FE6AN026

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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2012 DEC -7 AM 10: 49

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |              |                                      |                   |                          |            |             |           | Office U                                                                                                       | se Only           | ·                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|--------------------------------------|-------------------|--------------------------|------------|-------------|-----------|----------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------|
| 1. NAME<br>COMM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF<br>ITTEE (in full)                                       | TYPE OR P    | RINT 🔻                               |                   | mple: If type the lines. | oing, type | § <b>-</b>  | 2FE       | EG MAIL                                                                                                        |                   | i cr                                        |
| APAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |              |                                      |                   |                          |            |             |           |                                                                                                                |                   |                                             |
| / / / / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>                                                    |              |                                      |                   | لللا                     |            |             |           | <u> </u>                                                                                                       | <u>.</u>          | لنيليل                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                    |              |                                      |                   |                          |            |             |           |                                                                                                                |                   |                                             |
| ADDRESS (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (number and street)                                         | PO Box 9     | 84                                   |                   | <u> </u>                 |            | LL          |           | <u> </u>                                                                                                       | <u> </u>          |                                             |
| Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and if different                                            |              | 1 1 1 1 1                            | 1 1 1             | <u>.l.</u>               | _ ! ! !    | LII         | i l       | <u> </u>                                                                                                       | <u> </u>          | <b>.</b>                                    |
| tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | neck if different<br>an previously<br>ported. (ACC)         | Willows      | 1 1 1 1                              | 1 1               |                          | 1 1        |             | CA        | 95988                                                                                                          | } , ]-            |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DENTIFICATION NU                                            | JMBER ▼      | C                                    | ITY 🛦             |                          |            | ST          | ATE 🛦     | <del></del>                                                                                                    | ZIP CO            | DE 🛦                                        |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C00524777                                                   | ű            |                                      | IS THIS<br>REPORT | ×                        | NEW<br>(N) | OR          |           | AMENDED<br>(A)                                                                                                 |                   |                                             |
| 4. TYPE<br>(Choose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OF REPORT One)                                              | (b) Mont     | ort limit                            | b 20 (M2)         | Section 1                | May 20     | (M5)        |           | Aug 20 (M8)                                                                                                    |                   | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
| (a) Qu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | arterly Reports:                                            | Due          | Ma Ma                                | ar 20 (M3)        | Exact.                   | Jun 20 (   | M6)         |           | Sep 20 (M9)                                                                                                    | i a               | Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| ፣ "ት                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | April 15                                                    |              | Ap                                   | r 20 (M4)         |                          | Jul 20 (1  | <b>M</b> 7) |           | Oct 20 (M10)                                                                                                   |                   | Jan 31 (YE)                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quarterly Report (Q                                         | (c)          | 12-Day                               |                   | Primary (1               | 2P)        |             | Ger       | neral (12G)                                                                                                    |                   | Runoff (12R)                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | July 15<br>Quarterly Report (Q                              | 12)          | PRE-Election                         | izandi            | - ,                      | ·          |             |           | , ,                                                                                                            | Umai              |                                             |
| 2800<br>[]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | October 15<br>Quarterly Report (Q                           | )<br>)       | Report for the:                      |                   | Convention               | (120)      |             | Spe       | ecial (12S)                                                                                                    |                   |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | January 31<br>Year-End Report (Y                            |              | Elect                                | ion on            | M                        | / D D      | 2882        | nga ang a | <u> </u>                                                                                                       | in the<br>State o | f Kanakari                                  |
| in the state of th | July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d)          | 30-Day POST-Election Report for the: |                   | General (3               | 0G)        |             | Run       | noff (30R)                                                                                                     |                   | Special (30S)                               |
| North of the state | Termination Report (TER)                                    |              | ·                                    | ion on            | 11                       | / D . D    | 9 / [Y      | 2012      | \$                                                                                                             | in the<br>State o | f CA                                        |
| 5. Coverin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ng Period 10                                                | 01           | 2012                                 |                   | through                  | 5 <b>1</b> | 1, ,        | 26        | 20                                                                                                             | 4                 |                                             |
| certify that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I have examined th                                          | is Report a  | nd to the best of                    | of my know        | vledge and               | belief it  | is true,    | correc    | and comple                                                                                                     | ie.               |                                             |
| Type or Prir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt Name of Treasure                                         | r Kelly Law  | /ler                                 |                   |                          | ^          | _           |           | de protesta de desta de la companya de protesta de la companya de la companya de la companya de la companya de |                   |                                             |
| Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Treasurer <i>Kelly</i>                                      | Lawler       | fille                                | y o               | RUUL                     | lla        | Dat         | e         | M M / D<br>12 05                                                                                               | D /               | 2012                                        |
| NOTE: Subm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nission of false, errone                                    | ous, or inco | umplete informati                    | On may su         | bject the po             | erson sign | ing this    | Report    | t to the penalti                                                                                               | es of 2 l         | J.S.C. §437g.                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ffice                                                       | •            |                                      |                   | _                        |            |             |           | FEC                                                                                                            | FOR               | M 3X                                        |
| 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Jse                                                         |              | [                                    |                   |                          | 1          |             |           |                                                                                                                | lev. 12/20        |                                             |

