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FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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	To Guidi Man An Addionage Committee	Econidatip out HIEL
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, ty over the lines.	/pe 12FE4M5
Ociango abo	an marcial Rici IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
		
ADDRESS (number and street)	3904 ConiLER LANG	
Check if different		
than previously reported. (ACC)	Bowici	1 20171/15]-LII
2. FEC IDENTIFICATION	NUMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
CD. 05 1.8.	3. IS THIS NEW NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (M2) May 2	20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 2	20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4) Jul 20	0 (M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report July 15	(c) 12-Day Primary (12P)	General (12G) Rumoff (12R)
Quarterly Report	PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report	t (Q3)	in the
January 31 Year-End Repor	t (YE) Election on	State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction (d) 30-Day	Runoff (30R) Special (30S)
Termination Rep		in the State of
5. Covering Period	2.1 2 through	0.9 12 201.2
I certify that I have examined	this Report and to the best of my knowledge and believe	f it is true, correct ated nonuplate.
Type or Print Name of Treas	urer <u>Glann</u> Morton	
Signature of Treasurer		Date 09 12 2012
NOTE: Submission of false, er	roneous, or incomplete information may subject the person s	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Occupy From: To: Report Covering the Period: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... 7. Total Disbursements (from Line 31)......... 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on -Schedule C and/or Schedule D) 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

FE6AN026

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DETAILED SUMMARY PAGE

of Receipts

	FEC Form 3X (Rev. 06/2004)		Page 3
W	rite or Type Committee Name		
	D ccups	Obama care	
_	C SO P	A LOAD A VANADA	Man / Dag / Mana
R	eport Covering the Period: From: <u>C</u>	0.1 20.13 To	» 09 12 2013
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From:	· · · · · · · · · · · · · · · · · · ·	
	(a) Individuals/Persons Other	·	
	Than Political Committees		
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	O	
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	\mathcal{O}	
2.	Transfers From Affiliated/Other		
	Party Committees		
2	All Loans Received		
J.	All Lualis neceiveu		
4	Loan Repayments Received		
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		7 7 7 7 8 8 8 8 8 8
16.	Refunds of Contributions Made		the properties of the second s
	to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	G	
18	Transfers from Non-Federal and Levin Funds	U	
. . .	(a) Non-Federal Account		
	(from Schedule H3)	0	
	-		
	(b) Levin Funds (from Schedule H5)	0	
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	$\overline{\mathcal{D}}$	
20	Total Fadaral Pagainta		the support to the su
∠ U.	Total Federal Receipts	<u></u>	
	(subtract Line 18(c) from Line 19)▶	U	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		The state of the s
	(i) Federal Share		L
	(ii) Non-Federal Share	0	
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	Lanara V	
	(add 21(a)(i), (a)(ii), and (b))		
22.	Transfers to Affillated/Other Rarty		
23.	Contributions to	L. n. n. n. n. n. n. l.	L
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26.	Loan Repayments Mede		
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuats/Persons Other		
	Than Political Committees	L. n. n. n. n. n. o	Lanana O
	(b) Political Party Committees	D	
	(c) Other Political Committees		
	(such as PACs)	Lannand	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	Langer	Lanana P
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))	_	
	(a) Allocated Federal Election Activity (from Schedule H6)		,
	(i) Federal Share	0	
			[
	(ii) "Levin" Share(b) Federal Elaction Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		A
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	L	
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	LQ	LO
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
			•

(subtract Line 37 from Line 36)

DETAILED S	U	MM/	ARY	PAGE
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of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A **COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** penditures Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures (fram Line 15, page 3)..... 38. Net Operating Expenditures

5(CHEDULE A (FEC FORM 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Ar	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments ma me and a	ay not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)) ba	ema cart	
Α.	Full Name (Last, First, Middle Initial)	(v-	ema cart	Date of Receipt
	Mailing Address	State	Zip Code	
				Amount of Each Receipt this Period
	lederal political committee.	C .		
	Name of Employer O	ccupation	·	
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-te-Date ▼	
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt
D.	Mailing Address			Mam / Dab / Yayayay
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		
	Name of Employer O	ccupation		
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼	-
_	Full Name (Last, First, Middle Initial)			
C.	Mailing Address			Date of Receipt
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	FEC ID number of contributing federal political committee.	C		
	Name of Employer O	occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional)			
١,	FOTAL This Period (last page this line number only	y)		

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LC I OHII 3X)	Use separate schedule(s)	FOR LINE			PAGE	OF	_
TEMIZED DISBURSEMENTS	for each category of the	(check only	one)	□ 23	724 🗀 2	25 26	
•	Detailed Summary Page	H ₂₇	28a	- 28b	1 1 1	29 306	
Any information copied from such Reports and Statem	ents may not be sold or used	by any perso	on for the pu				_
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit .contr	ibutions fr	om such com	ımittee.	
NAME OF COMMITTEE (In Full)							
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\ ,			Date of E)isburseme	ent		
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Mailing Address				L	╽┕┷		
City	State Zip Code						-
Purpose of Disbursement	P			4 Fact Di		tie Dested	
Candidate Name			Amount	T Each Di	sbursement t	nis Period	
Caldidate Halls	'	Category/ Type		an n			
Office Sought: House Disbursen	nent For:						
	Primary General						
President State: District:	Other (specify) ▼						
							_
Full Name (Last, First, Middle Initial) 3.			Date of D	Disburseme	ent		
-			M M	/ 0 0	/ ***	7 7	
Mailing Address]		
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City	State Zip Code						
Purpose of Disbursement	F						
On Plan Name			- Amount o	of Each Di	sbursement t	his Period	
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	Туро					
Senate	Primary General						
	Other (specify) ▼						
State: District:							_
Full Name (Last, First, Middle Initial)			Date of I	Disburseme	ent		
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Mailing Address					<u> </u>		
City.	State Zip Code						_
City	state Zip Code						
Purpose of Disbursement	Te						
			Amount o	of Each Di	sbursement t	his Period	
Candidate Name		Category/ Type	,				l
Office Sought: House Disbursen	nent For:	туре			السيب المسارة ليسال		j
·	Primary General						
President	Other (specify) ▼						
State: District:							_
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CHEDULE C (FEC FO Dans	477	Use separate sched	
		for each category o Detailed Summary I	f the Page FOR LINE 13 OF FORM
ME OF COMMITTEE (In Full)			
<i>O</i>	CCUPL Oba	ama care	-
LOAN SOURCE Full Name (Last, Fifst, Middle Initial)		Election:
	NonF		General
Mailing Address			Other (specify) ▼
City	State	ZIP Code	
Original Amount of Loan	Cumulative	Payment To Date	Balance Outstanding at Close of Thi
TERMS Date Incurred		Date Due Interest	Rate Secured:
مدار لوموا د الامساد		** / Y * Y * Y * Y	% (apr)
عبا ليحبا لبعبا		<u></u>	/6 (apr)
List All Endorsers or Guarar	• • •		
1. Full Name (Last, First, Mid	adie initial)	Name of Employer	
Mailing Address		Occupation	
•			
City	State ZIP Code	Amount Guaranteed	
O.I.y	5.0.0	Outstanding:	
2. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
C.I.y		Outstanding:	
3. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·
		Amount	
City	State ZIP Code		
4. Full Name (Last, First, Mid	dle Initial)	Outstanding: Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code		
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UBTOTALS This Period This P	age (optional)		
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(8/2013)