July 16, 2012

RECEIVED

2012 JUL 17 AM II: 51 FEC MAIL CENTER

Federal Election Commission 999 E Street NW Washington, DC 20463

Dear Sirs:

We are having trouble registering our campaign. We sent in FEC Form 1 and FEC Form 2 on June 19, 2012.

I called your offices on July 10, 2012 to find out our FEC ID # in order to mail in the quarterly report. I was advised to resend the forms which I did on July 10, 2012 and to call again for the ID # - at that time I was told an ID # was neaded for the report.

USPS shows our second mailing was received on Friday, July 13, 2012. In talking with your office today there still is not an assigned ID number but this time was told the report could be mailed with the number pending.

Please accept my explanation as to why I did not mail in this report by 7/15/2012 – I thought the ID number had to be assigned before submitting.

Sincerely,

Cecily Wright

Treasurer

Yearout for Congress 19606 N Sands Road Colbert, WA 99005

Cecily Wright

FEC FORM 3

Only

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

72012 JUL 17 AM 11:51

Office Use Only

(Revised 02/2003)

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typin er the lines.	g, type	12FE4M5	manufactoristated IAIL	CENTER
/ L	Check if different than previously reported. (ACC) FEC IDENTIFICATION POLICY DELICATION POLICY CONTRACTOR CON	120 BO		NEW (N)	re	STATE AMENC	1	
4.	TYPE OF REPORT (C) (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quart January 31 Year-f	Report (Q1) Report (Q2) terly Report (Q3) End Report (YE)	Election on	Primary (12P Convention (M M M T-Election Report of the convention (General (300)	Doort for the:	General (1 Special (1 Y Y Y Y Runoff (30	in the State of	noff (12R)
	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Sig	oe or Print Name of Treasur	,	Unichi		secon and facegroups on	ate 0.7	125	<u>, jo</u> 7 3
NO	TE: Submission of false, erro Office Use	oneous, or incomplete	information may	subject the per	son signing t	nis Report to t	FEC FORM	

SUMMARY PAGE

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FEC Form 3 (Revised 02/2003)

YEAROUT FOR CONGRESS

Report Covering the Period:

the Committee (Itemize all on

Schedule C and/or Schedule D)

0°6'3°6'3°6'3

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	577500	57.75.00
	(b) Total Contribution Refunds (from Line 20(d))	600	[
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5,775.00	57.75.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	403891	403891
	(b) Total Offsets to Operating Expenditures (from Line 14)		000
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	403891	4,038.9.1
8.	Cash on Hand at Close of Reporting Period (from Line 27)	173609	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	and the standard of the standa	
10.	Debts and Obligations Owed BY		

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

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FOR CONGRESS

05 30 20/2

τα.

06 30 2012

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CC	ONTRIBUTIONS (other than loans) FROM:		
(a)			
	Political Committees (i) Itemized (use Schedule A)	5.7.7500	57.75.00
	(ii) Unitemized(iii) TOTAL of contributions		
	from individuals	577500	57.75.00
(b)	Political Party Committees		
(c)		handle with a whe with a drawn handle and he with a sufficient	
	(such as PACs)		
(d)		600	
(e)	TOTAL CONTRIBUTIONS (other than loans)		
	(add Lines 11(a)(iii), (b), (c), and (d))	57.7500	57.7500
12. TF	RANSFERS FROM OTHER	Second second merchanical metal second s	
Al	JTHORIZED COMMITTEES	<u> </u>	L
13. LC			
(a)	Made or Guaranteed by the Candidate		
(b) (c)		and the state of t	
(0)	(add Lines 13(a) and (b))		
14. 0	FFSETS TO OPERATING		
	(PENDITURES efunds, Rebates, etc.)	000	
	erurius, nebates, etc.)	Committee of the second	Annual Control of the
	THER RECEIPTS ividends, Interest, etc.)	000	
	OTAL RECEIPTS (add Lines	Commission Proceedings of the Commission of the	Carrier and Committee and Committee of Characters and Characters and
11	(e), 12, 13(c), 14, and 15)	577500	
11		5,7.7500	

