period: From: <sup>M</sup>07 / <sup>D</sup>01 / <sup>Y</sup>2013 To: <sup>M</sup>12 / <sup>D</sup>31 / <sup>Y</sup>2013

14031170015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> 2013		, 1 6 1 5 0
(b) Cash on Hand at Beginning of Reporting Period.....	, 5,087.02	
(c) Total Receipts (from Line 19).....	, 10,788.94	, 17,765.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 15,875.96	, 17,927.44
7. Total Disbursements (from Line 31).....	, 8,270.77	, 10,322.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 7,605.19	, 7,605.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, , 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, , 0	

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)

Page 3

Write or Type Committee Name

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY

**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).....	, 240.00	, 940.00
(ii) Unitemized .....	, 10,548.94	, 16,825.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 10,788.94	, 17,765.94
(b) Political Party Committees .....	, .00	, .00
(c) Other Political Committees (such as PACs).....	, .00	, .00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, 10,788.94	, 17,765.94
12. Transfers From Affiliated/Other Party Committees.....	, .00	, .00
13. All Loans Received .....	, .00	, .00
14. Loan Repayments Received.....	, .00	, .00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, .00	, .00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, .00	, .00
17. Other Federal Receipts (Dividends, Interest, etc.).....	, .00	, .00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, .00	, .00
(b) Levin Funds (from Schedule H5).....	, .00	, .00
(c) Total Transfers (add 18(a) and 18(b))..	, .00	, .00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 10,788.94	, 17,765.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 10,788.94	, 17,765.94

14031170016

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

14031170017

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	6 1 2 4 8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	6 1 2 4 8
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5 0 0 0 0	5 0 0 0 0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	5 0 0 0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	5 0 0 0
29. Other Disbursements .....	7, 7 7 0 . 7 7	9, 1 5 9 . 7 7
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7, 7 7 0 . 7 7	1 0, 3 2 2 . 2 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8, 2 7 0 . 7 7	1 0, 3 2 2 . 2 5

**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) .....	1 0 7 8 8 9 4	1 7 7 6 5 9 4
34. Total Contribution Refunds (from Line 28(d)) .....	0	5 0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1 0 7 8 8 9 4	1 7 8 1 5 9 4
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	6 1 2 4 8
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	6 1 2 4 8

14031170018

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

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

FOR LINE NUMBER: PAGE 1 OF 1

(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			

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)

**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lundell, Glenn**

Mailing Address

**2117 W Gramercy Dr**

City **Green Valley**

State **AZ** Zip Code **85622**

Date of Receipt

**07** / **13** / **2013**

FEC ID number of contributing federal political committee.

**C 005012046**

Amount of Each Receipt this Period

**, 240.00**

Name of Employer  
**N/A**

Occupation  
**Retired**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**, 240.00**

**PAC contribution**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing federal political committee.

**C**

Amount of Each Receipt this Period

, , .

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing federal political committee.

**C**

Amount of Each Receipt this Period

, , .

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

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

**, 240.00**

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

**, 240.00**

14031170019

**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)

PAGE 1 OF 7

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial)

