

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 2013 JAN 15 AM 8:11

FEC MAIL CENTER

J. W. Health CARE PAC

ADDRESS (number and street)

1339 Horton

Check if different than previously reported. (ACC)

Jackson

MI

49203

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00388025

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

in the State of

(d) 30-Day

POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on

in the State of

5. Covering Period

10 01 2012

through

11 20 2012

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

Type or Print Name of Treasurer

Anthony F. RADUA 30

Signature of Treasurer

[Handwritten Signature]

Date

01 04 2013

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

Office Use Only

FEC FORM 3X Rev. 12/2004

13031004021

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

J.W. Heathcare P.A.C

Report Covering the Period: From: **10** ' **01** ' **2012**

To: **11** ' **20** ' **2012**

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	0	
(b) Cash on Hand at Beginning of Reporting Period.....	32,000.00	
(c) Total Receipts (from Line 19).....	45,750.00	59,450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46,895.00	59,450.00
7. Total Disbursements (from Line 31).....	45,000	55,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,950.00	3,950.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

13031004022

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

T. W. Healthcare P.A.C

Report Covering the Period:

From:

10 / *01* / *2012*

To:

11 / *28* / *2012*

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

45,750.00

59,450.00

(ii) Unitemized.....

—

~~—~~

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

—

~~—~~

(b) Political Party Committees.....

—

~~—~~

(c) Other Political Committees (such as PACs).....

—

~~—~~

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

45,750.00

59,450.00

12. Transfers From Affiliated/Other Party Committees.....

~~—~~

~~—~~

13. All Loans Received.....

~~—~~

~~—~~

14. Loan Repayments Received.....

~~—~~

~~—~~

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

~~—~~

~~—~~

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

~~—~~

~~—~~

17. Other Federal Receipts (Dividends, Interest, etc.).....

~~—~~

~~—~~

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

~~—~~

~~—~~

(b) Levin Funds (from Schedule H5).....

~~—~~

~~—~~

(c) Total Transfers (add 18(a) and 18(b))..

~~—~~

~~—~~

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

45,750.00

59,450.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

45,750.00

59,450.00

13031004023

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 21. Operating Expenditures:
 - (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
 - (i) Federal Share
 - (ii) Non-Federal Share
 - (b) Other Federal Operating Expenditures
 - (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
- 22. Transfers to Affiliated/Other Party Committees
- 23. Contributions to Federal Candidates/Committees and Other Political Committees
- 24. Independent Expenditures (use Schedule E)
- 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)
- 26. Loan Repayments Made
- 27. Loans Made
- 28. Refunds of Contributions To:
 - (a) Individuals/Persons Other Than Political Committees
 - (b) Political Party Committees
 - (c) Other Political Committees (such as PACs)
 - (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))
- 29. Other Disbursements
- 30. Federal Election Activity (2 U.S.C. §431(20))
 - (a) Allocated Federal Election Activity (from Schedule H6)
 - (i) Federal Share
 - (ii) "Levin" Share
 - (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

 	
 	
 	
 	
45,000.00	55,500.00
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
45,000.00	55,500.00
45,000.00	55,500.00

13931004024

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003).

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

45,950.00
45,950.00

59,450.00
59,450.00

13031004025

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 6
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
L. W. Healthcare PAC

A. Full Name (Last, First, Middle Initial)
BRIAN Clonch

Mailing Address
708 Long Cove Ct

City
River Wood State
ILL Zip Code
60415

FEC ID number of contributing federal political committee.
C

Name of Employer
Extended CARE Inc Occupation
Nursing Home Executive

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 28 2012

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Lori Clonch

Mailing Address
708 Long Cove Ct

City
River Wood State
ILL Zip Code
60415

FEC ID number of contributing federal political committee.
C

Name of Employer
Extended CARE Inc Occupation
RN

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 28 2012

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
Glenn E. Appelbaum

Mailing Address
460 Summit Tree Ct

City
Fenton, Missouri State
Missouri Zip Code
63020

FEC ID number of contributing federal political committee.
C

Name of Employer
G. Appelbaum MD Occupation
MD

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
10 23 2012

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional).....▶ *14000.00*

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

13931004026

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 2 OF 6

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	17

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NAME OF COMMITTEE (In Full)
J.W. Healthcare Pk

