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FEC FORM 3X

Office

Use

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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2013 JUL 22 PM 1:38

FEC FORM 3X

Rev. 12/2004

NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. HARRAK AMERICA Filbert LANC ADDRESS (number and street) Check if different than previously FL reported. (ACC) ZIP CODE CITY A STATE . 2. FEC IDENTIFICATION NUMBER ▼ **AMENDED** 3. IS THIS NEW OR REPORT (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Electi Year Only) (Choose One) Report Due On: Dec 20 (M12) Jun 20 (M6) Sep 20 (M9) Mar 20 (M3) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 State of Election on Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** Runoff (30R) Special (30S) General (30G) Year Only) (MY) Report for the: **Termination Report** in the (TER) Election on State of 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 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

13031094162

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
HAPHAL AMEL	ica	
Report Covering the Period: From:	04 01 2013	o: 06 30 2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		-1.08
(b) Cash on Hand at Beginning of Reporting Period	2.5.8	
(c) Total Receipts (from Line 19)	320,00	6.45.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3.22.5.8	64471
7. Total Disbursements (from Line 31)	331.00	54921
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-8.42	95,50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	320,00	
This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 809-424-9530 Local 202-694-1100	

1303109416

M

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

R	Report Covering the Period: From: 04 01 2013 To: 06 30 2013						
	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	22200	1-11579				
	(i) Itemized (use Schedule A)						
	(ii) Unitemized	0.06	0.00				
	(iii) TOTAL (add						
	Lines 11(a)(i) and (ii)▶	320.00	645.17				
	4. - 4	105	200				
	(b) Political Party Committees	0.00					
	(such as PACs)	000	000				
	(d) Total Contributions (add Lines						
	11(a)(iii), (b), and (c)) (Carry						
	Totals to Line 33, page 5)	320.00	645.17				
12.	Transfers From Affiliated/Other		Summittee and Su				
	Party Committees	.0.0.0					
40	All Loans Received						
13.	All Loans Received	[0.00				
4.4	Loan Repayments Received		000				
	Offsets To Operating Expenditures	D.D.D					
10.	(Refunds, Rebates, etc.)						
	(Carry Totals to Line 37, page 5)	0.00	DOD				
16.	Refunds of Contributions Made		kan dan dan Desakarakan Alban dan dan dan dan dan dan dan dan dan d				
	to Federal Candidates and Other		And the state of t				
	Political Committees	0.00	0.0.8				
17.	Other Federal Receipts						
10	(Dividends, Interest, etc.)	0.60	<u> </u>				
10.	(a) Non-Federal Account	Process Comments of the Commen					
	(from Schedule H3)	0.00	200				
	, ,						
	(b) Levin Funds (from Schedule H5)	000	006				
	(2)						
	(c) Total Transfers (add 18(a) and 18(b))	000	0.00				
		ริงานเลยเรียนกระบบสิ่นการจุด เป็นโกรการ " แบบการกับ เกรเหลือ มีการเลยเรื่อง การการกับ "การมีกับ โดยการเล่นการก	Benever Statement de articula d'Alexan el Beneve de Armend de Beneve d'an secuel de articula d'Armend accesse				
19.	Total Receipts (add Lines 11(d),						
	12, 13, 14, 15, 16, 17, and 18(c))▶	320 00	1.46.79				
	,,,,	handson de la company de la co	handen dan Barbarda 4.1.5 Silvet en				
20.	Total Federal Receipts	landen sekratellusultusultusultusultusultusultusultu					
	(subtract Line 18(c) from Line 19)▶	32000	645.77				
	•	NOT AND ADMINISTRATION OF THE PROPERTY OF THE	The second section of the second seco				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal		Total This Period	Calendar Year-to-Date
	Activity (from Schedule H4)	A A A	
	(i) Federal Share		0.0.6
	(ii) Non-Federal Share	206	80.0
	(b) Other Federal Operating	23/140	64921
	Expenditures (c) Total Operating Expenditures	23.7.60	
	(add 21(a)(i), (a)(ii), and (b))▶	33100	549.21
22.	Transfers to Affiliated/Other Party		
23.	CommitteesContributions to	000	00.6
	Federal Candidates/Committees and Other Political Committees	006	
24.	Independent Expenditures		
25.	(use Schedule E) Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	000	0.00
26.	Loan Repayments Made	D.OD	202
27. 28.	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	000	
	(b) Political Party Committees	002	600
	(c) Other Political Committees		
	(such as PACs)	,,000	
	(d) Total Cantribution Refunds		
	(add Lines 28(a), (b), and (c))▶	La. Dop	
29.	Other Disbursements	0.00	600
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(c) Total Federal Election Activity (add	D.O.D	<u> </u>
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	UDU .	, , , , , , , , 0,00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	,331,00	5.49.21
32	Total Federal Disbursements		
J.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	331.00	549.2!
	•		