A. WIX

Date of Disbursement

12 / 08 / 2013

Mailing Address

PO Box 40190

City San Francisco

State CA Zip Code 94140

Purpose of Disbursement

Website Support Service

001  
Category/  
Type

Amount of Each Disbursement this Period

8940

Candidate Name

N/A

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Constant Contact

Date of Disbursement

12 / 30 / 2013

Mailing Address

Trapelo Rd Ste 329

City

Waltham

State MA Zip Code 02451

Purpose of Disbursement

Total Communication Expenses 6 months

001  
Category/  
Type

Amount of Each Disbursement this Period

14000

Candidate Name

N/A

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. USPS

Date of Disbursement

07 / 09 / 2013

Mailing Address

City

Sahuarita

State AZ Zip Code 85629

Purpose of Disbursement

PO Box for 6 months

001  
Category/  
Type

Amount of Each Disbursement this Period

2200

Candidate Name

N/A

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

25140

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

14031170020



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Bruce, Tammy</b>		Date of Disbursement MM / DD / YYYY <b>08 / 17 / 2013</b>
Mailing Address <b>PO Box 50005</b>		Amount of Each Disbursement this Period <b>2 5 0 0 0 0</b>
City <b>Pasadena</b>	State <b>CA</b>	
Zip Code <b>91115</b>		Category/Type <b>003</b>
Purpose of Disbursement <b>Speaking Fee</b>		
Candidate Name <b>N/A</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Legion Post 66</b>		Date of Disbursement MM / DD / YYYY <b>07 / 13 / 2013</b>
Mailing Address <b>1560 W Duval Mine Road</b>		Amount of Each Disbursement this Period <b>7 7 5 0 0</b>
City <b>Sahuarita</b>	State <b>AZ</b>	
Zip Code <b>85629</b>		Category/Type <b>003</b>
Purpose of Disbursement <b>Room Rental</b>		
Candidate Name <b>N/A</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Vista Print</b>		Date of Disbursement MM / DD / YYYY <b>07 / 24 / 2013</b>
Mailing Address <b>95 Hayden Ave.</b>		Amount of Each Disbursement this Period <b>5 9 9 9</b>
City <b>Lexington</b>	State <b>MA</b>	
Zip Code <b>02421</b>		Category/Type <b>001</b>
Purpose of Disbursement <b>SACPAC Banner</b>		
Candidate Name <b>N/A</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>3 3 3 4 9 9</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

14031170021

**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)

PAGE 3 OF 7

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial)

<b>A. Amazon</b>		Date of Disbursement	
Mailing Address 1200 12th Ave S, Ste 1200		MM / DD / YYYY 07 / 29 / 2013	
City Seattle	State WA	Zip Code 98144	Amount of Each Disbursement this Period 6 0 1 7
Purpose of Disbursement Raffle Ticket Barrel		Category/ Type 003	
Candidate Name N/A		Disbursement For:	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

<b>B. USPS</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY 07 / 30 / 2013	
City Sahuarita	State AZ	Zip Code 85629	Amount of Each Disbursement this Period 2 7 6 0
Purpose of Disbursement Mailings and Stamps		Category/ Type 001	
Candidate Name N/A		Disbursement For:	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

<b>C. Hands of a Friend</b>		Date of Disbursement	
Mailing Address PO Box 2097		MM / DD / YYYY 08 / 02 / 2013	
City GV	State AZ	Zip Code 85622	Amount of Each Disbursement this Period 1 0 0 0 0
Purpose of Disbursement Donation to Women's Safe House		Category/ Type 012	
Candidate Name N/A		Disbursement For:	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

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

1 8 7 7 7

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

14031170022

**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)

PAGE 4 OF 7

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Polak, Mike**

Mailing Address

2004 E. Irvington Rd., #175

City

Tucson

State

AZ

Zip Code

Purpose of Disbursement

Campaign Donation

011

Candidate Name

Mike Polak for City Council

Category/  
Type

Office Sought:

House

Senate

President

City Council

Disbursement For:

Primary

General

Other (specify) ▼

State: AZ

District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2013

Amount of Each Disbursement this Period

4 5 0 0 0

Full Name (Last, First, Middle Initial)

**B. AZ News Service**

Mailing Address

1835 W Adams St

City

Phoenix

State

AZ

Zip Code

85007

Purpose of Disbursement

1 Yr Subscription to AZ Capitol Times

001

Candidate Name

N/A

Category/  
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

Amount of Each Disbursement this Period

1 4 9 0 0

Full Name (Last, First, Middle Initial)

**C. Cumulus**

Mailing Address

575 W Roger Rd

City

Tucson

State

AZ

Zip Code

85705

Purpose of Disbursement

Radio Ads

004

Candidate Name

N/A

Category/  
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2013

Amount of Each Disbursement this Period

1 2 0 0 0 0

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

1 7 9 9 0 0

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

14031170023

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Polak, Mike**

Date of Disbursement

MM	DD	YYYY
10	09	2013

Mailing Address

2004 E. Irvington Rd., #175

City

Tucson

State

AZ

Zip Code

85714

Purpose of Disbursement

Campaign Contribution

011

Category/  
Type

Amount of Each Disbursement this Period

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

Candidate Name

Mike Polak for City Council

Office Sought:

House

Senate

President

City council

Disbursement For:

Primary

General

Other (specify) ▼

State: AZ

District:

Full Name (Last, First, Middle Initial)

