**FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED

				2012 IANORA	JSA IGNM · O 2			
1. NAME OF COMMITTEE (in		OR PRINT W	Example: If typing, type over the lines.		CENTER			
<u> </u>		call, Inc.	Political	Action				
(COMM) AA	cem	1111111						
ADDRESS (number an	d street)	39, 50, Un	1101 St 54	h. F.L				
Check if difficult than previous reported. (A	inhe 1	AWrence		MA 0.1.8	<u>-43</u> 1-L			
2. FEC IDENTIFIC	ATION NUMBE	R ▼ CIT	Y 🛦	STATE ▲	ZIP CODE A			
	and the second s	N	THIS NEW (N) (	OR (A)	·			
4. TYPE OF REF (Choose One)	PORT (b)	Report 5-3	20 (M2) May 20 (	(M5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)			
(a) Quarterly Re	parts:	Mar	20 (M3) Jun 20 ( 20 (M4) Jul 20 (M		Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)			
April 15 Quarter	y Report (Q1)			[Fe]	<u> </u>			
July 15		(c) 12-Day PRE-Election	Primary (12P)	General (128)	Runoff (128)			
Quarteri October	y Report (Q2)	Report for the:	Convention (12C)	Special (12S)				
Quarteri January	y Report (Q3)	Election	n on	, [ <u>47,47,484</u> ]	in the State of			
Report (	Mid-Year Non-election ly) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)			
Terminati (TER)	tion Report	Report for the:	n on		in the State of			
5. Covering Period	10	01 201	through	2 31 20				
I certify that I have ex	xamined this Rer	port and to the best of	my knowledge and belief it	is true, correct and comple	ete.			
Type or Print Name of	<b>1</b> 2	obert 5	Brown	,				
Signature of Treasurer  Date  Date  Date								
NOTE: Submission of	ialse, erroneous, i	or incomplete information	may subject the person sign	ing this Report to the penal	ties of 2 U.S.C. §437g. 7			
Office Use Only		:		FE	C FORM 3X Rev. 12/2004			
FE6AN026								

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Committee Action Report Covering the Period: From: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand January 1, Cash on Hand at 3 4 4 3 6 8 Beginning of Reporting Period..... 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) ..... Total Disbursements (from Line 31)...... 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

# 203072115

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name ical Action Committee Report Covering the Period: To: From: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. 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)..... Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .......▶

FEC Form 3X (Rev. 02/2003)

#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

**COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Facieral Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ...........................▶ 22. Transfers to Affillated/Other Party Committees......
Contributions to
Federal Candidates/Committees
and Other Political Committees...... 24. Independent Expenditures (use Schedule E) ..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... <del>مریبی میبرید م</del>د 26. Loan Repayments Made..... Loans Made.. Refunds of Contributions To: Individuals/Persons Other Than Political Committees ..... (b) Political Party Committees ..... Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...........▶ 29. Other Disbursements ..... 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. 32. Total Federal Disbursements (subtract Line 21(a)(li) and Line 38(a)(ii)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)		
34.	Total Contribution Refunds (from Line 28(d))	The state of the s	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures		
37.	(add Line 21(a)(i) and Line 21(b)) ►  Offsets to Operating Expenditures		Land on the water of any to the other of the
38.	(from Line 15, page 3)  Net Operating Expenditures		
	(subtract Line 37 from Line 36)		

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	[	Line consents askedule(s)	FOR LINE NUMBER: PAGE OF								
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page	11a   11b   11c   12 13   14   15   16   17								
Any information copied from such Reports and Stat			son for the purpose of soliciting contributions								
or for commercial purposes, other than using the no  NAME DF COMMITTEE (In Full)	ame and a	uurnsa or any political committoe	TO SOUCH COMMITTEE.								
NX5-1900 Medical Inc.	Committee										
Full Name (Vast, First, Middle Initial)	Date of Receipt										
Mailing Address											
City	State	Zip Code									
	[[		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer	Occupation										
	Aggregate	Year-to-Date ▼	NONE								
Primary General Other (specify) ▼	]		NONE								
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)										
B. Mailing Address	Date of Receipt										
			M. M. V. D. O. D. V. A.								
City	State	Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		Amount of Each recept his Fellow								
	Occupation	The second secon									
Receipt For: Primary General	00 0	Year-to-Date ▼									
Other (specify) ▼											
Full Name (Last, First, Middle Initial)	Il Name (Last, First, Middle Initial)										
Mailing Address			Date of Receipt								
City	State	Zip Code									
			Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer	Occupation		†								
Receipt For:	Angragata	Voca to Data W	-								
Primary Ganeral		Year-to-Date ▼									
Other (specify) ▼											
SUBTOTAL of Receipts This Page (optional)											
TOTAL This Period (last page this line number on											

									_								
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		_		NUMBER:				PAGE OF						
				֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	cnec	k only 21b	one) 22	_	] 23	П	24 [	72	25	_	26		
			Detailed S	ummary Page			27	28a		28b		28c	]2	29	$\exists$	30b	
	ny information copied from such Reports a for commercial purposes, other than usin																
K	NAME OF COMMITTEE (In Full)	<u>-                                      </u>						,									
2	Mestage Medical Inc Political Action							Cor	$\mathcal{D}$	Mr	1	ec_					
A.	rui Name (Last, First, Middle Initial)							Date of Disbursement									
	Mailing Address							MIT W \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
	City	S	tate	Zip Code										_			
	Purpose of Disbursement		<u>-</u>		11	٠, ٠٠. ١ ر											
	Candidate Name					tego		Amount of Each Disbursement this Period									
	Office Sought: House	Disbursem	ost For			Type		<u> </u>		-71 <u></u> -7				( <u>*</u> )-			
	Senate President		Primary Other (specil	General						N	, O	NE					
	State: District:												_				
В.	Full Name (Last, First, Middle Initial)						ļ	Data a	d Di	sburse							
В.							Ì	Date (				ιι •	<b>/ ∀</b> "∪	<b>Ψ</b> . υ. ν	771		
	Mailing Address									ال			<u> </u>				
	City	City State Zip Code															
	Purpose of Disbursement					,\		Amount of Each Disbursement this Period									
	Candidate Name Category/							Villagille of Errol, Despuisement and Length									
	***					Гуре		لــــــــــــــــــــــــــــــــــــــ	<u>-7.</u>	`J		<u> </u>	بيب			الِـــ	
	Office Sought: House Senate	Disbursem	ent For: Primary	General													
	President		Other (specif	ш													
	State: District:																
C.	Full Name (Last, First, Middle Initial)							Date o	of Di	sburse							
	Mailing Address	<del>-,</del> -,					$\neg \neg$	- V	] '	<b>D</b> 11	D	' [[V]]	, <b>,</b> , , , .				
	City State Zip Code												*	-			
	Purpose of Disbursement																
	Candidate Name				Ca	tegoi	N/	Amour				urseme					
	Office Squaht:   House	Dioburne	ant Ecr			Туре		اليي		<b>-77</b> 7.					يہ		
	Office Sought: House Senate President		nent Hor: Primary Other (specif	☐ General													
_	State: District:		- Japetii	· · · · · · · · · · · · · · · · · · ·	·-			=:									
•								C 31 -3 C13	-7-	V		<del></del>		<del></del> -	. 57		

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

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

## **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. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):