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| FEC Form 3X (Rev. 02/2003)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page 2                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Write or Type Committee Name                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| APAC                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| Report Covering the Period: From:                                                                 | M~M / D D / Y Y Y Y 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | To: 11 26 2012                                                                                                                                                                                                                        |
|                                                                                                   | COLUMN A<br>This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COLUMN B<br>Calendar Year-to-Date                                                                                                                                                                                                     |
| 6. (a) Cash on Hand Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.00                                                                                                                                                                                                                                  |
| (b) Cash on Hand at  Beginning of Reporting Period                                                | 15563.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |
| (c) Total Receipts (from Line 19)                                                                 | 12000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27600.00                                                                                                                                                                                                                              |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)          | 27563.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27600.00                                                                                                                                                                                                                              |
| 7. Total Disbursements (from Line 31)                                                             | The state of the s | ള് വാധ്യാത്തായുടെ പ്രത്യാത്ത്വായുടെ വിശ്യാത്തായുടെ വിശ്യാത്തായുടെ ഉപ്പെട്ടുണ്ടായുടെ വിശ്യാത്തായുടെ വിശ്യാത്തായ<br>  27159.52<br>  സ്വേഷ്ട്രിക്കുടിലാണ് പ്രത്യാത്തിലായുടെ വിശ്യാത്തായുടെ വിശ്യാത്ത്വായുടെ വിശ്യാത്തായുടെ വിശ്യാത്തായുട |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                     | 440.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                                    |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D) | programme or grange to gram program of 1-40 mg.  151.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |
| This committee has qualified as a mult                                                            | icandidate committee. (see FEC FORM 1M)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |
|                                                                                                   | For further information contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |
|                                                                                                   | Federal Election Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |

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

Toll Free 809-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

|                            | oi neceipis |      |
|----------------------------|-------------|------|
| FEC Form 3X (Rev. 06/2004) | ·           | Page |
|                            |             |      |

