

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

ADDRESS (number and street) 3900 ESSEX LANE SUITE 250

Check if different than previously reported. (ACC) HOUSTON TX 77027

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00502849

3. IS THIS REPORT NEW (N) OR AMENDED (A)  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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [06] / [01] / [2012] through [06] / [30] / [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 Jonathan Martin

Signature of Treasurer Jonathan Martin [Electronically Filed] Date 12 / 12 / 2012

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="1673194.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="418157.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="70962.06"/>	<input type="text" value="1595565.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="489119.09"/>	<input type="text" value="3268760.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="178578.17"/>	<input type="text" value="2958219.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="310540.92"/>	<input type="text" value="310540.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="390000.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	67400.00	1137400.00
(ii) Unitemized .....	2787.00	16469.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	70187.00	1153869.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	70187.00	1153869.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	390000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	775.06	51696.71
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	70962.06	1595565.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70962.06	1595565.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	91376.86	1061717.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	91376.86	1061717.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	80000.00
24. Independent Expenditures (use Schedule E) .....	7201.31	1816502.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	178578.17	2958219.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178578.17	2958219.16

**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) .....	70187.00	1153869.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70187.00	1153869.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	91376.86	1061717.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	775.06	51696.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90601.80	1010020.45

: 97 `A -G79 @C B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: F3XA  
Transaction ID :

Reference: Hannah Christian office expense reimbursement breakdown dated 6/27/12: Amazon.com \$188.51, USPS \$180 (Hosuton, TX), USPS (Hosuton, TX) \$195, FedEx \$57.59 (Houston, TX), Office Max \$90.86 (Office Max). Total: \$711.96  
Reference: Mark Meckler office expense reimbursement breakdown dated 6/27/12: USPS \$662.49, Grass Valley Printers \$498.22 (1050 Whispering Pines Lane, Suite L, Grass Valley, CA 95945), Staples (11646 Sutton Way, Grass Valley, CA 95945) \$468.45, House of Print and Copy (1501 East Main Street, Grass Valley, CA 95945) \$48.32. Total: \$1,677.48  
Reference: Modified independent expenditure referenced for \$616.99. This expense was for postage, but was handled and prepared in house by the committee's staff.

Form/Schedule:  
Transaction ID:

**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 7 OF 27
<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)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial) <b>A. Ronald R. Cherry</b>		Date of Receipt 06 / 20 / 2012 <b>Transaction ID : SA11AI.5420</b>
Mailing Address 304 Wright St.		Amount of Each Receipt this Period 100.00
City Sweetwater	State TN	Zip Code 37874
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Holdings Crow</b>		Date of Receipt 06 / 07 / 2012 <b>Transaction ID : SA11AI.5402</b>
Mailing Address 3819 Maple Avenue		Amount of Each Receipt this Period 35000.00
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. C		Individual contributions
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35000.00	

Full Name (Last, First, Middle Initial) <b>C. Gordon Daugherty</b>		Date of Receipt 06 / 09 / 2012 <b>Transaction ID : SA11AI.5421</b>
Mailing Address 8807 Wildridge Dr.		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78759
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 27  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)  
**A. Gordon Daugherty**

Mailing Address 8807 Wildridge Dr.

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : SA11AI.5411**

Amount of Each Receipt this Period  
50.00

Individual contribution

Full Name (Last, First, Middle Initial)  
**B. Robert Garthwait Sr.**

Mailing Address PO Box 1367

City State Zip Code  
Waterbury CT 06721

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

Name of Employer Occupation  
N/A N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period  
500.00

Individual contribution

Full Name (Last, First, Middle Initial)  
**C. Gilbert Getlin**

Mailing Address 0615 Oaksboro St.

City State Zip Code  
Woodland Hills CA 91364

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

Name of Employer Occupation  
N/A N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2012  
**Transaction ID : SA11AI.5391**

Amount of Each Receipt this Period  
500.00

Individual contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

**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 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

**A. Dennis R. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5908 Shadyview Place

City Midland State TX Zip Code 79705

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

Name of Employer Summit Petroleum Inc. Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2012

**Transaction ID : SA11AI.5393**

Amount of Each Receipt this Period  
10000.00

Individual contribution

**B. Jeffrey Littmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1231 Harvard Rd.

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2012

**Transaction ID : SA11AI.5352**

Amount of Each Receipt this Period  
1000.00

Individual contribution

**C. Andrew Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Burton Hills Blvd.  
Ste. 325

City Nashville State TN Zip Code 37215

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

Name of Employer Healthmark Partners Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA11AI.5406**

Amount of Each Receipt this Period  
10000.00

Individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

**A. Chris J. Rufer**  
Full Name (Last, First, Middle Initial)

Mailing Address 724 Main Street

City Woodland State CA Zip Code 95695

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

Name of Employer The Morning Star Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : SA11AI.5373**

Amount of Each Receipt this Period  
10000.00

Individual contribution

**B. Edwin C. Sandham Rev. Trust**  
Full Name (Last, First, Middle Initial)

Mailing Address 1964 St. Andrews Drive

City Palm City State FL Zip Code 34990

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2012  
**Transaction ID : SA11AI.5387**

