

**HAND DELIVERED**

**FEC FORM 3X**

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

RECEIVED  
2015 FEB 27 PM 12:45  
Office Use Only  
FBI MAIL CENTER

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

ADDRESS (number and street) **135 BRIARWOOD PLACE**  
 Check if different than previously reported. (ACC) **WAKE FOREST NC 27587**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00529685**

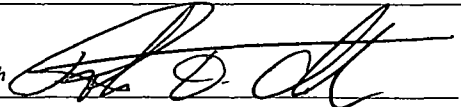
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 **Robert D Church**

Signature of Treasurer **Robert D Church**  Date  /  /

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

**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:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/>                                   |                         | 0.00                              |
| (b) Cash on Hand at Beginning of Reporting Period.....   | 224.48                  |                                   |
| (c) Total Receipts (from Line 19).....   | 259.99                  | 2010.23                           |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....      | 484.47                  | 2010.23                           |
| 7. Total Disbursements (from Line 31).....   | 475.00                  | 2000.76                           |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....                 | 9.47                    | 9.47                              |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 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)

Page 3

Write or Type Committee Name  
**NEW FRONTIER PAC**

Report Covering the Period: From: MM / DD / YYYY 10 / 18 / 2012 To: MM / DD / YYYY 11 / 26 / 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).....  | 259.99 | 1793.73 |
| (ii) Unitemized.....  | 0.00   | 216.50  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 259.99 | 2010.23 |
| (b) Political Party Committees.....   | 0.00   | 0.00    |
| (c) Other Political Committees (such as PACs).....  | 0.00   | 0.00    |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶  | 259.99 | 2010.23 |
| 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)).....▶                         | 259.99 | 2010.23 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 259.99 | 2010.23 |

11-00000-11-00000

**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 .....   | 0.00   | 257.24  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00   | 257.24  |
| 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) .....  | 250.00 | 1368.52 |
| 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 .....                                  | 225.00 | 375.00  |
| (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)).....                            | 225.00 | 375.00  |
| 29. Other Disbursements .....  | 0.00   | 0.00    |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |        |         |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |        |         |
| (i) Federal Share .....  | 0.00   | 0.00    |
| (ii) "Levin" Share.....  | 0.00   | 0.00    |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00   | 0.00    |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00   | 0.00    |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 475.00 | 2000.76 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 475.00 | 2000.76 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 259.99                        | 2010.23                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 225.00                        | 375.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 34.99                         | 1635.23                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 257.24                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 257.24                            |

11-11-04 11:00:11

**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 8  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**NEW FRONTIER PAC**

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

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 self Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1143.73**

Date of Receipt  
**10 / 21 / 2012**

Transaction ID : SA11A1.4195

Amount of Each Receipt this Period  
**9.99**

Expense(s) paid with personal credit

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

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 self Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**968.73**

Date of Receipt  
**10 / 23 / 2012**

Transaction ID : SA11A1.4180

Amount of Each Receipt this Period  
**50.00**

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

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 self Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1168.73**

Date of Receipt  
**11 / 03 / 2012**

Transaction ID : SA11A1.4232

Amount of Each Receipt this Period  
**200.00**

Loan amended to contribution received

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>259.99</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>259.99</b> |

11001 150 1114

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

|   |  |                              |                              |                              |                             |                              |             |
|---|--|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   |                              |                              |                              |                             |                              | PAGE 7 OF 8 |
|   | <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 checked="" 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)<br><b>A. Robert D Church</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 21 / 2012 |
| Mailing Address 135 Briarwood Place   |  | Transaction ID : SB28A.4226                              |
| City Wake Forest  | State NC   |  |
| Purpose of Disbursement<br>Loan repayment amended to contribution refund  |  | Amount of Each Disbursement this Period<br>225.00        |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |
| State:  | District:  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | Amount of Each Disbursement this Period |
| City  | State  |   |
| Purpose of Disbursement   |  | Category/<br>Type                       |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:  | District:  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | Amount of Each Disbursement this Period |
| City  | State  |   |
| Purpose of Disbursement   |  | Category/<br>Type                       |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:  | District:  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 225.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 225.00 |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>NEW FRONTIER PAC</b> | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00529685 |
|--|---|

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

|  |   |
|--|---|
| Full Name of Payee<br><b>Google</b>  | Date of Public Distribution/Dissemination<br><input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Mailing Address<br><b>1600 Amphitheatre Parkway</b>                          | Amount<br><input type="text"/>  |
| City<br><b>Mountain View</b>   | State<br><b>CA</b>  |
| Zip Code<br><b>94043</b>   | Transaction ID : <b>SE.4187</b>   |
| Purpose of Expenditure<br><b>Advertise on Youtube</b>                        | Date of Disbursement or Obligation<br><input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Category/Type<br><input type="text"/>  |   |
| Name of Federal Candidate<br><b>OBAMA FOR AMERICA</b>                        | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought <input type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012<br><input type="checkbox"/> Other (specify) ▶ _____   |
| 327.99   |   |

|  |   |
|--|---|
| Full Name of Payee<br><b>Google</b>  | Date of Public Distribution/Dissemination<br><input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Mailing Address<br><b>1600 Amphitheatre Parkway</b>                          | Amount<br><input type="text"/>  |
| City<br><b>Mountain View</b>   | State<br><b>CA</b>  |
| Zip Code<br><b>94043</b>   | Transaction ID : <b>SE.4189</b>   |
| Purpose of Expenditure<br><b>Advertise on Youtube</b>                        | Date of Disbursement or Obligation<br><input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Category/Type<br><input type="text"/>  |   |
| Name of Federal Candidate<br><b>OBAMA FOR AMERICA</b>                        | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought <input type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012<br><input type="checkbox"/> Other (specify) ▶ _____   |
| 527.99   |   |

|   |                      |
|---|----------------------|
| (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 Robert D Church

Date  /  /



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 checked="" type="checkbox"/> Hand Delivered  | Date of Receipt<br>2/27/15    |
| <input type="checkbox"/> USPS First Class Mail  | Postmarked                    |
| <input type="checkbox"/> USPS Registered/Certified  | Postmarked (R/C)              |
| <input type="checkbox"/> USPS Priority Mail   | Postmarked                    |
| <input type="checkbox"/> USPS Priority Mail Express   | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible   |                               |
| <input type="checkbox"/> No Postmark  |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):<br>Next Business Day Delivery <input type="checkbox"/> | Shipping Date                 |
| <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 |

  
PREPARER  
(8/2013)

2/27/15  
DATE PREPARED

11000113011111