Write or Type Committee Name **APAC** 0 0 / M M / 0 D M M 2012 Report Covering the Period: 10 01 2012 To: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7000.00 22500.00 (i) Itemized (use Schedule A)..... grand program of the control of the (ii) Unitemized ..... (iii) TOTAL (add عج لامعمرته شدارج سيفير بسلامي بالباريان 22600.00 Lines 11(a)(i) and (ii).....▶ i Salah erakta Merendak um merkilamanda ir mili min sider era dummata dala serial franciili (b) Political Party Committees ..... alianulioso i Borrilan auda ad Bambo agas argumag arangaman peranganan p Other Political Committees 5000.00 5000.00 (such as PACs)..... in and the filles that when the soft and the Time to be a Brown Brown From Million of the College Program of the College Progr Total Contributions (add Linës 11(a)(iii), (b), and (c)) (Carry 27600.00 12000.00 Totale to Line 33, page 5) ...... on Broad and Base Complete Construction of the color of the have Break and the allow Freez Dec Second 12. Transfers From Affiliated/Other gazarangan ngarawagsetoropisatoropisetoropisetorapyseta SANT BARRIOR SERVICE PROPERTY OF STREET AND ADMINISTRA Party Committees..... 0.00 0.00 0.0013. All Loans Received ..... and angerth was known Kreenstoon, Clare a Kine atternation Albanica and artifle in the 0.00 14. Loan Repayments Received..... 0.00 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) and in a growing 0.00 0.00 (Carry Totals to Line 37, page 5)..... million's androully with m. 16. Refunds of Contributions Made to Federal Candidates and Other and was present Committee of the Commit 0.00 Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) ..... en en estangante e 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... and the contraction of the contr - Sec - Ze - St. A. Frank Day Program e francia se forma el describito de mateiro en conflicio a mandia cama la constitución de la forma en la forma transi Turani kanani kanani karani kara ti umafammaka mila a pikita matamah 0.00 (c) Total Transfers (add 18(a) and 18(b)).. 0.00 La cillac d'un Brasilios Sicoldon Francisco Claric S 19. Total Receipts (add Lines 11(d), ueus<mark>terminme</mark>ksraftrudlansifraelu 12, 13, 14, 15, 16, 17, and 18(c))......... 27600.00 12000.00 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....... ▶ 12000.00 27600.00 have be self to committee the found in the total of the self-For and the continuous to a continuous through the continuous throug

