

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Frontier PAC

Report Covering the Period: From:

MM / DD / YYYY
2 20 2012

To:

MM / DD / YYYY
09 30 2012

12030921093

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	1,744.73	1,744.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,744.73	1,744.73
7. Total Disbursements (from Line 31).....	1,408.51	1,408.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	336.22	336.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	400.00	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Frontier PAC

Report Covering the Period: From:

M M / D D / Y Y Y Y
2 20 2012

To:

M M / D D / Y Y Y Y
9 30 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

1080.47

1080.47

(ii) Unitemized.....

114.26

114.26

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

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1194.73

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

13. All Loans Received.....

550.00

550.00

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

1744.73

1744.73

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

1744.73

1744.73

12030921094

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

12030921095

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	277-98	277-98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	277-98	277-98
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)	980-53	980-53
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....	150-00	150-00
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)) ..	1,408-51	1,408-51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,408-51	1,408-51

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)	1,194.73	1,194.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,194.73	1,194.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	277.98	277.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	277.98	277.98

12030921096

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

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

FOR LINE NUMBER: PAGE / OF **9**
(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)

New Frontier PAC

A. Full Name (Last, First, Middle Initial) *Church, Robert D*
 Mailing Address *135 Briarwood Place*
 City *Wake Forest* State *NC* Zip Code *27587*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Robert Church, Attorney* Occupation *Lawyer*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *220.00*
 Date of Receipt *2 20 2012*
 Amount of Each Receipt this Period *220.00*

B. Full Name (Last, First, Middle Initial) *Church, Robert D*
 Mailing Address *135 Briarwood PL*
 City *Wake Forest* State *NC* Zip Code *27587*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Robert Church, Attorney* Occupation *Lawyer*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *350.00*
 Date of Receipt *2 22 2012*
 Amount of Each Receipt this Period *130.00*

C. Full Name (Last, First, Middle Initial) *Church, Robert D*
 Mailing Address *135 Briarwood PL*
 City *Wake Forest* State *NC* Zip Code *27587*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Robert Church, Attorney* Occupation *Lawyer*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *500.00*
 Date of Receipt *3 13 2012*
 Amount of Each Receipt this Period *150.00*

SUBTOTAL of Receipts This Page (optional)..... *500.00*

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

12030921097

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

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

FOR LINE NUMBER: PAGE 2 OF 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

New Frontier PAC

A. Full Name (Last, First, Middle Initial) Alder, Diana
 Mailing Address 528 N. Taylor Ave.
 City Oak Park State IL Zip Code 60302
 Date of Receipt 3/17/2012
 Amount of Each Receipt this Period 15.50
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation _____
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date 15.50

B. Full Name (Last, First, Middle Initial) Almond, Zachary
 Mailing Address 34453 Lisa Dr.
 City Albemarle State NC Zip Code 28001
 Date of Receipt 6/2/2012
 Amount of Each Receipt this Period 5.00
 FEC ID number of contributing federal political committee. C
 Name of Employer _____ Occupation STUDENT
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional)..... 20.50
 TOTAL This Period (last page this line number only).....

12030921098

**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 3 OF 9	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
New Frontier PAC

Full Name (Last, First, Middle Initial) A. Coggins, Mark		Date of Receipt MM / DD / YYYY 06 / 02 / 2012
Mailing Address 501 Carriage Lane		Amount of Each Receipt this Period 5.00
City Cary	State Zip Code NC 27511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation STUDENT	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

Full Name (Last, First, Middle Initial) B. Marshall, Alan		Date of Receipt MM / DD / YYYY 6 / 2 / 2012
Mailing Address 2318 Cartford Rd		Amount of Each Receipt this Period 5.00
City Pleasant Garden	State Zip Code NC 27313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer The Budd Group	Occupation Security Supervisor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

Full Name (Last, First, Middle Initial) C. Dreyer, Ron		Date of Receipt MM / DD / YYYY 6 / 2 / 2012
Mailing Address 484 W 43201, Nc		Amount of Each Receipt this Period 5.00
City New York City	State Zip Code NY 10036	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer self-employed.	Occupation Graphic Design	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