**B. EventBrite**

Date of Disbursement

MM	DD	YYYY
12	30	2013

Mailing Address

651 Brannan Street

City

San Francisco

State

CA

Zip Code

94107

Purpose of Disbursement

Conservative Business League "Road to Victory" Tickets

001

Category/  
Type

Amount of Each Disbursement this Period

1	3	0	5	6
---	---	---	---	---

Candidate Name

N/A

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Horne, Tom**

Date of Disbursement

MM	DD	YYYY
12	13	2013

Mailing Address

2824 E Mission Ln

City

Phoenix

State

AZ

Zip Code

85028

Purpose of Disbursement

Campaign Donation

011

Category/  
Type

Amount of Each Disbursement this Period

5	0	0	0	0
---	---	---	---	---

Candidate Name

Tom Horne 2014

Office Sought:

House

Senate

President

AG

Disbursement For:

Primary

General

Other (specify) ▼

State: AZ

District:

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

1	1	7	9	5	6
---	---	---	---	---	---

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

1	1	7	9	5	6
---	---	---	---	---	---

14031170024

**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 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 checked="" 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)

**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Snell and Wilmer**

Mailing Address

400 E Van Buren St, Ste 1900

City

Phoenix

State

AZ

Zip Code

Purpose of Disbursement

Attorney's Fees

Candidate Name

N/A

001

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YYYY
12	27	2013

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address

City

Sahuarita

State

AZ

Zip Code

85629

Purpose of Disbursement

Mailings and Stamps

Candidate Name

N/A

001

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YYYY
11	13	2013

Amount of Each Disbursement this Period

1	8	0	5
---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YYYY

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

1	0	1	8	0	5
---	---	---	---	---	---

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

--	--	--	--	--	--

14031170025

**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)

Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mercer, Gabriela Saucedo**

Mailing Address

PO Box 87332

City

State

Zip Code

AZ

85754

Purpose of Disbursement

Campaign Donation

Candidate Name

Gabriela Saucedo Mercer for Congress

Office Sought:

House

Senate

President

State: AZ

District: CD3

Disbursement For:

Primary

General

Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM	DD	YYYY
11	05	2013

Amount of Each Disbursement this Period

50000
-------

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

MM	DD	YYYY

Amount of Each Disbursement this Period

--

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

MM	DD	YYYY

Amount of Each Disbursement this Period

--

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

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

50000
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827077
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14031170026

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  4a  4c  5  
 4b  4d

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)  
**Southern Arizona Conservative Political Action Committee**

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement  
, , .

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement  
, , .

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement  
, , .

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement  
, , .

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Date of Disbursement  
M M / D D / Y Y Y Y  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement  
, , .

**SUBTOTAL** of Disbursements This Page (optional).....▶ , , .  
**TOTAL** This Period (last page this line number only).....▶ , , . **0**

14031170027

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

**LOANS**

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Mailing Address		<input type="checkbox"/> Primary
City State ZIP Code		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , .	, , .	, , .

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	. % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: , , .

<b>SUBTOTALS</b> This Period This Page (optional).....▶	, , .
<b>TOTALS</b> This Period (last page in this line only).....▶	, , . 0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14031170028



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

Supplementary for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Southern Arizona Conservative Political Action Committee</b>		FEC IDENTIFICATION NUMBER <b>C 005012046</b>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan  0	Interest Rate (APR)  %	
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	
City State Zip Code			
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y			
B. If line of credit, Amount of this Draw: , , .		Total Outstanding Balance: , , .	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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: _____ Date account established: M M / D D / Y Y Y Y Address: _____ City, State, Zip: _____	
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 <b>Donald T. Woolley</b> Signature <i>Donald T. Woolley</i>		DATE M M ' D D ' Y Y Y Y <b>01 ' 23 ' 2014</b>	
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 M M / D D / Y Y Y Y	
Title			

14031170029

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 1 OF 1  
 FOR LINE NUMBER: (check only one) 9  
10

14031170030

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

A. 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
, .	, .	, .

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	, .
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	, .
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	, . 0
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	, .

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

NAME OF COMMITTEE (In Full) <b>Southern Arizona Conservative Political Action Committee</b>	FEC IDENTIFICATION NUMBER <b>C 005012046</b>
--	---

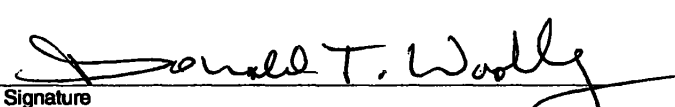
Check if  24-hour report     48-hour report     New report     Amends report filed on \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y
Mailing Address		Amount
City	State      Zip Code	
Purpose of Expenditure	Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y
Mailing Address		Amount
City	State      Zip Code	
Purpose of Expenditure	Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	,	,	-
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	,	,	-
(c) TOTAL Independent Expenditures.....	▶	,	,	0

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.