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date				
17.	OPERATING EXPENDITURES	4.0.3.89.1	403897				
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		000				
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		000				
20.	AEFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		000 000 000				
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	000					
21.	OTHER DISBURSEMENTS	000	000				
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	403891	403891				
	III. CASH SL	JMMARY					
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	000				
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	577500				
25.	SUBTOTAL (add Line 23 and Line 24)		57.7500				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	403891				
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		173609				

SCHEDULE A	(FEC Form 3)
ITEMIZED RE	CEIPTS

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page 12 13a 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) FOR CONGRESS Full Name (Last, First, Middle Initial)
MICHAEL SULLIVAN MICHAEL Date of Receipt Mailing Address McCoy Rd laon City 99025 WA FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation KETIRED FIREFIGHTER Receipt For: **Election Cycle-to-Date** X Primary General 240000 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt eada Mailing Address 6626 City State FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation METIRED Teacher Receipt For: Election Cycle-to-Date Primary General 0000 Other (specify) Full Name (Last, First, Mjddle Initial) LEADON HUTCHISON Date of Receipt Mailing Address City Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation METIRED Receipt For: Election Cycle-to-Date Primary General 100,00 Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

ITEMIZED RECEIPTS

PAGE OF FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) 11a for each category of the 11b 11c Detailed Summary Page 13b 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) FOR CONGRESS Full Name (Last, First, Middle Initial) arolyn Date of Receipt Mailing Address City Zip Code State 99176 WA FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation RTIRED Receipt For: Election Cycle-to-Date **V** Primary General Other (specify) Full Name (Last, First, Middle Initial) MOXANNE ITON Date of Receipt PICHARD Mailing Address Lane 10811 City State Zip Code SPOKANE WA FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation CONTRACTOR GENERAU SELF Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Midele Initial Mean Date of Receipt Mailing Address 6309 State Zip Code City 99025 FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Occupation Name of Employer 1006 OWNER Receipt For: Election Cycle-to-Date Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3)

Use separate schedule(s)

FOR	LINE	NUMBER:	PAGE	0	F
	k only	one)			
X	11a	11b	11c	11d	
	12	13a	13b	14	□ 15

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	\vdash	1	1b 3a		11c	}-	11d	П	5
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements n ene and	nay not be sold or used by any paddress of any political committe	person	for the	ontr	urp	ose	of sof	soliciti	ng d	contrib	outions	
NAME OF COMMITTEE (ITT FUII) UEAROUT FO	oR.	Congress										_	
Full Name (Last, First, Middle Initial) BORTLETT, BILL Mailing Address 226 G SPRAG City	State	Zin Codo		Date of	Re /	ece	eipt 2.5	3]	` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ò	, / c	2	_
FEC ID number of contributing federal political committee.	WA C	99202		Amoun						is F	Period	00	
Koyai lepho 15 TERY		DUCE Cycle-to-Date											
B. Schueman Dog Mailing Address 1776 West Lake City Clarkston	g la DR State	s + Caroc Zip Code 99403		Date o	f Re	200	eipt 2.5	3	` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20	/5	۷	
FEC ID number of contributing federal political committee. Name of Employer	C	n		Amoun	t of	f E	ach I	Red	ceipt th	nis I	Period	O ₃ C	2
Schurman / FARDWARD Receipt For: Primary General Other (specify)		UNIE Societo Date	Proposition										
C. Full Name (Last, First, Middle Initial) Stewart Row Mailing Address 1221 5 add City Spokene Value		Rd Zip Code 99037		Date o	f Re	. #	eipt Žį	P	, S	ŽČ) / 9	Ž,	
FEC ID number of contributing federal political committee.	C.	andreas general real in a star resident		Amoun	it of	f E	ach i	Red	ceipt ti	nis I	Period		
Bose Cascase	•	Over Manager Eycle-to-Date 5000	Company of the Compan	i i i i i i i i i i i i i i i i i i i	na House		inuna#;				ری	<u>ں ر</u>	
SUBTOTAL of Receipts This Page (optional)	_						<u>5</u>	7	25	0.0			
TOTAL This Period (last page this line number only	y)				- Pro-		harada		lanas James			- initial	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE	NUMBER:	PAGE	E OF				
(check only one)							
11a	11b	11c	11d				
12	13a	13b	14	15			