New Frontier PAC

A. Full Name (Last, First, Middle Initial) *Boulter, James A.* Date of Receipt *6/2/2012*

Mailing Address *5500 Brooke Dylan Ct*

City *McLeansville* State *NC* Zip Code *27301*

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

Name of Employer *Rapid Response USA.* Occupation *Environmental Executive*

Receipt For: Primary General Other (specify) *20.00*

Aggregate Year-to-Date *20.00*

B. Full Name (Last, First, Middle Initial) *Beckman, Joanne* Date of Receipt *6/2/2012*

Mailing Address *2301 Mont Haven Dr.*

City *Durham* State *NC* Zip Code *27712*

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

Name of Employer *Self-employed* Occupation *Registered Nurse*

Receipt For: Primary General Other (specify) *5.00*

Aggregate Year-to-Date *5.00*

C. Full Name (Last, First, Middle Initial) *Tilley, Gary* Date of Receipt *6/2/2012*

Mailing Address *204 Windsor Park Dr.*

City *Dobson* State *NC* Zip Code *27017*

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

Name of Employer Occupation *Retired*

Receipt For: Primary General Other (specify) *5.00*

Aggregate Year-to-Date *5.00*

SUBTOTAL of Receipts This Page (optional)..... *30.00*

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

12030921100

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

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

FOR LINE NUMBER: PAGE 5 OF 9
 11a 11b 11c 12
 13 14 15 16 17

12030921101

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NAME OF COMMITTEE (In Full)
New Frontier PAC

A. Full Name (Last, First, Middle Initial) Steward, John
 Mailing Address 7226 Cobblecreek Dr
 City Weddington State NC Zip Code _____
 FEC ID number of contributing federal political committee. C
 Name of Employer Federal Express Occupation Courier
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date 5.00
 Date of Receipt 6/2/2012
 Amount of Each Receipt this Period 5.00

B. Full Name (Last, First, Middle Initial) Westergard, Linda
 Mailing Address 1805 Bethabara Rd
 City Hayesville State NC Zip Code 28907
 FEC ID number of contributing federal political committee. C
 Name of Employer Anti Q's Emporium Occupation Merchant
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date 15.00
 Date of Receipt 6/4/2012
 Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial) Duncan, Katey
 Mailing Address 2714 Anderson Dr.
 City Raleigh State NC Zip Code 27608
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation CRA
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date _____
 Date of Receipt 6/4/2012
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... 120.00
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: PAGE **6** OF **9**

(check only one)

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

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NAME OF COMMITTEE (In Full)

New Frontier PAC

Full Name (Last, First, Middle Initial)

A. *Church, Robert*

Mailing Address

135 Briarwood Pl

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing federal political committee.

C

Name of Employer

Robert Church, Attorney

Occupation

Lawyer.

Receipt For:

Primary General
 Other (specify) ▼

Loan

Aggregate Year-to-Date ▼

850.00

Date of Receipt

3 20 2012

Amount of Each Receipt this Period

350.00

B. *Church, Robert*

Mailing Address

135 Briarwood Place

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing federal political committee.

C

Name of Employer

Robert Church, Attorney

Occupation

Lawyer.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

9 26 2012

Amount of Each Receipt this Period

200.00

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

.....