  
 Signature

Date 01 ' 23 ' 2014

14031170031

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**  
 (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type
Mailing Address				Date		
City		State	Zip Code	M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type
Mailing Address				Date		
City		State	Zip Code	M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type
Mailing Address				Date		
City		State	Zip Code	M M / D D / Y Y Y Y		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				, , .		

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	, , .
<b>TOTAL</b> This Period (last page this line number only).....▶	, , . <b>0</b>

14031170032

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Southern Arizona Conservative Political Action Committee

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %  
 Nonfederal ..... %

This ratio applies to (check all that apply):

Administrative                  Generic Voter Drive                  Public Communications Referencing Party Only

14031170033

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
 Southern Arizona Conservative Political Action Committee

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
Defending the Constitution Convention ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	25.00 %	75.00 %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
_____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %

14031170034

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

BREAKDOWN OF TRANSFER RECEIVED		
<b>i) Total Administrative</b> .....		, , .
<b>ii) Generic Voter Drive</b> .....		, , .
<b>iii) Exempt Activities</b> .....		, , .
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Fundraising .....		, , .
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Candidate Support.....		, , .
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....		, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED		
<b>TOTAL This Period (Administrative)</b> .....		, , .
<b>TOTAL This Period (Generic Voter Drive)</b> .....		, , .
<b>TOTAL This Period (Exempt Activities)</b> .....		, , .
<b>TOTAL This Period (Direct Fundraising)</b> .....		, , .
<b>TOTAL This Period (Direct Candidate Support)</b> .....		, , .
<b>TOTAL This Period (Public Communications Referring Only to Party)</b> .....		, , .
<b>TOTAL This Period (Total Amount Transferred)</b> .....		, , .

14031170035

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Southern Arizona Conservative Political Action Committee

<b>A. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b>	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		, , .	
		M M / D D / Y Y Y Y	
		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE
		=	TOTAL AMOUNT

<b>B. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b>	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		, , .	
		M M / D D / Y Y Y Y	
		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE
		=	TOTAL AMOUNT

<b>C. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b>	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		, , .	
		M M / D D / Y Y Y Y	
		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE
		=	TOTAL AMOUNT

<b>SUBTOTAL of Allocated Federal and NonFederal Activity This Page</b>			
FEDERAL SHARE	+	NONFEDERAL SHARE	TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))</b>			
FEDERAL SHARE		NONFEDERAL SHARE	TOTAL AMOUNT

14031170036



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

M M / D D / Y Y Y Y

, , .

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

**ii) Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

, , .

**iii) GOTV**

GOTV

Total Amount Transferred for GOTV .....

, , .

**iv) Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

, , .

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

M M / D D / Y Y Y Y

, , .

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

**ii) Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

, , .

**iii) GOTV**

GOTV

Total Amount Transferred for GOTV .....

, , .

**iv) Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

, , .

TOTAL This Period (Voter ID) .....

, , .

TOTAL This Period (GOTV).....

, , .

TOTAL This Period (Generic Campaign Activity).....

, , .

TOTAL This Period (Total Amount of Transfers Received).....

, , .

14031170037

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date , , .	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	= , , .

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date , , .	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	= , , .

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date , , .	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	= , , .

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	= , , .
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
, , .		, , .	, , .
<b>TOTAL This Period for the Levin Share</b>			
		, , .	

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**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  1a  2  
(check only one)

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)  
**Southern Arizona Conservative Political Action Committee**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt M M / D D / Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	, , .
<b>TOTAL</b> This Period (last page this line number only).....▶	, , . <b>0</b>

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14031170040

Southern Arizona Conservative PAC  
PO Box 1504  
Sahuarita, AZ 85629

U.S. POSTAGE  
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85629  
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AMOUNT  
**\$4.82**  
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7013 1040 8800 3274 806E

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*FEDERAL ELECTION COMMISSION*  
*999 E STREET, NW*  
*WASHINGTON, D.C. 20463*

**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/24/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input 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

ED
1/30/14  
**PREPARER** **DATE PREPARED**  
**(8/2013)**

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