

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Its Now or Never Inc.

ADDRESS (number and street) 840 South Rancho Drive, Suite 4175

Check if different than previously reported. (ACC) Las Vegas NV 89106

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

C C00519785

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 11 / 06 / 2012 in the State of NV

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

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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

Type or Print Name of Treasurer Anthony J. Ferate

Signature of Treasurer Anthony J. Ferate [Electronically Filed] Date 10 / 25 / 2012

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Its Now or Never Inc.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="663.46"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="120000.00"/>	<input type="text" value="310900.00"/>
(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="120663.46"/>	<input type="text" value="310900.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="103058.79"/>	<input type="text" value="293295.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17604.67"/>	<input type="text" value="17604.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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)

Write or Type Committee Name

**Its Now or Never Inc.**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 10 / 17 / 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).....	0.00	1000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	0.00	1000.00
(b) Political Party Committees .....	120000.00	299900.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	120000.00	310900.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	120000.00	310900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	120000.00	310900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5099.95	18506.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5099.95	18506.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	67958.84	89789.27
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	30000.00	185000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	103058.79	293295.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103058.79	293295.33

**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) .....	120000.00	310900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120000.00	310900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5099.95	18506.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5099.95	18506.06

**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 6 OF 11
<input type="checkbox"/> 11a	<input checked="" 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)  
**Its Now or Never Inc.**

Full Name (Last, First, Middle Initial) <b>A. Its Now or Never 501c4</b>		Date of Receipt
Mailing Address 840 South Rancho Drive, Suite 4175		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Las Vegas NV 89106		<b>Transaction ID : 21024.C15</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="178900.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Its Now or Never 501c4</b>		Date of Receipt
Mailing Address 840 South Rancho Drive, Suite 4175		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City State Zip Code Las Vegas NV 89106		<b>Transaction ID : 21024.C13</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20000.00"/>
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="198900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Its Now or Never 501c4</b>		Date of Receipt
Mailing Address 840 South Rancho Drive, Suite 4175		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City State Zip Code Las Vegas NV 89106		<b>Transaction ID : 21024.C14</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="90000.00"/>
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="288900.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="120000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Its Now or Never Inc.**

Full Name (Last, First, Middle Initial)

**A. Smith Capitol Strategies**

Mailing Address 3224 Timmons Lane #142

City Houston State TX Zip Code 77027-

Purpose of Disbursement  
Consulting services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2012

Transaction ID : 21024.E55

Amount of Each Disbursement this Period

5000.00

CONSULTING SERVICES

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address 101 Convention Center Drive Suite 700

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Monthly service fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

Transaction ID : 21024.E51

Amount of Each Disbursement this Period

10.00

MONTHLY SERVICE FEE

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address 101 Convention Center Drive Suite 700

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Wire fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2012

Transaction ID : 21024.E52

Amount of Each Disbursement this Period

30.00

WIRE FEE

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

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

5040.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Its Now or Never Inc.**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 101 Convention Center Drive  
Suite 700

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Wire fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 21024.E53**

Amount of Each Disbursement this Period

30.00

WIRE FEE

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

30.00

5070.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Its Now or Never Inc.**

Full Name (Last, First, Middle Initial)

**A. Freedom Works for America PAC**

Mailing Address 400 N Capitol St NW Ste 765

City Washington State DC Zip Code 20001-1564

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 21024.E54**

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

30000.00

30000.00

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

NAME OF COMMITTEE (In Full) <b>Its Now or Never Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00519785</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Big Daddys Signs</b>		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 1319 Green Forest Ct Ste 409 Ste 409		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5299.47</div>
City Winter Garden	State FL	
Zip Code 34787-4448		<b>Transaction ID : 21015.E45</b>
Purpose of Expenditure Yard Signs	Category/ Type	Office Sought: <input type="checkbox"/> House    State: ND <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A BERG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7958.84</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Big Daddys Signs</b>		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 1319 Green Forest Ct Ste 409 Ste 409		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2659.37</div>
City Winter Garden	State FL	
Zip Code 34787-4448		<b>Transaction ID : 21015.E44</b>
Purpose of Expenditure Yard signs	Category/ Type	Office Sought: <input type="checkbox"/> House    State: ND <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HEIDI HEITKAMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7958.84</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">7958.84</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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.

*Anthony J. Ferate*

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2012

Signature

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

NAME OF COMMITTEE (In Full) <b>Its Now or Never Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00519785</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Republic Strategies</b>		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address <b>109 E 17th St Ste 25</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>
City <b>Cheyenne</b> State <b>WY</b> Zip Code <b>82001-4548</b>	<b>Transaction ID : 21016.E49</b>	
Purpose of Expenditure <b>Live phone calls</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House    State: <b>AZ</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JEFF FLAKE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span> </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
City      State      Zip Code	<b>Transaction ID : 21016.E49</b>	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">67958.84</div>

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.

*Anthony J. Ferate*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 
10 / 25 / 2012