Amount of Each Receipt this Period

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

350.00

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

12030921102

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

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

FOR LINE NUMBER: PAGE 7 OF 9

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New Frontier PAC

Full Name (Last, First, Middle Initial) A. <i>Church, Robert D</i>		Date of Receipt M M / D D / Y Y Y Y <i>3 22 2012</i>
Mailing Address <i>135 Briarwood PL</i>		Amount of Each Receipt this Period <i>6.41</i>
City <i>Wake Forest</i>	State Zip Code <i>NC 27587</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Robert Church, Attorney</i>	Occupation <i>Lawyer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. <i>Church, Robert D</i>		Date of Receipt M M / D D / Y Y Y Y <i>3 22 2012</i>
Mailing Address <i>135 Briarwood PL</i>		Amount of Each Receipt this Period <i>15.99</i>
City <i>Wake Forest</i>	State Zip Code <i>NC 27587</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Robert Church, Attorney</i>	Occupation <i>Lawyer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. <i>Church, Robert D</i>		Date of Receipt M M / D D / Y Y Y Y <i>3 19 2012</i>
Mailing Address <i>135 Briarwood PL</i>		Amount of Each Receipt this Period <i>15.26</i>
City <i>Wake Forest</i>	State Zip Code <i>NC 27587</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Robert Church, Attorney</i>	Occupation <i>Lawyer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<i>37.66</i>
TOTAL This Period (last page this line number only).....▶	

12030921103

**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 9

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

New Frontier PAC

A. Full Name (Last, First, Middle Initial)
Church, Robert D

Mailing Address
135 Briarwood PL

City *Wake Forest* State *NC* Zip Code *27587*

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

Name of Employer
Robert Church, Attorney Occupation *Lawyer*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,064.99

Date of Receipt
M M / D D / Y Y Y Y
9 26 2012

Amount of Each Receipt this Period
14.99

B. Full Name (Last, First, Middle Initial)
Taylor, Bradley J

Mailing Address
101 Dorset Point

City *Chapel Hill* State *NC* Zip Code *27516*

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

Name of Employer
Xona Microfluidics Occupation *Lawyer*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
9 28 2012

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

264.99

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

12030921104

**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 9	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
New Frontier PAC

Full Name (Last, First, Middle Initial) A. <i>Church, Robert D</i>		Date of Receipt M M / D D / Y Y Y Y <i>9 / 16 / 2012</i>
Mailing Address <i>135 Briarwood PL</i>		Amount of Each Receipt this Period <i>14.99</i>
City <i>Wake Forest</i>	State Zip Code <i>NC 27587</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Robert Church, Attorney</i>	Occupation <i>Lawyer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. <i>Church, Robert D</i>		Date of Receipt M M / D D / Y Y Y Y <i>9 / 16 / 2012</i>
Mailing Address <i>135 Briarwood PL</i>		Amount of Each Receipt this Period <i>17.34</i>
City <i>Wake Forest</i>	State Zip Code <i>NC 27587</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Robert Church, Attorney</i>	Occupation <i>Lawyer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. <i>Church, Robert D</i>		Date of Receipt M M / D D / Y Y Y Y <i>9 / 26 / 2012</i>
Mailing Address <i>135 Briarwood PL</i>		Amount of Each Receipt this Period <i>14.99</i>
City <i>Wake Forest</i>	State Zip Code <i>NC 27587</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Robert Church, Attorney</i>	Occupation <i>Lawyer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	<i>47.32</i>
TOTAL This Period (last page this line number only).....	<i>1,630.77</i>

12030921105

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

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

FOR LINE NUMBER:
(check only one)

PAGE / OF **5**

<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

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NAME OF COMMITTEE (In Full)
New Frontier PAC

A. Full Name (Last, First, Middle Initial) *Dollar Tree*

Mailing Address

City State Zip Code

Purpose of Disbursement *Balloons, Convention supplies*

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: *3 22 2012*

Amount of Each Disbursement this Period: *6.41*

Category/Type: *001*

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

Mailing Address

City State Zip Code

Purpose of Disbursement *Rubber bands, clipboard, supplies*

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: *3 22 2012*

Amount of Each Disbursement this Period: *15.89*

Category/Type

C. Full Name (Last, First, Middle Initial) *N.C. Secretary of State*

Mailing Address

City State Zip Code

Purpose of Disbursement *Articles of Incorporation*

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: *4 5 2012*

Amount of Each Disbursement this Period: *60.00*

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ *82.40*

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

12030921106

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 6

<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)

New Frontier PAC

Full Name (Last, First, Middle Initial)