A. Full Name (Last, First, Middle Initial)
Vicki M. Selsnick MP

Mailing Address
31950 E. Lady DR

City *Beverly Hills, Mich* State *Mich* Zip Code *48025*

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

Name of Employer *retired* Occupation *MP*

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date *5000 00*

Date of Receipt
10 21 2012

Amount of Each Receipt this Period
2000 00

B. Full Name (Last, First, Middle Initial)
Elizabeth Hartley

Mailing Address
1048 S. Hwy 4

City *Tackson Mich* State *Mich* Zip Code *49203-2832*

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

Name of Employer *retired* Occupation *retired CPA*

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date *3500 00*

Date of Receipt
10 22 2012

Amount of Each Receipt this Period
3500 00

C. Full Name (Last, First, Middle Initial)
Mark Allen Hartley

Mailing Address
1048 S. Hwy 4

City *Tackson Mich* State *Mich* Zip Code *49203-2832*

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

Name of Employer *M. Hartley CPA* Occupation *CPA*

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date *5000 00*

Date of Receipt
10 22 2012

Amount of Each Receipt this Period
5000 00

SUBTOTAL of Receipts This Page (optional)..... *10,500 00*

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

13031004027

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **3** OF **6**
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
J. W. Healthcare PAK

A. Full Name (Last, First, Middle Initial) *Sondli Wilborn M.D.*
 Mailing Address *23550 Haggerty*
 City *Farmington, Mich* State *Mich* Zip Code *48335*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Sondli Wilborn MD.* Occupation *Physician*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *5000.00*

Date of Receipt *10/16/2012*
 Amount of Each Receipt this Period *5000.00*

B. Full Name (Last, First, Middle Initial) *Jerome Wilborn M.D.*
 Mailing Address *23550 Haggerty*
 City *Farmington, Mich* State *Mich* Zip Code *48335*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Jerome Wilborn MD.* Occupation *physician*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *5000.00*

Date of Receipt *10/19/2012*
 Amount of Each Receipt this Period *2500.00*

C. Full Name (Last, First, Middle Initial) *DR. Thomas Selsma MD*
 Mailing Address *31950 E. Lady Dr*
 City *Beverly Hills, Michigan* State *Michigan* Zip Code *48025*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *retired* Occupation *M.D.*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *5000.00*

Date of Receipt *10/21/2012*
 Amount of Each Receipt this Period *5000.00*

SUBTOTAL of Receipts This Page (optional) *12,500*
TOTAL This Period (last page this line number only)

13031094028

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

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 6

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
J.W. Healdmore PAC

A. Full Name (Last, First, Middle Initial)
MARY STASEK

Mailing Address
2675 Grand River
City Williamston, Mich State Mich Zip Code 48895

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 100.00

Date of Receipt
10 / 12 / 2012

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARCY TANNOUCH

Mailing Address
2029 Cascades Woods
City Tackson, Mich State Mich Zip Code 49703

FEC ID number of contributing federal political committee. C

Name of Employer County of Tackson Occupation Prosecutors Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 50.00

Date of Receipt
10 / 12 / 2012

Amount of Each Receipt this Period
50.00

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

Mailing Address
417 Ridge Wood
City Tackson, Mich State Mich Zip Code 49703

FEC ID number of contributing federal political committee. C

Name of Employer Lansing Schools Occupation Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 50.00

Date of Receipt
10 / 12 / 2012

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... 200.00

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

13031004029

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

PAGE 5 OF 6

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NAME OF COMMITTEE (In Full)
J.W Healthcare PAC

