

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

A Critical Choice for America Political Action Committee

ADDRESS (number and street) 4410 Massachusetts Avenue #121 Washington DC 20016

Check if different than previously reported. (ACC)

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

C C00528372

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - 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 11 / 06 / 2012 in the State of []

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 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 James McCarthy

Signature of Treasurer James McCarthy [Electronically Filed] Date 12 / 06 / 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									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

A Critical Choice for America Political Action Committee

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="360501.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50000.13"/>	<input type="text" value="420501.90"/>
(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="410501.90"/>	<input type="text" value="420501.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="409999.77"/>	<input type="text" value="419999.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="502.13"/>	<input type="text" value="502.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="500.00"/>	

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

A Critical Choice for America Political Action Committee

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

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).....	50000.00	420000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50000.00	420000.00
(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)	50000.00	420000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	500.00
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.).....	0.13	1.90
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))..... ▶	50000.13	420501.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50000.13	420501.90

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	160445.03	160445.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	160445.03	160445.03
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)	100480.00	100480.00
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	149074.74	159074.74
(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)).....	149074.74	159074.74
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)) ..	409999.77	419999.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	409999.77	419999.77

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)	50000.00	420000.00
34. Total Contribution Refunds (from Line 28(d))	149074.74	159074.74
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-99074.74	260925.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	160445.03	160445.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	160445.03	160445.03

**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 24
(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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)
A. Rebecca Byrne

Mailing Address 320 Glenbrook Drive

City State Zip Code
 Atlantis FL 33462

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

Name of Employer Occupation
 J. Byrne & Company Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
 10000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Gary Erlbaum

Mailing Address 44 W. Lancaster Avenue
 Suite 110

City State Zip Code
 Ardmore PA 19003

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

Name of Employer Occupation
 Greentree Properties Real Estate Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 10000.00

Contribution

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

Mailing Address 225 E. 57th Street

City State Zip Code
 New York NY 10022

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

Name of Employer Occupation
 Flinkler & Company Money Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
 10000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 30000.00

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 7 OF 24
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ed Hyman

Mailing Address 666 Fifth Avenue

City State Zip Code
New York NY 10103

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

Name of Employer Occupation
International Strategy and Inv Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
10000.00

Contribution

Full Name (Last, First, Middle Initial)
B. John Runnette

Mailing Address 117 Teal PointeLlane

City State Zip Code
Ponte Verda FL 32082

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

Name of Employer Occupation
n/a retired entrepreneur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
10000.00

Contribution

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	50000.00

**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

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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. CounterPoint Strategies, Ltd.

Mailing Address 1010 Wisconsin Avenue Northwest

City Washington State DC Zip Code 20007

Purpose of Disbursement
Agency Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2012

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period

160445.03

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 M	/	D 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 M	/	D 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)..... ▶

160445.03

160445.03

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Ashner

Mailing Address Two Jericho Plaza
Suite 111, Wing A

City Jericho State NY Zip Code 11753

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4203

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Cliff Asness

Mailing Address Two Greenwich Plaza

City Greenwich State CT Zip Code 06183

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4204

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Rebecca Byrne

Mailing Address 320 Glenbrook Drive

City Atlantis State FL Zip Code 33462

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4205

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Calhoun

Mailing Address 40 Danbury Road

City Wilton State CT Zip Code 06897

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4206

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Russ Carson

Mailing Address 320 Park Avenue
Suite 2500

City New York State NY Zip Code 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4207

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Leon Cooperman

Mailing Address 88 Pine Street

City New York State NY Zip Code 10005

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4208

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stan Druckenmiller

Mailing Address 40 W. 57th Street
25th Floor

City New York State NY Zip Code 10019

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4209

Amount of Each Disbursement this Period

3635.97

Category/
Type

Full Name (Last, First, Middle Initial)

B. Steve Einhorn

Mailing Address 88 Pine Street

City New York State NY Zip Code 10005

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4210

Amount of Each Disbursement this Period

3635.97

Category/
Type

Full Name (Last, First, Middle Initial)

C. Gary Erlbaum

Mailing Address 44 W. Lancaster Avenue
Suite 110

City Ardmore State PA Zip Code 19003

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4211

Amount of Each Disbursement this Period

3635.97

Category/
Type

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

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

10907.91

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Finneran

Mailing Address 5 Via Los Incas

City State Zip Code
Palm Beach FL 33480

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4212

Amount of Each Disbursement this Period

3635.97

Category/
Type

Full Name (Last, First, Middle Initial)

B. Howard Flinkler

Mailing Address 225 E. 57th Street

City State Zip Code
New York NY 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4213

Amount of Each Disbursement this Period

3635.97

Category/
Type

Full Name (Last, First, Middle Initial)

C. E.E. Geduld

Mailing Address 279 Central Park West
Apt. 12A

City State Zip Code
New York NY 10024

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4214

Amount of Each Disbursement this Period

3635.97

Category/
Type

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

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

10907.91

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ed Hajim

Mailing Address 435 East 52nd Street
Apt. 16C1

City New York State NY Zip Code 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4215

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Ira Harris

Mailing Address 220 Sunrise Avenue
Suite 210

City Palm Beach State FL Zip Code 33480

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4216

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Roger Hertog

Mailing Address 745 5th Avenue

City New York State NY Zip Code 10151

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4217

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)