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)

NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) RUBB (RO19 Mailing Address PO BOX 365 City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Christen Son, Research Mailing Address Slab Vermain City Lew Port	Rd State Zip Code WA 991576	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation 77736	Amount of Each Receipt this Period
Receipt For: Receipt For: Other (specify)	Election Cycle-to-Date	
Mailing Address 204 W ALDER	2 WOOD State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	WA 99218 C Occupation	Amount of Each Receipt this Period
Receipt For: Control Control	Election Cycle-to-Date	umma sti dundus (Carter on Paras) etilemis i Clerco a fuel en Clercia de la servicio en Silvennes.
SUBTOTAL of Receipts This Page (optional)		32500
TOTAL This Period (last page this line number	r only)	and the same of

SCHEDULE A	(FEC Form 3)
ITEMIZED REC	EIPTS

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13b

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) Full Name (Last, First, Middle Initial) ROWDER way Date of Receipt Mailing Address State Zip Code City 99005 WA FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Homemakee Receipt For: **Election Cycle-to-Date** Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: **Election Cycle-to-Date** Priprary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date **Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	·									
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		NE NUMBER: PAGE OF Only one)						
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) UECROLLET FOR C									
A.	Full Name (Last, First, Middle Initial)	NDALL		Pate of Disbursement						
	Mailing Address DO Box 453			31 20.12						
	City Otis ORCHARS State W	74 Zip Code 99027	A	mount of Each Disbursement this Period						
	Purpose of Disbursement ReimBuese CANINDATE FILING Candidate Name	Fee OO	nry/	1.74000						
	Office Sought: House Disbursement Fo	r:	·							
	Full Name (Leet First Middle Initial)			Date of Disbursement						
В.	Mailing Address PO BOK 453 City State			05 ' 37 ' <u>30.72</u>						
	Otis ORCHARD 5 WA	Zip Code 99027	^	mount of Each Disbursement this Period						
	Purpose of Disbursement POST OFFICE BOK RENTAL			26.00						
	Candidate Name PANAU GERCUT — GERCUT Office Sought: Get House Disbursement Fo	Catego								
	Senate Primary President Other (
-	State: District: Full Name (Last, First, Middle Initial)									
C.	PRESS CATS			Date of Disbursement						
	Mailing Address 18219 N LIDGERWOOD	C+	essential.							
	City Colbert WA	ip Gode 99005		amount of Each Disbursement this Period						
	Purpose of Disbursement Galo Signs	000	\mathcal{Z}	2042.4.7						
	Candidate Name NANDALL YEAROUT - YELROW FOR									
	Office Sought: House Disbursement For Senate Primary Other (
Г	State: District:									
١,	SURTOTAL of Dishursements This Page (ontional)			380847						