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 5
111	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)	320,06	645.17
34.	Total Contribution Refunds (from Line 28(d))	0.06	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	320,60	645.79
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	331,60	5.49.21
37.	Offsets to Operating Expenditures (from Line 15, page 3)	DDD	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	331,00	5,49.2[

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Has consents exhaulteds	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 Sta	tements may not be sold or used by any	person for the purpose of soliciting contributions
or far commercial purposes, other than using the r	arne and address of any political committe	ser to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		i
HAPHAK AME	RICA	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	_	
7314 Filbe		_ 03 22 20/3
City TAMPA	State Zip Code 33437	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	, 105.00
Name of Employer JC 111 & Asse.	Occupation Underweited	
Receipt For:	Aggregata Year-to-Date ▼	
Primary General Other (specify)	g i la propriation de la casa de	
Union (specify) 🔻	in the first of white the free the second	
Full Name (Last, First, Middle Initial)	<u> </u>	Data of Bassist
3. Rule, Cesm.		Date of Receipt
7314 Filber		_ 04 05 2013
City	State Zip Code	
1 Ampa	FL 33437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C.	110.00
Name of Employer	Occupation	
Receipt For:	Underweiter	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	$\widehat{\mathcal{Y}}_{n}(x) + (1 + \frac{1}{2} \widehat{\mathbf{y}}_{n}) = \mathbb{E}[\hat{\mathbf{y}}_{n}(x) + \frac{1}{2} \widehat{\mathbf{y}}_{n}(x)] + \mathbb{E}[\hat{\mathbf{y}}_{n}(x)]$	
Full Name (Last, Eiret, Middle Initial)		Date of Receipt
Mailing Address	<u>***</u>	
7314 Filber	IT LANC	_ 06 03 2013
City Jamsa	State Zip Code Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	" C	40.00
Name of Employer	Occupation	
TCIII ST AGSE	Under Weiter	
Primary Ganeral	Aggregate Year-to-Date ▼	
Other (specify)	ing di kacamatan di Kabupatèn Kabupa	
	•	
SUBTOTAL of Receipts This Page (optional)		, ,215.00
TOTAL This Period (last page this line number or	1ly)	▶ Section of the body of the body of the section of the body of t

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)		
HEIMIZED REVEIPTS	for each category of the Detailed Summery Page	11a 11b 11c 12		
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any pe ame and addrasa of any political committee	13 14 15 16 17 rson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
HAPMAK AMERIC				
Full Name (Last, First, Middle Initial) A. ### A. ### A. ###	<u> </u>	Date of Receipt		
Mailing Address 7314 Filber	TLANE	06 17 2013		
City TAMPA, F.	State Zip Code 233637	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	, 65.00		
JCIII & Asse.	Under Whiter			
Primary General	Aggregate Year-to-Date ▼			
	Tarak menganyan kanagan menganyan dia			
Full Name (Last, First, Middle Initial) B.		Date of Receipt		
Mailing Address		NF N7 / D D / Y Y Y		
City State Zip Code		Amount of Each Receipt this Period		
EEC ID number of contribution	C			
Name of Employer	Decupation	_		
Primary General	Aggregate Year-to-Date ▼	1		
Full Name (Last, First, Middle Initial) C.		Date of Receipt		
Mailing Address		R W \ D D \ Y Y Y Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing tederal political committee.	C	and the state of t		
Name of Employer	Occupation			
Primary General	Aggregate Year-to-Date ▼	į .		
SUBTOTAL of Receipts This Page (optional)		65.00		
TOTAL This Period (last page this line number only	y)	7 1 1 1 1 1 1 1		