A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ed Hyman

Mailing Address 666 Fifth Avenue

City New York State NY Zip Code 10103

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4218

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Jon Jacobson

Mailing Address 14 Highfields

City Wayland State MA Zip Code 01778

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4219

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Bill Jasper

Mailing Address 15 Old Saybrook Drive

City Greensboro State NC Zip Code 27455

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4220

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mel Karmazin

Mailing Address 121 Avenue of the Americas
36th Floor

City New York State NY Zip Code 10020

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : **SB28A.4221**

Amount of Each Disbursement this Period

3635.97

Category/
Type

Full Name (Last, First, Middle Initial)

B. Don Keough

Mailing Address 200 Galleria Parkway

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : **SB28A.4222**

Amount of Each Disbursement this Period

3635.97

Category/
Type

Full Name (Last, First, Middle Initial)

C. James Kilts

Mailing Address 3 Greenwich Office Park
2nd Floor

City Greenwich State CT Zip Code 06831

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : **SB28A.4223**

Amount of Each Disbursement this Period

3635.97

Category/
Type

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

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

10907.91

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ken Langone

Mailing Address 375 Park Avenue

City New York State NY Zip Code 10152

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4224

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Steve Levin

Mailing Address 44 Coconut Row
Suite T-8

City Palm Beach State FL Zip Code 33480

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4225

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Stephen Luczo

Mailing Address 5619 Scotts Valley Drive
Suite 120

City Scotts VALley State CA Zip Code 95066

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4226

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dan Lufkin

Mailing Address 711 5th Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4227

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Bill Mack

Mailing Address 450 Deerfield Road

City Watermill State NY Zip Code 11976

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4228

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Roberto Mignone

Mailing Address 90 Park Avenue
40th Floor

City New York State NY Zip Code 10026

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4229

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lauree Moffett

Mailing Address 7849 Escalia Drive

City State Zip Code
Austin TX 78735

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4230

Amount of Each Disbursement this Period

3	6	3	5	.	9	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mark Morris

Mailing Address 625 Park Avenue

City State Zip Code
New York NY 10065

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4250

Amount of Each Disbursement this Period

3	6	3	5	.	9	4
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Nelson Peltz

Mailing Address 280 Park Avenue
41st Floor

City State Zip Code
New York NY 10017

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4231

Amount of Each Disbursement this Period

3	6	3	5	.	9	7
---	---	---	---	---	---	---

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

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

1	0	9	0	7	.	8	8
---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Perella

Mailing Address 767 Fifth Avenue
5th Floor

City New York State NY Zip Code 10153

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4232

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Michael Price

Mailing Address 667 Madison Avenue

City New York State NY Zip Code 10065

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4233

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Samuel Reeves

Mailing Address 12167 Turtle Beach Road

City North Palm Beach State FL Zip Code 33408

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4234

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Runnette

Mailing Address 117 Teal PointeLlane

City State Zip Code
Ponte Verda FL 32082

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4235

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

B. Ricky Sandler

Mailing Address 65 East 55 Street
25th Floor

City State Zip Code
New York NY 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4236

Amount of Each Disbursement this Period

3635.97

Full Name (Last, First, Middle Initial)

C. Oscar Schafer

Mailing Address 598 Madison Avenue

City State Zip Code
New York NY 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB28A.4237

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Herbert Siegel

Mailing Address 55 East 59th Street
#22B

City New York State NY Zip Code 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2012

Transaction ID : SB28A.4238

Amount of Each Disbursement this Period

3635.97

B. Michael Steinhardt

Full Name (Last, First, Middle Initial)

Mailing Address 650 Madison Avenue
17th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2012

Transaction ID : SB28A.4239

Amount of Each Disbursement this Period

3635.97

C. Tom Teague

Full Name (Last, First, Middle Initial)

Mailing Address 325 Arbour Road

City Winston-Salem State NC Zip Code 27104

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2012

Transaction ID : SB28A.4240

Amount of Each Disbursement this Period

3635.97

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

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

10907.91

--

**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 checked="" 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)
A Critical Choice for America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Welch

Mailing Address 11935 Lost Tree Way

City North Palm Beach State FL Zip Code 33408

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4241

Amount of Each Disbursement this Period

3635.97

Category/Type

Full Name (Last, First, Middle Initial)

B. John Whitehead

Mailing Address 666 5th Avenue
37th Floor

City New York State NY Zip Code 10103

Purpose of Disbursement
refund of excess funds to each contributor

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2012

Transaction ID : SB28A.4242

Amount of Each Disbursement this Period

3635.97

Category/Type

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

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

7271.94

149074.74

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **A Critical Choice for America Political Action Committee** Transaction ID : SC/10.4245

LOAN SOURCE Full Name (Last, First, Middle Initial) James McCarthy	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4410 Massachusetts Avenue, NW #121	
City Washington State DC ZIP Code 20016	

Original Amount of Loan <input type="text" value="500.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="500.00"/>
--	---	--

TERMS

Date Incurred: / / Date Due: Interest Rate: % (apr) Secured: Yes 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="500.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text" value="500.00"/>

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) A Critical Choice for America Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00528372
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 USA Today		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 7950 Jones Branch Drive		Amount 100480.00
City McLean	State VA	
Zip Code 22102	Transaction ID : SE.4165	
Purpose of Expenditure Full Page Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: W MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 100480.00		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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100480.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	100480.00

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.

James McCarthy

[Electronically Filed]

Date

MM	/	DD	/	YYYY
12		06		2012

Signature