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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|              | II. Disbursements                                         | COLUMN A Total This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COLUMN B Calendar Year-to-Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | Operating Expenditures:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Calendar Tear-10-Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|              | (a) Allocated Federal/Non-Federal                         | en ground generalism subsection in the control of t   | goral a grandenaga kalendar Argera (h. 1911).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              | Activity (from Schedule H4)                               | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (i) Federal Share                                         | Secretary to the second of the   | <ul> <li>[2] J. G. G. W. G. Balling, Phys. B 58 (1997) 185.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|              | (ii) Non-Federal Share                                    | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | • •                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The Control of the Co           |
|              | (b) Other Federal Operating                               | 122.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 159.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|              | Expenditures                                              | Land reduced to Korolovi Pariline Seculia disent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | "-ku iiske Nakaillis aalse ali ak <b>il kee</b> eli ku - Yaari aan a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (c) Total Operating Expenditures                          | propri stradjum uje korpovas i usorga tropadauginam juotajo eet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | portugues surrection and a superior part of the superior of th           |
|              | (add 21(a)(i), (a)(ii), and (b))▶                         | 122.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | Transfers to Affiliated/Other Party                       | Constitution of the contract o   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | Contributions to                                          | 6 0.00 ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.00<br>- Taniani 20 Eastin 25 - 95 alima - Tanian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| _            | Federal Candidates/Committees                             | is a configuration of the cover of the substitution of the substit   | general content of the content of th           |
|              | and Other Political Committees                            | 27000.00 j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <u> 1</u> 4. | Independent Expenditures                                  | Control frame the control of the con   | To the second section of the second             |
|              | (use Schedule E)                                          | 0.00 ()<br>The selection of the continue of the continue of the selection of | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | Coordinated Party Expenditures (2 U.S.C. §441a(d))        | And the second s   | And the state of t           |
|              | (use Schedule F)                                          | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              |                                                           | le massimire dince l'éconde en réparable and l'éconde massime and l'éconde de massime de l'éconde de l'éconde<br>que enquire espaine en la conference de la conference que la conference de l'éconde de l'éconde de l'éconde de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Conference and Demissional States of the conference of the confere           |
| 26.          | Lgan Repayments Made                                      | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              |                                                           | Armenikas anikas a Black Samuella ani Basadha anibas a Samuella anibas a A<br>Tanan nyama njama nj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | So in linear little of these fire instance (Aliminian Life in Standard Loc<br>course recompaning compressing management of the species of the con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 7.           | Loans Made                                                | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 28.          | Refunds of Contributions To:                              | The state of the second   | The state of the s           |
|              | (a) Individuals/Persons Other Than Political Committees   | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | man rollical Committees                                   | Same and a real court for realization and become five and the realization of the realization of the realization and participation and the realization and the realizat   | en allemante a <del>el la collection de la c</del> |
|              | (b) Political Party Committees                            | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (b) Political Party Committees                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Landard Marketter Charles Co. Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|              | (c) Other Political Committees                            | 6.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (such as PACs)                                            | Secretaria de la constitución de   | reconference of <u>Executation of Exec</u> tion of the Conference of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (d) Total Contribution Defends                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | (d) Total Contribution Refunds                            | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00 cm i i i i i i i i i i i i i i i i i i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|              | (add Lines 28(a), (b), and (c))▶                          | how the character of a citizens of the continue of the continu   | Samuello e a Son Describerablem Bloombranile on Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              |                                                           | eneralism timeralism maker was a see a kenanti waxaab mada sa se dhiim ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 29.          | Other Disbursements                                       | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              |                                                           | The second secon   | S. C. S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | Federal Election Activity (2 U.S.C. §431(20))             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | (a) Allocated Federal Election Activity                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | (from Schedule H6)                                        | brandlandhandan Samakana kasasan landa aksand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | An extraction of the extraction of the contraction            |
|              | (i) Federal Share                                         | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00<br>Landon Bardlordor Production For South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|              |                                                           | The contract of the contract o   | and the state of t           |
|              | (ii) "Levin" Share                                        | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (b) Federal Election Activity Paid Entirely               | And the second s   | Samuel and American Commence of the commence o           |
|              | With Federal Funds                                        | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | (c) Total Federal Election Activity (add                  | Control of the English beatless of the Control of t   | Promodernic (2 ) modern Charles (2 ) modern Ch           |
|              | Lines 30(a)(i), 30(a)(ii) and 30(b))▶                     | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | · · · · · · · · · · · · · · · · · · ·                     | ta ayang tirang si sang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sarangal fra mar Maraya Parangan mangan karana Pangara Mangara fitoria - "Animara bangan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 31.          | Total Disbursements (add Lines 21(c), 22,                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                  | 27122.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27159.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              | 20, 27, 20, 20, 21, 20(u), 23 and 00(0))                  | 27 122.00 ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - 27159.52<br>- Unadianatination thankens to a linearization than the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|              | Total Federal Disbursements                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | iolai Federai Disbuisements                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | (                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 27122.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27159.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)         | 1200.00                       | 27600.00                          |
| 34. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 12000.00                      | 27600.00                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 122.85                        | 159.52                            |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)               | 122.85                        | 159.52                            |

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Margaret Duflock

Mailing Address PO Box 52

FEC ID number of contributing

General

General

General

federal political committee.

Other (specify) ▼

FEC ID number of contributing

federal political committee.