SCHEDULE	В	(FEC	Form	3X)
ITEMIZED 1	DISE	BURSE	MENT	'S

SCHEDOLL D (FEO FORM SX)		FOR LINE N		Į	PAGE	OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only] aa		
	Detailed Summary Page	21b 27	22 28a		24 25 28c 29	26 30b
		لي المسامل				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
HAPHAK AMEN	CICA					
Full Name (Last, First, Middle Initial)						
A. Berdene Bee	Vlac Esc		Date of Di	sbursement		
Mailing Address	2753 -0/		74	05	201	2
P.O BOX 3	3824					
Mailing Address P.O. Box 3 City Lake/And, F.O.	state Zip Code	Ì				
Purpose of Disbursement	gue					
Legal Se	KVICOS		Amount of	Each Disbu	rsement this	Period
Candidate Name		Category/ Type			100	00
Office Sought: House Disbursem	nent For:	туре		43 <u> </u>	A	Angland .
Senate	Primary General					
	Other (specify) ▼					
State: District:	···					
Full Name (Last, First, Middle Initial)			Data of Di	-h		
Bridere Be	Kles Ess	,	Date of Di	sbursement	Sastinglanian Scriba	
Mailing Address	27.20 239	·	04	03	201	3
Po Box 3	826		han make kanal	Annual Landson		
Beldere Bee Mailing Address Po Box 3 City Lakeland	state Zip Code					
Purpose of Disbursement	-2 33802				•	
, urpose of Disbursonierik			Amount of	Each Disbu	rsement this	Period
Candidate Name		Category/	7			
		Type	Landana	السدادات	ري در الم	0.0
Office Sought: House Disbursen						
	Primary General	į				
State: District:	Other (specify) ₩					
Full Name (Last, First, Middle Initial)			-			
^		-	Date of Di	sbursement		
Kegions B	mk.		Man /	0, B	VIVIV	3
Mailing Address 10904 Wint	4 56 th 3	57	0.7	18	601	<u>J</u>
City	itate Zip Code					
/ AMPA	FL 334	617				
Purpose of Disbursement Mowthly Br						
Candidate Name	900		Amount of	Each Disbu	irsement this	Period
		Category/ Type			1.5	00
Office Sought: House Disbursen					Manager States Colonial States of Schools States	
<u> </u>	Primary General					
State: District:	Other (specify) ▼					
Julio.			Para and a second			Secretaria de la companya del companya de la companya del companya de la companya
SUBTOTAL of Disbursements This Page (optional)				43 B *	215	00
					manufactura de la composición del composición de la composición del composición de la composición de l	
TOTAL This Period (last page this line number only).		······	Land	<i>0</i> 2-4-4-		2 <u></u> !

SCHEDUL	E B	(FEC	Form	3X)
ITEMIZED	DISE	BURSE	MENT	'S

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE OF
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 [24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)			The second of th	The state of the s
HAPHAK AMER	lica			·
Full Name (Last, First, Middle Initial) A.			Date of Disbursen	nent
Kegious Br	ML		MUM / BU	
10904 North	56th 5T		0.5 0.7	20.13
City Tampa E	State Zip Code 233 4/7			
Purpose of Disbursement RT ITEM P	e		Amount of Each D	Disbursement this Period
Candidate Name		Category/		34 00
Office Sought: House Disbursen	nent For:	Туре		
	Primary General	1		
State: President State:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				· <u> · · · · · · · · · · · · · · · · ·</u>
B. Resions B.	ANK	}	Date of Disbursen	nent
Mailing Address 10404 North	H 56 H 5T	•	25 22	20.13
City THUSA E	State Zip Code 336/7		· · · · · · · · · · · · · · · · · · ·	
Purpose of Disbursement	4		Amaiiii at Feel S	Neburooment this Daded
Candidate Name		Cotoggat	Amount of Each I	Disbursement this Period
		Category/ Type		15.00
Office Sought: House Disbursen	nent For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disburser	nent
Kegions Bo	m K			1/13/2/2
Mailing Address 10904 NoRth	. 54H ST		06 72	20.(3)
	State Zip Code SL 336/7			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period
Office Sought: House Disburser	nent For:	Type	Landanita di Banda	
Senate President	Primary General	}		
State: District:	Other (specify) ▼	1		
SUBTOTAL of Disbursements This Page (optional)				6600
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC FORM 3X)	Lice congrete cohodulo/s\	FOR LINE N		PAGE OF
ITEMIZED DISBURSEMENTS	SBURSEMENTS Use separate schedule(s) (check on for each category of the			24 7 25 7 26
	Detailed Summary Page	21b 27	22 23 28b 28b	24 25 26 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used	by any perso	n for the purpose of so	liciting contributions
NAME OF COMMITTEE (In Full)	The second secon			
I \	٠			
THYMAL HMERI	CA			
Full Name (Last, First, Middle Initial) A. Beddene Bed Mailing Address			Date of Disbursemen	ıt.
" Beddene Bed	ckles Ess			,
Mailing Address P.D. Box 382 City Lake land Rumose of Dishusement	Co		06 20	2013
City	State Zip Code			
LAKELAND	State Zip Code FL 3380			
Purpose of Disbursement Legal 5e			Amount of Each Dish	oursement this Period
Candidate Name	EDIEES	Coto/	Amount of Eddit plan	
	Ì	Category/ Type	<u> </u>	50,00
Office Sought: House Disbursen				
Senate President	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursemen	nt -
	 		M M / D E D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address				Agencia di promonibili agrandi manoni
City	State Zip Code			
Purpose of Disburgement		mana January and		
			Amount of Each Dist	oursement this Period
Candidate Name		Category/		
Office Sought: House Disburser	nent For	Туре		Company of the Compan
Senate	Primary General			
President	Other (specify)			
State: District:			-1	
Full Name (Last, First, Middle Initial) C.		}	Date of Disbursemer	•
C .				
Mailing Address	· · · · · · · · · · · · · · · · · · ·		M # M] / D * D	
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Dist	oursement this Period
Candidate Name	***	Category/		
Office Sought: House Disbursen	nent For:	Туре	Landendand Burdend	
Senate	Primary General			
President	Other (specify) ▼		•	
State: District:				
				(A) (A)
SUBTOTAL of Disbursements This Page (optional)		······		50.00
TOTAL This Period (last page this line number only)			* * ***	783 (1 2 /83 8 8
]				