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SCH	IEDULE B (FEC Form 3)	Use separate sch	edule(s)	FOR LINE NUMBER: PAGE OF (check only one)		
ITEN	MIZED DISBURSEMENTS	for each category	of the	17 18 19a 19b		
		Detailed Summar	y Page	20a 20b 20c 21		
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.						
NA	ME OF COMMITTEE (in Full)	7				
	YEAROUT FOR	Congres	S 			
Fu	Il Name (Last, First, Middle Initial)					
A. 	NAME OF COMMITTEE (In Full) 4 CONGRES Full Name (Last, First, Middle Initial) LITHOGRAPH REPRODUCTIONS			Date of Disbursement		
Ma	17323 E TRENT			06 29 2012		
Cit	sta Sta	- 775-11		Amount of Each Disbursement this Period		
Pu	rpose of Disbursement	A 99216	(23044		
	indidate Name					
			Category/ Type			
Off	fice Sought: House Disbursemer	nt For: imary General				
	h-mand	ther (specify)				
Sta	ate: District:					
Fu	ll Name (Last, First, Middle Initial)					
B				Date of Disbursement		
Ma	ailing Address					
Cit	Sta	te Zip Code		Amount of Each Disbursement this Period		
Pu	rpose of Disbursement					
Ca	andidate Name		Category/ Type	d ·		
Of	fice Sought: House Disbursement	nt For:		7		
C4.	President Of	ther (specify)				
	ate: District:					
C.	1	T		Date of Disbursement		
Ma	ailing Address		-,	M M / D D / Y Y Y Y		
Cit	State	Zip Code		Amount of Each Disbursement this Period		
Pu	rpose of Disbursement					
Ca	andidate Name		Category/ Type			
Of	fice Sought: House Disburseme					
		imary General ther (specify)				
Sta	ate: District:	and (abouty)				
	<u></u>			23000		
SUBTOTAL of Disbursements This Page (optional)						
TOT	AL This Period (last page this line number only)			403891		

SCHEDULE C (FEC Form 3)		PAGE OF				
,	Use separate schedule(s) for each category of the	FOR LINE NUMBER:				
LOANS	Detailed Summary Page	(check only one) 13a				
NAME OF COMMITTEE (in Full)						
LEAROUT FOR CONGR	ess					
LOAN SOURCE Full Name (Last, First, Middle Initial)		ection:				
		Primary				
Mailing Address		General Other (specify) ▼				
	-] out (opean), V				
City State ZIP Co	ode					
Original Amount of Loan Cumulative Payment To	,	Outstanding at Close of This Period				
the second secon		manghamaganta gamaganta gamaganta gamaganta gamaganta gamaganta gamaganta gamaganta gamaganta gamaganta gamagan				
TERMS Date Incurred Date Due	Interest Pate	Secured:				
Date Incurred Date Due Inferest Rate Secured:						
List All Endorsers or Guarantors (if any) to Loan Source		·				
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount Guaranteed	adamadara Saradara Arra da madamad				
City State ZIP Code	Outstanding:					
2. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount F					
City State ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·				
City State ZIP Code	Guaranteed Outstanding:					
						
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)						
Companier and the state of the						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

FESAN018

SCHEDULE C-1 (FEC Form 3) Supplementary for							
LOANS AND LINES OF CREDIT FROM LE	Information found/on Page of Schedule C						
Federal Election Commission, Washington, D.C. 20463							
NAME OF COMMITTEE (In Full) 4 FOR CONGRESS FEC IDENTIFICATION NUMBER C							
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)					
Full Name		%					
Mailing Address	Date Incurred or Established						
City State Zip Code	Date Due						
A. Has loan been restructured? No Yes	If yes, date originally incurred	Man / De D / Yelly a Y					
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:						
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? ust be reported on Schedule C.)	·					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, nagotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify:							
		Does the lender have a perfected security interest in it? \textstyle No \textstyle Yes					
E. Are any ruture contributions or future receipts of inte- collateral for the loan? No Yes If yes	yest income, pledgeo-as specify:	What is the estimated value?					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:						
Date account established:	Address:						
M M / O D / Y Y Y Y	City, State, Zip:						
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.							
G. COMMITTEE TREASURER Typed Name Signature		DATE M M M / D B / Y B Y B Y B Y B Y B Y B Y B Y B Y B					
H. Attach a signed copy of the loan agreement.							
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. 							
							AUTHORIZED REPRESENTATIVE DATE
Typed Name/ Signature	itle	/ / _ / _ / _ / _ / _ / _ / _					

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)	(Use separate schedule(s) for each numbered line) PAGE OF FOR LINE NUMBER: (check only one) 9 10
NAME OF COMMITTEE (In Full) UECROLIT FOR CONGRESS A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address City State Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address City State Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deptor or Creditor	Nature of Debt (Purpose):
City State Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	

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(3/2005)

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 Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):