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

Full Name (Last, First, Middle Initial)

Name of Employer

Primary

Mailing Address

City

Full Name (Last, First, Middle Initial)

Mailing Address 619 Rancho Alisal Drive

Name of Employer

Primary

B. Brooks Firestone

City

Solvang

Retired

Receipt For:

San Bernardo Rancho Receipt For:

**APAC** 

City

San Ardo

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 **Detailed Summary Page** 13 14 16 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. Date of Receipt M.W. / D.D. / V.Y.Y. 26 Zip Code Transaction ID: SA11AI.4125 93450 Amount of Each Receipt this Period жения применя дели на достигний применя достигний на применя достигний н 2000.00 neile de la company de la comp Occupation Managing Partner Aggregate Year-to-Date ▼ allamendammeteras elizarentlaria allanen bu 2000.00 Date of Receipt WWW / DODY / YVYY 23 Zip Code Transaction ID: SA11AI.4129 93463 Amount of Each Receipt this Period  $\operatorname{confluence}(\mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}, \mathbb{C}_{n,n}) ) \times \mathbb{C}_{n,n}$ 5000.00 Per Bertrerburt und Landert Caretta Occupation Aggregate Year-to-Date ▼ 5000,00 Date of Receipt Zip Code Amount of Each Receipt this Period Consellare the majorant conflaction and assets kana kacamba ya Pangaran wila Barrier Branch of Branch and Branch Branch of the

| SUBTOTAL of Receipts This Page (optional)           | <u> </u> |
|-----------------------------------------------------|----------|
| FOTAL This Period (last page this line number only) | <b>•</b> |

State

CA

State

CA

n/a

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C

Occupation

Aggregate Year-to-Date ▼

<mark>ar Çe</mark>mbel yanı bişin başı, basın sosat g<mark>ammağındadı</mark> yanı şaraşırmanı çırını a

<sup>8</sup> เราจางเป็นการเหมืองการเร**าไปเกรา**งกับเกราะก็การการใช้ก็การการการเหมืองการเป็นโดยการให้ความกับการก

| Sambarath in Assantament   |                                           |
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|                            | 7000.00                                   |
| Oranalia salkan Dhambara b | Brand Brand Brand Brand Brand             |

| TEMIZED RECEIPTS                                                                                                                                                                                                            |                         | Use separate schedule(s) for each category of the                                                                                                                                                                               | (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ILINIALD REVENTIO                                                                                                                                                                                                           |                         | Detailed Summery Page                                                                                                                                                                                                           | 11a 11b X 11c 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the                                                                                                                        |                         |                                                                                                                                                                                                                                 | rson for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NAME OF COMMITTEE (In Full) APAC                                                                                                                                                                                            |                         | 1                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Full Name (Last, First, Middle Initial)  FIDELITY NATIONAL FINANCIAL INC  Mailing Address 601 RIVERSIDE AVE  City  JACKSONVILLE  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: | State<br>FL<br>C C00    | Zip Code<br>32204                                                                                                                                                                                                               | Date of Receipt  M M / D D / Y Y Y Y  10 26 2012  Transaction ID: SA11C.4127  Amount of Each Receipt this Period  5000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Primary General Other (specify) ▼                                                                                                                                                                                           | )<br>din sodioereftense | Year-to-Date ▼ 5000.00                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Full Name (Last, First, Middle Iniflal)  B.                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                 | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Mailing Address                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                 | M M / TO D / Y Y Y Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| City                                                                                                                                                                                                                        | State Z                 |                                                                                                                                                                                                                                 | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| FEC ID number of contributing federal political committee.  Name of Employer                                                                                                                                                | C                       | ang satang na senggeri anggan anaggan anaggan anggan anggan anggan anggan anggan anggan anggan anggan anggan a<br>Prinsian Elementahan seni Pangan Pangan Pengan anggan anggan anggan anggan anggan anggan anggan anggan anggan | The specific of Laurin technique is a second transfer of the second  |  |
| Receipt For:  Primary General  Gther (specify) ▼                                                                                                                                                                            | Aggregate `             | Year-to-Date ▼                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                     | · · · <del>-</del> ·    |                                                                                                                                                                                                                                 | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Mailing Address                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                 | Date of neceipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| City                                                                                                                                                                                                                        | State                   | Zip Code                                                                                                                                                                                                                        | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| FEC ID number of contributing federal political committee.                                                                                                                                                                  | <b>C</b>                | aganangan naganangan anga 142, an m                                                                                                                                                                                             | The state of Land Hereite and the state of t |  |
| Name of Employer                                                                                                                                                                                                            | Occupation              |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Receipt For:  Primary General  Other (spacify) ▼                                                                                                                                                                            | Armette materia         | Year-to-Date ▼                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                 | 5000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| TOTAL This Period (last page this line number o                                                                                                                                                                             | only)                   |                                                                                                                                                                                                                                 | 5000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