SCHEDULE C (FEC Form 3X)

LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		<u></u>	
HAPHAK AMER	r'CA		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Ele	ection:
Ruiz, Cesi	. 0		Primary General
Mailing Address	7 ~		Other (specify)
Mailing Address 73/6 F.16	ert Lane	<u> </u>	J (
City TAMPA	State KL ZIP Co	de 33437	
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
105,00			1.65.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
Date incured			
03 22 20.13		ione	Ø % (apr) Yes ₩No
List All Endorsers or Guarantors (if any	y) to Loan Source		· · · · · · · · · · · · · · · · · · ·
1. Full Name (Last, First, Middle Initial)	- · · · · · · · · · · · · · · · · · · ·	Name of Employer	<u> </u>
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	and the state of t
SUBTOTALS This Period This Page (option	al)	>	105.00
TOTALS This Period (last page in this line	only)		
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.
<u> </u>			

SCHEDULE C (FEC Form 3X) LO

LOANS		Use separate schedule(s) for each category of the	PAGE OF FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE # 5 "		Detailed Summary Page	7 0.1 2.112 10 01 1 01111 07		
NAME OF COMMITTEE (In Full) HAPLAK Amer					
LOAN SOURCE Full Name (Last, First, Middle Initial)			ection:		
Ruiz, Casar			Primary General		
Mailing Address 7316 Filber			Other (specify)		
City TAMPA	State ZIP Cod	de 33487			
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period		
1.10.0.			11000		
TERMS Date Incurred	Date Due	Interest Rate	Secured:		
04 03 2013		VONE	2 % (apr) Yes		
List All Endorsers or Guarantors (if an	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:	and the state of t		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed			
	Zii Oude	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	7/2 Cod-	Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option	nai)				
TOTALS This Period (last page in this line		**************************************			
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

SCHEDULE C (FEC Form 3X)			
LOANS		Use separate schedule(s)	PAGE OF
		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		<u> </u>	
HAPPARK AMER	ica		
LOAN SOURCE Full Name (Last, First, Mic		E	lection:
Pin 1	4		Primary
Mailing Address	9K		General Other (checify)
Ruiz, Ces. Mailing Address 73/6 Filber	IT LANCE		Other (specify)
City	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
40.00			40,00
TERMS			0
Date Incurred	Date Due	Interest Rate	Secured:
06 03 2013	K	ONE	0 % (apr) Yes No
List All Endorsers or Guarantors (if any) to	n Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
			·
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
	·	Outstanding:	nandana da kanada Tiranga da kanada da manda da
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City	ZIF Code	Outstanding:	makere and the same of the sam
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Moiling Address		Occupation -	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
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Mailing Address	······································	Occupation	
			·
City State	ZIP Code	Amount Guaranteed	
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TOTALS This Period (last page in this line only	/)	>	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this line. If	no Schedule D, carry forward	d to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LO

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DANS		Use separate schedule(s) for each category of the	PAGE OF		
		Detailed Summary Page	FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full)	<u>.</u>				
HAPHAK AME					
LOAN SOURCE Full Name (Last, First, M		El	ection:		
Puiz Casal			Primary General		
Ruiz, Cesal Mailing Address 7314 Filbert Lane			Other (specify)		
City	State ZIP Co	de			
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period		
45.00			65,00		
TERMS Data lacurand	Data Dua	Interest Date	Secured:		
Date Incurred 2013	Date Due	Interest Rate	Ø (apr) Yes ₩No		
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)	1	Name of Employer			
Mailing Address		Occupation			
·		Amount	- Agranda - Agra		
City State	ZIP Code	Guaranteed Outstanding:	- A - A - A - A - A - A - A - A - A - A		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
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City State	ZIP Code	Guaranteed Outstanding:	and the continue of the contin		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
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City State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
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City State	ZIP Code	Guaranteed Outstanding:			
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arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

(7/2013)

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