A. *U.S. Postmaster*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Postage

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY
3 23 2012

Amount of Each Disbursement this Period

229

B. *U.S. Postmaster*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Postage

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY
3 19 2012

Amount of Each Disbursement this Period

1297

C. *Wake County Republican Party*

Mailing Address

P.O. Box 30608

City State Zip Code

Raleigh NC

27622

Purpose of Disbursement

Candidate Name

Talk at Convention

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM/DD/YYYY
3 18 2012

Amount of Each Disbursement this Period

10000

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

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

11526

12030921107

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

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

FOR LINE NUMBER: (check only one)

PAGE 3 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" 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

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NAME OF COMMITTEE (In Full)

New Frontier PAC

Full Name (Last, First, Middle Initial)

<p>A.</p> <p><i>Wright Media (Will Wright)</i></p> <p>Mailing Address: <i>140 North St. Claire St.</i></p> <p>City: <i>Martinsville</i> State: <i>IN</i> Zip Code: <i>46151</i></p> <p>Purpose of Disbursement: <i>Poster Design</i></p> <p>Candidate Name: <i>Mitt Romney</i></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p><i>2 20 20 12</i></p> <p>Amount of Each Disbursement this Period</p> <p><i>250.00</i></p>
---	--	---

<p>B.</p> <p><i>Wright Media</i></p> <p>Mailing Address: <i>140 North St. Claire St.</i></p> <p>City: <i>Martinsville</i> State: <i>IN</i> Zip Code: <i>46151</i></p> <p>Purpose of Disbursement: <i>Poster Design</i></p> <p>Candidate Name: <i>Mitt Romney</i></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p><i>3 13 20 12</i></p> <p>Amount of Each Disbursement this Period</p> <p><i>250.00</i></p>
---	--	---

<p>C.</p> <p><i>Theo Davis Printing</i></p> <p>Mailing Address: <i>1415 West Gannon Ave</i></p> <p>City: <i>Zebulon</i> State: <i>NC</i> Zip Code: <i>27597</i></p> <p>Purpose of Disbursement: <i>Poster Printing</i></p> <p>Candidate Name: <i>Mitt Romney</i></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y</p> <p><i>3 22 20 12</i></p> <p>Amount of Each Disbursement this Period</p> <p><i>340.53</i></p>
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SUBTOTAL of Disbursements This Page (optional).....▶

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

840.53

12030921108

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

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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

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NAME OF COMMITTEE (In Full)

New Frontier PAC

Full Name (Last, First, Middle Initial)

A. *Church, Robert*

Mailing Address

135 Briarwood Place

City

Wake Forest

State

NC

Zip Code

27587

Purpose of Disbursement

Candidate Name

Loan Repayment

0.09
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

6 / 4 / 2012

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

150.00

12030921109

**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)
 21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
New Frontier PAC

A. Full Name (Last, First, Middle Initial) *Critical Past LLC* Date of Disbursement *9/25/2012*

Mailing Address *12100 Sunrise Valley Dr., Suite 230-36*

City *Reston* State *VA* Zip Code *20191*

Purpose of Disbursement *Mixon Video Footage* Amount of Each Disbursement this Period *0.04*

Candidate Name *Oppose Barack Obama* Category/Type *0.04*

Office Sought: House Senate President Disbursement For: Primary General Other (specify) *▼*

State: District:

B. Full Name (Last, First, Middle Initial) *Critical Past LLC* Date of Disbursement *9/15/2012*

Mailing Address *12100 Sunrise Valley Dr. Suite 230-36*

City *Reston* State *VA* Zip Code *20191*

Purpose of Disbursement *Mixon Video Footage* Amount of Each Disbursement this Period *0.04*

Candidate Name *Oppose Barack Obama* Category/Type *0.04*

Office Sought: House Senate President Disbursement For: Primary General Other (specify) *▼*

State: District:

C. Full Name (Last, First, Middle Initial) *DREAMSTIME LLC* Date of Disbursement *9/26/2012*

Mailing Address

City State Zip Code

Purpose of Disbursement *Obama Photo for Video* Amount of Each Disbursement this Period *0.04*

Candidate Name *Oppose Barack Obama* Category/Type *0.04*

Office Sought: House Senate President Disbursement For: Primary General Other (specify) *▼*

State: District:

SUBTOTAL of Disbursements This Page (optional)..... *162.99*

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

12030921110

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

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

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **6**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

New Frontier PAC

Full Name (Last, First, Middle Initial)

A.