| SCHEDUL         | EΒ   | (FEC | Form | 3X) |
|-----------------|------|------|------|-----|
| <b>ITEMIZED</b> | DISB | URSE | MENT | S   |

| SCHEDULE B (FEC Form 3X)                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | FOR LINE                                     | FOR LINE NUMBER: PAGE 8 OF 9                                                                                                                                     |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| TEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                                                                                            | Use separate schedule<br>for each category of the                                                                                   | (GIECK OIII)                                 |                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                  | Detailed Summary Pag                                                                                                                |                                              | 22 X 23 24 25 26<br>28a 28b 28c 29 30b                                                                                                                           |  |  |
| Any information copied from such Reports and Staten                                                                                                                                                                                                                                                                                              | nents may not be sold or                                                                                                            | <del></del>                                  | <del></del>                                                                                                                                                      |  |  |
| or for commercial purposes, other than using the name                                                                                                                                                                                                                                                                                            | ne and address of any po                                                                                                            | litical committee to                         | solicit contributions from such committee.                                                                                                                       |  |  |
| NAME OF COMMITTEE (In Full) APAC                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                              |                                                                                                                                                                  |  |  |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                              |                                                                                                                                                                  |  |  |
| A. MONTEREY COUNTY REPUBLICAN C                                                                                                                                                                                                                                                                                                                  | ENTRAL COMMITT                                                                                                                      | EE (FED.)                                    | Date of Disbursement                                                                                                                                             |  |  |
| Mailing Address 100 CLOCK TOWER PLACE SUITE 120                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                              | 11 19 2012                                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                  | State Zip Code                                                                                                                      |                                              | Transaction ID : SB23.4131                                                                                                                                       |  |  |
| CARMEL Bioleurope                                                                                                                                                                                                                                                                                                                                | CA 93923                                                                                                                            | т-                                           | Transaction ID . 3B23.4131                                                                                                                                       |  |  |
| Purpose of Disbursement Contribution Candidate Name                                                                                                                                                                                                                                                                                              |                                                                                                                                     | in the second                                | Amount of Each Disbursement this Period                                                                                                                          |  |  |
| Candidate Name                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | Category/<br>Type                            | 10000.00                                                                                                                                                         |  |  |
| Office Sought: House Disbursen                                                                                                                                                                                                                                                                                                                   | nent For:                                                                                                                           |                                              | en de trachen annonne e anno. The stadiose man dense en 1 mil 5 a de mil , a commissionista anno mar e aniver e d'un mi                                          |  |  |
| Senate President                                                                                                                                                                                                                                                                                                                                 | Primary Genera                                                                                                                      |                                              |                                                                                                                                                                  |  |  |
| State: District:                                                                                                                                                                                                                                                                                                                                 | Other (specify) ▼                                                                                                                   |                                              |                                                                                                                                                                  |  |  |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                          | <del></del>                                                                                                                         |                                              |                                                                                                                                                                  |  |  |
| B. NATIONAL REPUBLICAN CONGR                                                                                                                                                                                                                                                                                                                     | RESSIONAL COM                                                                                                                       | IMITTEE                                      | Date of Disbursement                                                                                                                                             |  |  |
| Mailing Address 320 FIRST STREET SE                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                              | 10 31 2012                                                                                                                                                       |  |  |
