

**FEC
FORM 3X**

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

RECEIVED

2012 JUL 20 AM 8:25

Office Use Only
POSTAL CENTER

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

GYS Government Solutions INC PAC

ADDRESS (number and street) 7121 FAIRWAY DRIVE SUITE 301

Check if different than previously reported. (ACC) Palm Beach Gardens FL 33418

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

C00514406

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 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 04 / 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 Allison Teixeira

Signature of Treasurer Allison Teixeira Date 07 / 10 / 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.

12030854088

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

G45 Government Solutions Inc, PAC

Report Covering the Period: From:

04 / 01 / 2012

To:

06 / 30 / 2012

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <input type="text" value="YYYYYY"/> 2012	<input type="text" value=""/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7,359.66"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19).....	<input type="text" value="6,700.00"/>	<input type="text" value="14,143.66"/>
(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="14,059.66"/>	<input type="text" value="14,143.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="84.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14,059.66"/>	<input type="text" value="14,059.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	<input type="text" value=""/>



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

12030854089

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

G4S Government Solutions PAC, INC

Report Covering the Period: From:

MM / DD / YYYY

To:

MM / DD / YYYY

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,500.00

0.00

5,200.00

5,367.50

3,576.16

8,943.66

5,200.00

- (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).....▶

6,700.00

14,143.66

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

0.00

0

13. All Loans Received.....

0.00

0

14. Loan Repayments Received.....

0.00

0

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

0.00

0

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))..

0.00

0

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

6,700.00

14,143.66

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

6,700.00

14,143.66

12030854090

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

(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).....

000

000

8400

8400

12030854091

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)	6,700.00	14,143.66
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,700.00	14,143.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	84.00	84.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	84.00	84.00

12030854092

**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		OF	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	13		14		15
				<input type="checkbox"/>	12
					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 (to Full)
Gus Government Solutions, Inc PAC

A. Full Name (Last, First, Middle Initial)
Brinkley, Clyde S
Mailing Address
6710 Green Hill Road, Ste 200
City State Zip Code

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.
C00514406

Name of Employer
Gus Government Solutions, Inc Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,500.00

B. Full Name (Last, First, Middle Initial)
Foley, David
Mailing Address
7121 Fairway Drive, Suite 301
City State Zip Code
Palm Beach Gardens, FL 33418

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.
C00514406

Name of Employer
Gus Government Solutions, Inc Occupation
CEO/Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
594.00

C. Full Name (Last, First, Middle Initial)
Bolton, Donalds
Mailing Address
Swanah River Site, PO Drawer W
City State Zip Code
Aiken, SC 29802

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.
C

Name of Employer
Wackenhut Services, SRS site Occupation
Director, Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

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

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

Amount of Each Receipt this Period

12030854093

**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		OF	
<input 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)

G4S Government Solutions, Inc PAC

Full Name (Last, First, Middle Initial)

A. Cox, Charles W

Mailing Address

Savannah River Site, PO Drawer W

City State Zip Code

Aiken SC 29802

FEC ID number of contributing federal political committee.

C00514406

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Name of Employer

Wackenhut Services, SRS

Occupation

V.P. Deputy General Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

B. Phillips, William

Mailing Address

Savannah River Site, PO Drawer W

City State Zip Code

Aiken SC 29802

FEC ID number of contributing federal political committee.

C00514406

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Name of Employer

Wackenhut Services, SRS Site

Occupation

Director, Program Support

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. Spain, Teddy R

Mailing Address

Savannah River Site, PO Drawer W

City State Zip Code

Aiken SC 29802

FEC ID number of contributing federal political committee.

C00514406

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

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

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

12030854094

**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 OF	
<input 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)
GYS Government Solutions, Inc PAC

A. Upshaw, Bernice R.
 Full Name (Last, First, Middle Initial)
 Mailing Address: **Savannah River PO Drawer W**
 City: **Aiken, SC** State: **SC** Zip Code: **29802**
 Date of Receipt: [] / [] / [] [] [] [] [] [] [] []
 Amount of Each Receipt this Period: **0.00**
 FEC ID number of contributing federal political committee: **C00514406**
 Name of Employer: **Wackenhut Services, SRS** Occupation: **Director, Security Operations**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **240.00**

B. Wilson, James
 Full Name (Last, First, Middle Initial)
 Mailing Address: **Savannah River Site, PO Drawer W**
 City: **Aiken, SC** State: **SC** Zip Code: **29802**
 Date of Receipt: [] / [] / [] [] [] [] [] [] [] []
 Amount of Each Receipt this Period: **0.00**
 FEC ID number of contributing federal political committee: **C00514406**
 Name of Employer: **Wackenhut Services, SRS site** Occupation: **Director Training**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **240.00**

C. Conry, Kevin
 Full Name (Last, First, Middle Initial)
 Mailing Address: **7121 Fairway Drive, Suite 301**
 City: **Palm Beach Gardens, FL** State: **FL** Zip Code: **33418**
 Date of Receipt: **04 16 2012**
 Amount of Each Receipt this Period: **250.00**
 FEC ID number of contributing federal political committee: **C00514406**
 Name of Employer: **GYS Government Solutions, Inc** Occupation: **Chief Operating Officer**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **250.00**

SUBTOTAL of Receipts This Page (optional).....▶ [] [] [] [] [] [] [] [] [] []
TOTAL This Period (last page this line number only).....▶ [] [] [] [] [] [] [] [] [] []

12030854095

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	<input 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)
G4S Government Solutions, Inc. PAC

A. Donahue, Paul P
 Full Name (Last, First, Middle Initial)
 Mailing Address: **7121 Fairway Drive, Suite 301**
 City: **Palm Beach Gardens, FL** State: **FL** Zip Code: **33418**
 Date of Receipt: **04/20/2012**
 Amount of Each Receipt this Period: **250.00**
 FEC ID number of contributing federal political committee: **C00514406**
 Name of Employer: **G4S Government Solutions, Inc.** Occupation: **President + CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **250.00**

B. Allen, Richard K
 Full Name (Last, First, Middle Initial)
 Mailing Address: **7121 Fairway Drive, Suite 301**
 City: **Palm Beach Gardens, FL** State: **FL** Zip Code: **33418**
 Date of Receipt: **04/19/2012**
 Amount of Each Receipt this Period: **1,000.00**
 FEC ID number of contributing federal political committee: **C00514406**
 Name of Employer: **G4S Government Solutions, Inc.** Occupation: **Senior Vice President**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**

C. G4S Secure Solutions, Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1395 University Drive**
 City: **Jupiter, FL** State: **FL** Zip Code: **33459**
 Date of Receipt: **06/30/2012**
 Amount of Each Receipt this Period: **5,200.00**
 FEC ID number of contributing federal political committee: **C00165365**
 Name of Employer: **N/A** Occupation: **—**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **5,200.00**

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

12030854096



SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

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

TERMS		Date Incurred	Date Due	Interest Rate	Secured:		
M M /	D D /	Y Y Y Y Y Y	M M /	D D /	Y Y Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	
TOTALS 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.

12030854097

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

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
-----------------------------	--------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	M / D / Y	M / D / Y	M / D / Y
City State Zip Code	Date Due	M / D / Y	M / D / Y	M / D / Y

A. Has loan been restructured? No Yes If yes, date originally incurred M / D / Y

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
 Date account established: Address:
 City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M / D / Y
---	-------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M / D / Y
Title	

12030854098

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

12030854099

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

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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

Signature _____ Date / /

12030854100

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/2/12
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ASD
PREPARER
 (3/2005)

7/20/12
DATE PREPARED

10175805021