Amount of Each Receipt this Period  
100.00

Individual contribution

**C. Stephen Sprinkle**  
Full Name (Last, First, Middle Initial)

Mailing Address 596 Ward Meade Drive

City Marietta State GA Zip Code 30067

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

Name of Employer Deloitte Consulting, LLP Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : SA11AI.5335**

Amount of Each Receipt this Period  
100.00

Individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	67400.00

**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 11 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

**A.** Full Name (Last, First, Middle Initial)  
**Fox News Network, LLC**

Mailing Address 1211 Avenue of the Americas

City New York State NY Zip Code 10036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA15.5440**

Amount of Each Receipt this Period  
775.06

Payment to offset travel costs for staff for appearances, NOT a reimbursement.

**B.** 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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.06
<b>TOTAL</b> This Period (last page this line number only).....▶	775.06

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Lina Al-Salim**

Mailing Address 18206 Memorial Falls Dr.

City Tomball State TX Zip Code 77375

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5314**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Lina Al-Salim**

Mailing Address 18206 Memorial Falls Dr.

City Tomball State TX Zip Code 77375

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5319**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Lina Al-Salim**

Mailing Address 18206 Memorial Falls Dr.

City Tomball State TX Zip Code 77375

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5320**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Aquinas Companies, LLC**

Mailing Address 3900 Essex Lane  
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Office expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5304**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5302**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Brierfield Campaigns, Inc**

Mailing Address 1000 E William St.  
Suite 204

City Carson City State NV Zip Code 89701

Purpose of Disbursement  
Consulting fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5317**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. BRI Essex, LLC**

Mailing Address PO Box 203015

City Dallas State TX Zip Code 75320-3015

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5312**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ceterus, Inc.**

Mailing Address PO Box 19366

City Kalamazoo State MI Zip Code 49019

Purpose of Disbursement  
Accounting fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5305**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hannah Christian**

Mailing Address 3900 Essex Lane  
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5327**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Hannah Christian**

Mailing Address 3900 Essex Lane  
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Office expenses reimbursement - See memo text

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2012

**Transaction ID : SB21B.5306**

Amount of Each Disbursement this Period

711.96

Full Name (Last, First, Middle Initial)

**B. CMF Communications**

Mailing Address 25000 Portofino Cir.  
#129

City Palm Beach Gardens State FL Zip Code 33148-1293

Purpose of Disbursement  
Email consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2012

**Transaction ID : SB21B.5456**

Amount of Each Disbursement this Period

1584.48

Full Name (Last, First, Middle Initial)

**C. CMF Communications**

Mailing Address 25000 Portofino Cir.  
#129

City Palm Beach Gardens State FL Zip Code 33148-1293

Purpose of Disbursement  
Press relations

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2012

**Transaction ID : SB21B.5457**

Amount of Each Disbursement this Period

15.88

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

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

2312.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. CMF Communications**

Mailing Address 25000 Portofino Cir.  
#129

City State Zip Code  
Palm Beach Gardens FL 33148-1293

Purpose of Disbursement  
Offset to move more prepaid february expenses from line 21b to 24  
(504.500)

Candidate Name

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : SB21B.5444**

Amount of Each Disbursement this Period

-6084.32
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Landslide Consulting, LLC**

Mailing Address 2116 Daniels Ave.

City State Zip Code  
Akron OH 44312

Purpose of Disbursement  
Consulting fees

Candidate Name

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : SB21B.5315**

Amount of Each Disbursement this Period

16033.11
----------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Jonathan Martin**

Mailing Address 1739 Maybank Highway  
Suite T-346

City State Zip Code  
Charleston SC 29412

Purpose of Disbursement  
Treasury services

Candidate Name

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.5303**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

10948.79
----------

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Mark Meckler**

Mailing Address PO Box 605

City Chicago Park State IL Zip Code 95712

Purpose of Disbursement  
Office expense reimbursement

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	2		

Transaction ID : SB21B.5307

Amount of Each Disbursement this Period

1	6	7	7	.	4	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mark Meckler**

Mailing Address PO Box 605

City Chicago Park State IL Zip Code 95712

Purpose of Disbursement  
Travel expenses

002

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	2		

Transaction ID : SB21B.5330

Amount of Each Disbursement this Period

1	3	7	1	.	7	1	5
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Message & Media**

Mailing Address 3101 Lee Highway  
Suite 18 #136

City Bristol State VA Zip Code 24202

Purpose of Disbursement  
Consulting fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	2		

Transaction ID : SB21B.5321

Amount of Each Disbursement this Period

3	5	4	1	8	.	9	3
---	---	---	---	---	---	---	---

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

5	0	8	1	3	.	5	6
---	---	---	---	---	---	---	---

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

5	0	8	1	3	.	5	6
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Muddy Boots, Inc.**

Mailing Address 3 Chestnut Mountain Ridge

City Asheville State NC Zip Code 28803

Purpose of Disbursement  
Phone and internet expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

**Transaction ID : SB21B.5311**

Amount of Each Disbursement this Period

183.53

Full Name (Last, First, Middle Initial)