A. Full Name (Last, First, Middle Initial)
William Choate

Mailing Address
Culver Rd

City State Zip Code
Cement City Mich 49233

FEC ID number of contributing federal political committee.
C

Date of Receipt
10/19/2012

Amount of Each Receipt this Period
1,000.00

Name of Employer
Choates Berry Acres

Occupation
Dairy Farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

B. Full Name (Last, First, Middle Initial)
Steven P. Rond

Mailing Address
3880 W Himmel

City State Zip Code
Horton Mich 49246

FEC ID number of contributing federal political committee.
C

Date of Receipt
10/12/2012

Amount of Each Receipt this Period
1,000.00

Name of Employer
Jackson County

Occupation
Sheriff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

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

Mailing Address
946 Cedar Apt B

City State Zip Code
Mason, Mich 48854

FEC ID number of contributing federal political committee.
C

Date of Receipt
10/12/2012

Amount of Each Receipt this Period
500.00

Name of Employer
Jackson County

Occupation
Assistant Prosecutor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1,150.00

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

13031004030

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
11a [x] 11b [] 11c [] 12 []
13 [] 14 [] 15 [] 16 [] 17 []
PAGE 6 OF 6

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NAME OF COMMITTEE (In Full)
J.W. Health Care PAC

A. Full Name (Last, First, Middle Initial)
IRA Combs
Mailing Address
322 W. Madison
City Jackson, Mich State Zip Code 49102
FEC ID number of contributing federal political committee. C
Name of Employer IRCO (Real Estate) Occupation CEO
Receipt For: [] Primary [x] General [] Other (specify)
Aggregate Year-to-Date

Date of Receipt
10 / 12 / 2012
Amount of Each Receipt this Period
2,400.00

B. Full Name (Last, First, Middle Initial)
Kimberly Combs
Mailing Address
322 W. Madison
City Jackson, Mich State Zip Code 49102
FEC ID number of contributing federal political committee. C
Name of Employer IRCO Occupation CFO
Receipt For: [] Primary [x] General [] Other (specify)
Aggregate Year-to-Date
5,000.00

Date of Receipt
10 / 12 / 2012
Amount of Each Receipt this Period
5,000.00

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 7,400.00
TOTAL This Period (last page this line number only) 45,750.00

13031004031

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

J.W. Healthcare PAC

Full Name (Last, First, Middle Initial)

<p>A. NATIONAL Republican Senatorial Committee</p>		<p>Date of Disbursement</p> <p>MM ' DD ' YYYY</p> <p>10 ' 29 ' 2012</p>	
<p>Mailing Address</p> <p>425 2nd Street</p>		<p>Amount of Each Disbursement this Period</p> <p>15,000.00</p>	
<p>City State Zip Code</p> <p>Washington, D.C. 20002</p>			
<p>Purpose of Disbursement</p> <p>Candidate support</p>		<p>Category/Type</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House</p> <p><input checked="" type="checkbox"/> Senate</p> <p><input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	<p>State: District:</p>	

<p>B. National Republican Congressional Committee</p>		<p>Date of Disbursement</p> <p>MM ' DD ' YYYY</p> <p>10 ' 29 ' 2012</p>	
<p>Mailing Address</p> <p>320 First Street S.E.</p>		<p>Amount of Each Disbursement this Period</p> <p>15,000.00</p>	
<p>City State Zip Code</p> <p>Washington, D.C. 20003</p>			
<p>Purpose of Disbursement</p> <p>Candidate support</p>		<p>Category/Type</p>	
<p>Office Sought:</p> <p><input checked="" type="checkbox"/> House</p> <p><input type="checkbox"/> Senate</p> <p><input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	<p>State: District:</p>	

<p>C. Republican NATIONAL Committee</p>		<p>Date of Disbursement</p> <p>MM ' DD ' YYYY</p> <p>10 ' 29 ' 2012</p>	
<p>Mailing Address</p> <p>310 First St.</p>		<p>Amount of Each Disbursement this Period</p> <p>15,000.00</p>	
<p>City State Zip Code</p> <p>Washington, D.C. 20003</p>			
<p>Purpose of Disbursement</p> <p>Candidate support</p>		<p>Category/Type</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Senate</p> <p><input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	<p>State: District:</p>	

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

45,000.00

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

45,000.00

13031004032

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

1/15/13
DATE PREPARED

12031004033