| City                                                                                                                                                                                                                                                                                                                                             | State Zip Code                                                                                                                      |                                              |                                                                                                                                                                  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                   |                                              | Transaction ID : SB23.4123                                                                                                                                       |  |  |
| WASHINGTON Purpose of Disbursement                                                                                                                                                                                                                                                                                                               | DC 20003                                                                                                                            | System of the transportation                 | Transaction ID : SB23.4123                                                                                                                                       |  |  |
| WASHINGTON Purpose of Disbursement Contribution                                                                                                                                                                                                                                                                                                  | •                                                                                                                                   |                                              | Amount of Each Disbursement this Period                                                                                                                          |  |  |
| WASHINGTON Purpose of Disbursement Contribution Candidate Name                                                                                                                                                                                                                                                                                   | DC 20003                                                                                                                            | Category/<br>Type                            |                                                                                                                                                                  |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Disburser                                                                                                                                                                                                                                                  | DC 20003                                                                                                                            | Category/<br>Type                            | Amount of Each Disbursement this Period                                                                                                                          |  |  |
| WASHINGTON Purpose of Disbursement Contribution Candidate Name  Office Sought: House Disbursen Senate                                                                                                                                                                                                                                            | DC 20003                                                                                                                            | Category/<br>Type                            | Amount of Each Disbursement this Period                                                                                                                          |  |  |
| WASHINGTON Purpose of Disbursement Contribution Candidate Name  Office Sought: House Disbursen Senate                                                                                                                                                                                                                                            | nent For:                                                                                                                           | Category/<br>Type                            | Amount of Each Disbursement this Period                                                                                                                          |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)                                                                                                                                                                                 | nent For: Primary Genera Other (specify)                                                                                            | Category/<br>Type                            | Amount of Each Disbursement this Period 12000.00                                                                                                                 |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:                                                                                                                                                                                                                          | nent For: Primary Genera Other (specify)                                                                                            | Category/<br>Type                            | Amount of Each Disbursement this Period  12000.00  Date of Disbursement                                                                                          |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)                                                                                                                                                                                 | nent For: Primary Genera Other (specify)                                                                                            | Category/<br>Type                            | Amount of Each Disbursement this Period  12000.00                                                                                                                |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE  City                                                                                                        | nent For: Primary Genera Other (specify)   RESSIONAL COM                                                                            | Category/<br>Type                            | Amount of Each Disbursement this Period  12000.00  Date of Disbursement                                                                                          |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE                                                                                                              | nent For: Primary Genera Other (specify) ▼                                                                                          | Category/<br>Type                            | Amount of Each Disbursement this Period  12000.00  Date of Disbursement  11 19 2012  Transaction ID : SB23.4133                                                  |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE  City WASHINGTON Purpose of Disbursement                                                                     | nent For: Primary Genera Other (specify)   RESSIONAL COM                                                                            | Category/<br>Type  MITTEE                    | Amount of Each Disbursement this Period  12000.00  Date of Disbursement  11 19 2012  Transaction ID: SB23.4133  Amount of Each Disbursement this Period  5000.00 |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE  City WASHINGTON Purpose of Disbursement Contribution                                                        | nent For: Primary Genera Other (specify)   RESSIONAL COM State Zip Code DC 20003                                                    | Category/<br>Type                            | Amount of Each Disbursement this Period  12000.00  Date of Disbursement  11 19 2012  Transaction ID: SB23.4133  Amount of Each Disbursement this Period          |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE  City WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President | nent For: Primary Genera Other (specify)   RESSIONAL COM State Zip Code DC 20003                                                    | Category/<br>Type  MITTEE  Category/<br>Type | Amount of Each Disbursement this Period  12000.00  Date of Disbursement  11 19 2012  Transaction ID: SB23.4133  Amount of Each Disbursement this Period  5000.00 |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE  City WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Disburser Senate | nent For: Primary Genera Other (specify)   RESSIONAL COM State Zip Code DC 20003  nent For: Primary Genera                          | Category/<br>Type  MITTEE  Category/<br>Type | Amount of Each Disbursement this Period  12000.00  Date of Disbursement  11 19 2012  Transaction ID: SB23.4133  Amount of Each Disbursement this Period  5000.00 |  |  |
| WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONGE  Mailing Address 320 FIRST STREET SE  City WASHINGTON Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate President | nent For: Primary Genera Other (specify)   RESSIONAL COM State Zip Code DC 20003  nent For: Primary Genera Other (specify)   Genera | Category/<br>Type  MITTEE  Category/ Type    | Amount of Each Disbursement this Period  12000.00  Date of Disbursement  11 19 2012  Transaction ID: SB23.4133  Amount of Each Disbursement this Period  5000.00 |  |  |

| SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans                                    | (Use separate schedule(s) for each numbered line) | PAGE 9 OF 9 FOR LINE NUMBER: (check only one) 9 X 10 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| NAME OF COMMITTEE (In Full) APAC                                                                  | •                                                 |                                                      |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Benedetti & Associats, CPA Inc. | Nature of E<br>Bookkeepi                          | Debt (Purpose):<br>ng                                |

| Juaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Louis                                                                        |                                          | Tiumbered line)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| ME OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COMMITTEE (In Full)                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name (Last, First, Middle Initial) of Det                                    |                                          | Nature of Debt (Purpose):<br>Bookkeeping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Mailing A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address 2f51 S College Drive, Suite 10                                       | 01                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| City<br>Santa M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State<br>aria                                                                | Zip Code<br>CA 93455                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | anding Balance Beginning This Period 151.45 Amount Incurred This Period 0.00 | Payment This Period  0.00                | ) (j 4) 151.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B. Full N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lame (Last, First, Middle Initial) of Debt                                   | or or Creditor                           | Nature of Debt (Purpose):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mailing A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Or the section of the | Amount Incurred This Period                                                  | Payment This Period                      | 8 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| C. Full                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name (Last, First, Middle Initial) of Det                                    | otor or Creditor                         | Nature of Debt (Purpose):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del> </del>                                                                 | State Zip Code                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Marwellan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | anding Balance Beginning This Period                                         | Payment This Period                      | Outstanding Balance at Close of This Pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| , ja                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount incured this Period                                                   | Fayment This Feriou                      | Same the second |
| SUBTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TALS This Period This Page (optional)                                        |                                          | ► 151.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S This Period (last page this line numb                                      | er only)                                 | 454.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OUTSTANDING LOANS from Schedul                                               | e C (last page only)                     | . 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ADD 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and 3) and carry forward to appropria                                        | te line of Summary Page (last page only) | 151.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

# **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. Date of Receipt

| Hand Delivered                                                                                 | Date of Neceipt                  |
|------------------------------------------------------------------------------------------------|----------------------------------|
| USPS First Class Mail                                                                          | Postmarked                       |
| USPS Registered/Certified                                                                      | Postmarked (R/C)                 |
| USPS Priority Mail                                                                             | Postmarked                       |
| Delivery Confirmation™ or Signature Confirm                                                    | nation™ Label                    |
| USPS Express Mail                                                                              | Postmarked                       |
| Postmark Illegible                                                                             |                                  |
| No Postmark                                                                                    |                                  |
| Overnight Delivery Service (Specify): UPS                                                      | Shipping Date                    |
| Next Business                                                                                  | Day Delivery                     |
|                                                                                                | Date of Receipt                  |
| Received from House Records & Registration Office                                              | Date of Neceipt                  |
| Received from House Records & Registration Office  Received from Senate Public Records Office  | Date of Receipt                  |
|                                                                                                |                                  |
| Received from Senate Public Records Office  Received from Electronic Filing Office             | Date of Receipt                  |
| Received from Senate Public Records Office  Received from Electronic Filing Office  Date of Re | Date of Receipt  Date of Receipt |