**B. Piryx, Inc.**

Mailing Address 144 2nd St.  
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Merchant processing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

**Transaction ID : SB21B.5436**

Amount of Each Disbursement this Period

33.87

Full Name (Last, First, Middle Initial)

**C. Relevant Information Ltd.**

Mailing Address 439 E 9th Street

City New York State NY Zip Code 10009

Purpose of Disbursement  
Press relations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

**Transaction ID : SB21B.5323**

Amount of Each Disbursement this Period

3000.00

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

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

3217.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Michael Smith**

Mailing Address 3616 Duchess Trail

City Dallas State TX Zip Code 75229

Purpose of Disbursement  
Blogging expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

**Transaction ID : SB21B.5322**

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jamie Story**

Mailing Address 3900 Essex Lane Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

**Transaction ID : SB21B.5326**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. The Schuman Group**

Mailing Address 7660 Fay Ave.

City La Jolla State CA Zip Code 92037

Purpose of Disbursement  
Consulting fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	2

**Transaction ID : SB21B.5316**

Amount of Each Disbursement this Period

2	9	0	5	.	1	3
---	---	---	---	---	---	---

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

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

4	6	5	5	.	1	3
---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. The Schuman Group**

Mailing Address 7660 Fay Ave.

City La Jolla State CA Zip Code 92037

Purpose of Disbursement  
Office expenses

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2012

**Transaction ID : SB21B.5318**

Amount of Each Disbursement this Period

94.87

Full Name (Last, First, Middle Initial)

**B. Corie Whalen**

Mailing Address 2565 Marilee Lane  
#2

City Houston State TX Zip Code 77057

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

**Transaction ID : SB21B.5313**

Amount of Each Disbursement this Period

4167.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

4261.87

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

91210.74

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC**

Full Name (Last, First, Middle Initial)

**A. Congressional Elections PAC**

Mailing Address 259 East Michigan Avenue

City Kalamazoo State MI Zip Code 49007

Purpose of Disbursement  
Contribution

012

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2012

Transaction ID : SB23.5324

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

80000.00

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

80000.00

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

**LOANS**

NAME OF COMMITTEE (In Full) **CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC** Transaction ID : **SC/10.5267**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Leo Linbeck III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22500	
City Houston State TX ZIP Code 77227	

Original Amount of Loan 130000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 130000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: MM / DD / YYYY (04 / 30 / 2012) Date Due: MM / DD / YYYY (12/31/12) Interest Rate: 6.00 % (apr) Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 130000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

**LOANS**

NAME OF COMMITTEE (In Full) **CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC** Transaction ID : **SC/10.5264**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Leo Linbeck III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22500	
City Houston State TX ZIP Code 77227	

Original Amount of Loan 160000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 160000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: MM / DD / YYYY (05 / 15 / 2012)      Date Due: MM / DD / YYYY (12/31/12)      Interest Rate: 6.00 % (apr)      Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	160000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

**LOANS**

NAME OF COMMITTEE (In Full) **CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC** Transaction ID : **SC/10.5265**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Leo Linbeck III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22500	
City Houston State TX ZIP Code 77227	

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: MM / DD / YYYY (05 / 22 / 2012) Date Due: MM / DD / YYYY (12/31/12) Interest Rate: 6.00 % (apr) Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	390000.00

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

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

NAME OF COMMITTEE (In Full) <b>CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Brierfield Campaigns, Inc</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 04 / 2012
Mailing Address 1000 E William St. Suite 204		Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>
City Carson City	State NV	
Zip Code 89701	<b>Transaction ID : SE.5096</b>	
Purpose of Expenditure Online advertisement	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 500.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Hannah Christian</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 06 / 13 / 2012
Mailing Address 3900 Essex Lane Ste. 250		Amount <span style="border: 1px solid black; padding: 2px;">616.99</span>
City Houston	State TX	
Zip Code 77027	<b>Transaction ID : SE.5102</b>	
Purpose of Expenditure Direct mail piece postage expenses	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 7436.99</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1116.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jonathan Martin*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012

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

NAME OF COMMITTEE (In Full) <b>CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>CMF Communications</b>		Date MM / DD / YYYY <b>06 / 12 / 2012</b>
Mailing Address 25000 Portofino Cir. #129		Amount <b>1820.00</b>
City Palm Beach Gardens	State FL	
Zip Code 33148-1293		<b>Transaction ID : SE.5099</b>
Purpose of Expenditure Fundraising email	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>NY</u> <input type="checkbox"/> Senate    District: <u>13</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>6820.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>CMF Communications</b>		Date MM / DD / YYYY <b>06 / 14 / 2012</b>
Mailing Address 25000 Portofino Cir. #129		Amount <b>1892.64</b>
City Palm Beach Gardens	State FL	
Zip Code 33148-1293		<b>Transaction ID : SE.5107</b>
Purpose of Expenditure Fundraising email	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>NY</u> <input type="checkbox"/> Senate    District: <u>13</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>9329.63</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>3712.64</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jonathan Martin*

Signature \_\_\_\_\_ [Electronically Filed]    Date **12 / 12 / 2012**

