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**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

PGA TOUR INC, POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

112 PGA TOUR BOULEVARD

Check if different than previously reported. (ACC)

PONTE VEDRA BEACH

FL

32082

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 9 6 4 2 8

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

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY
0 4 / 0 1 / 2 0 1 1

through

MM / DD / YYYY
0 6 / 3 0 / 2 0 1 1

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 Ronald E. Price

Signature of Treasurer

Date

MM / DD / YYYY
0 7 / 1 5 / 2 0 1 1

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

FEC FORM 3X
(Rev. 02/2003)

11030633157

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PGA TOUR INC., POLITICAL ACTION COMMITTEE

Report Covering the Period:

From: 04 / 01 / 2011

To: 06 / 30 / 2011

11030633158

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2011	1590003
(b) Cash on Hand at Beginning of Reporting Period.....	1486108	
(c) Total Receipts (from Line 19)	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1486108	1590003
7. Total Disbursements (from Line 31)	253895	357790
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1232213	1232213
9. 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

DETAILED SUMMARY PAGE
of Disbursements

11030633160

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			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures <u> Bnk. Charges </u>	3 8 9 5	7 7 9 0	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3 8 9 5	7 7 9 0	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2 5 0 0 0 0	3 5 0 0 0 0	
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) 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)) ..	2 5 3 8 9 5	3 5 7 7 9 0	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 5 3 8 9 5	3 5 7 7 9 0	

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)	2 5 0 0 0 0	3 5 0 0 0 0
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))	3 8 9 5	7 7 9 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2 5 3 8 9 5	3 5 7 7 9 0

11030633161

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)

11030633162

A.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

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

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

**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)	PAGE 1 OF 1
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
PGA TOUR, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.	Wells Fargo	Date of Disbursement
Mailing Address	700 TPC Boulevard	MM / DD / YYYY 04 / 11 / 2011
City	Ponte Vedra Beach	State
		FL
	Zip Code	32082
Purpose of Disbursement	Bank Charges	Amount of Each Disbursement this Period
Candidate Name		1295
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Category/Type
	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	001
State:	District:	

B.	Wells Fargo	Date of Disbursement
Mailing Address	700 Ponte Vedra Boulevard	MM / DD / YYYY 05 / 10 / 2011
City	Ponte Vedra Beach	State
		FL
	Zip Code	32082
Purpose of Disbursement	Bank Charges	Amount of Each Disbursement this Period
Candidate Name		1295
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Category/Type
	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	001
State:	District:	

C.	Wells Fargo	Date of Disbursement
Mailing Address	700 Ponte Vedra Boulevard	MM / DD / YYYY 06 / 09 / 2011
City	Ponte Vedra Beach	State
		FL
	Zip Code	32082
Purpose of Disbursement	Bank Charges	Amount of Each Disbursement this Period
Candidate Name		1295
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Category/Type
	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	001
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3895
TOTAL This Period (last page this line number only).....▶	3895

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**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)		PAGE 1 OF 1	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PGA TOUR INC., POLITICAL ACTION COMMITTEE

A. Becerra for Congress

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 116**

City: **Hyattsville** State: **MD** Zip Code: **20781**

Purpose of Disbursement: **Campaign Contribution** Category/Type: **006**

Candidate Name: **Xavier Becerra**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement: **04 / 06 / 2011**

Amount of Each Disbursement this Period: **100000**

B. Dave Camp for Congress

Full Name (Last, First, Middle Initial)

Mailing Address: **20 F Street, Suite 500**

City: **Washington** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **Campaign Contribution** Category/Type: **006**

Candidate Name: **Dave Camp**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **MI** District: **4**

Date of Disbursement: **06 / 14 / 2011**

Amount of Each Disbursement this Period: **100000**

C. Bill Nelson for US Senate

Full Name (Last, First, Middle Initial)

Mailing Address: **972 W Whitmore Drive**

City: **Melbourne** State: **FL** Zip Code: **32935**

Purpose of Disbursement: **Campaign Contribution** Category/Type: **006**

Candidate Name: **Bill Nelson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **FL** District:

Date of Disbursement: **06 / 20 / 2011**

Amount of Each Disbursement this Period: **50000**

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

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

250000

11050633164

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/15/11

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

LMH
 PREPARER

1/20/11
 DATE PREPARED

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