N.C Secretary of State

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amend Articles of Incorporation

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

9 / 19 / 2012

Amount of Each Disbursement this Period

25.00

B.

JUST HOST.COM

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Domain Registration

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

9 / 16 / 2012

Amount of Each Disbursement this Period

14.89

C.

GO DADDY.COM

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Domain Registration

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

9 / 16 / 2012

Amount of Each Disbursement this Period

17.34

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

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

57.33

1408.51

1203092111

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE / OF 2
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
New Frontier PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Church, Robert D

Election:
 Primary
 General
 Other (specify) *Postal Printing*

Mailing Address
135 Briarwood Place

City *Wake Forest* State *NC* ZIP Code *27587*

Original Amount of Loan <i>350.00</i>	Cumulative Payment To Date <i>150.00</i>	Balance Outstanding at Close of This Period <i>200.00</i>
--	---	--

TERMS

Date Incurred <i>3 20 2012</i>	Date Due <i>12 31 2012</i>	Interest Rate <i>0.00 % (apr)</i>	Secured: <input type="checkbox"/> Yes <input checked="" 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) ▶ *350.00*

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.

12030921112

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 2 OF 2

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
New Frontier PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Church, Robert D

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
135 Birchwood Place

City Wake Forest State NC ZIP Code 27587

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<u>20000</u>	<u>000</u>	<u>20000</u>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<u>9/24/2012</u>	<u>12/31/2012</u>	<u>0.00% (apr)</u>	<input type="checkbox"/> Yes <input checked="" 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).....▶	<u>200.00</u>
TOTALS This Period (last page in this line only).....▶	<u>550.00</u>

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

12030921113

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

NAME OF COMMITTEE (In Full) <i>New Frontier PAC</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00529685</i>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee <i>Wright media</i>		Date <i>2/20/2012</i>
Mailing Address <i>140 North St. Claire St.</i>		Amount <i>250.00</i>
City <i>Martinsville</i>	State <i>IN</i>	Zip Code <i>46151</i>
Purpose of Expenditure <i>Poster in Support of Mitt Romney</i>	Category/Type <i>006</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>In support of Mitt Romney</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>250.00</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Wright media</i>		Date <i>3/13/2012</i>
Mailing Address <i>140 North St. Claire St.</i>		Amount <i>250.00</i>
City <i>Martinsville</i>	State <i>IN</i>	Zip Code <i>46151</i>
Purpose of Expenditure <i>Poster Supporting Romney</i>	Category/Type <i>006</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Mitt Romney</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>500.00</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>500.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL 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.

Signature: *[Signature]* Date: *10/15/2012*

12030921114

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

NAME OF COMMITTEE (In Full) <i>New Frontier PAC</i>	FEC IDENTIFICATION NUMBER <i>C 00529685</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <i>Theo Davis Printing</i>	Date <i>3 / 22 / 2012</i>
Mailing Address <i>1415 West Gannon Ave</i>	Amount <i>34053</i>
City State Zip Code <i>Zebulon NC 27597</i>	
Purpose of Expenditure <i>Poster for Romney</i>	Category/Type <i>0.06</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>MITT Romney</i>	
Calendar Year-To-Date Per Election for Office Sought <i>84053</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Critical Post LLC</i>	Date <i>9 / 15 / 2012</i>
Mailing Address <i>12100 Sunrise Valley Dr., Suite 230-36</i>	Amount <i>14000</i>
City State Zip Code <i>Reston VA 20191</i>	
Purpose of Expenditure <i>Video opposing Obama</i>	Category/Type <i>0.06</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Barack Obama</i>	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>48053</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	<i>98053</i>

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 *[Signature]* Date *10 / 15 / 2012*

12030921115

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/15/12

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER

10/19/12
 DATE PREPARED

12030921116