

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 NH FOR THE WIN

ADDRESS (number and street) 3 ELLISON DRIVE BEDFORD NH 03110

2. FEC IDENTIFICATION NUMBER C C00507194 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 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 Kristin Noble

Signature of Treasurer Kristin Noble [Electronically Filed] Date 04 / 15 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NH FOR THE WIN**

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="605.40"/>	<input type="text" value="605.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="605.40"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(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="605.40"/>	<input type="text" value="605.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="579.09"/>	<input type="text" value="579.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26.31"/>	<input type="text" value="26.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

**NH FOR THE WIN**

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

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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) .....	579.09	579.09
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 .....	0.00	0.00
(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)).....	0.00	0.00
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)) ..	579.09	579.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	579.09	579.09

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NH FOR THE WIN</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507194
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 <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>01 / 27 / 2012</b>
Mailing Address 17 Heald Street		Amount <b>4.75</b>
City Goffstown	State NH	
Zip Code 03045	<b>Transaction ID : SE.4347</b>	
Purpose of Expenditure Sunoco Gas Maine election	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <u>ME</u> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4.75</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>01 / 30 / 2012</b>
Mailing Address 17 Heald Street		Amount <b>8.09</b>
City Goffstown	State NH	
Zip Code 03045	<b>Transaction ID : SE.4348</b>	
Purpose of Expenditure Z Market Maine	Category/ Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <u>ME</u> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>12.84</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>12.84</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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.

*Kristin Noble*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 15 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NH FOR THE WIN</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507194
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 <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>01 / 30 / 2012</b>
Mailing Address <b>17 Heald Street</b>		Amount <b>20.70</b>
City <b>Goffstown</b>	State <b>NH</b>	
Zip Code <b>03045</b>	<b>Transaction ID : SE.4349</b>	
Purpose of Expenditure <b>McDonald's for volunteers</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>ME</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Paul</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>33.54</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>01 / 30 / 2012</b>
Mailing Address <b>17 Heald Street</b>		Amount <b>57.25</b>
City <b>Goffstown</b>	State <b>NH</b>	
Zip Code <b>03045</b>	<b>Transaction ID : SE.4350</b>	
Purpose of Expenditure <b>Shell Oil - Gas</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>ME</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Paul</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>90.79</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>77.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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.

*Kristin Noble*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **04 / 15 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NH FOR THE WIN</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00507194
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		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY 01 / 30 / 2012
Mailing Address 17 Heald Street		Amount 64.30
City Goffstown	State NH	
Purpose of Expenditure Fusion	Category/ Type 002	Transaction ID : SE.4351
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Paul		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: ME District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 155.09		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY 01 / 30 / 2012
Mailing Address 17 Heald Street		Amount 67.37
City Goffstown	State NH	
Purpose of Expenditure Jackson corner Lyman ME	Category/ Type 002	Transaction ID : SE.4352
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Paul		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: ME District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 222.46		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	131.67
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

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.

*Kristin Noble*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
04 / 15 / 2012



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NH FOR THE WIN</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507194
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 <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>01 / 30 / 2012</b>
Mailing Address <b>17 Heald Street</b>		Amount <b>76.27</b>
City <b>Goffstown</b>	State <b>NH</b>	
Zip Code <b>03045</b>	<b>Transaction ID : SE.4353</b>	
Purpose of Expenditure <b>Bucks Naked BBQ</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>ME</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Paul</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>298.73</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>01 / 31 / 2012</b>
Mailing Address <b>17 Heald Street</b>		Amount <b>44.53</b>
City <b>Goffstown</b>	State <b>NH</b>	
Zip Code <b>03045</b>	<b>Transaction ID : SE.4354</b>	
Purpose of Expenditure <b>Danny Boys Restaurant Auburn ME</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>ME</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Paul</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>343.26</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>120.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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.

*Kristin Noble*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **04 / 15 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NH FOR THE WIN</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00507194
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		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY 01 / 31 / 2012
Mailing Address 17 Heald Street		Amount 64.15
City Goffstown	State NH	Zip Code 03045
Purpose of Expenditure Fireside Inn and Suites	Category/ Type 002	Transaction ID : SE.4355
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Paul		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: ME District: _____
Calendar Year-To-Date Per Election for Office Sought 407.41		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY 01 / 31 / 2012
Mailing Address 17 Heald Street		Amount 81.76
City Goffstown	State NH	Zip Code 03045
Purpose of Expenditure Ramada Conf Center	Category/ Type 007	Transaction ID : SE.4356
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Paul		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: ME District: _____
Calendar Year-To-Date Per Election for Office Sought 489.17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	145.91
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

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.

Signature Kristin Noble [Electronically Filed] Date MM / DD / YYYY  
04 / 15 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NH FOR THE WIN</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507194
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 <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>02 / 13 / 2012</b>
Mailing Address <b>17 Heald Street</b>		Amount <b>38.47</b>
City <b>Goffstown</b>	State <b>NH</b>	
Zip Code <b>03045</b>		<b>Transaction ID : SE.4357</b>
Purpose of Expenditure <b>Gas Irving for ME</b>	Category/Type <b>002</b>	Office Sought: <input type="checkbox"/> House    State: <b>ME</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Paul</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>527.64</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Leah Wolczko</b>		Date MM / DD / YYYY <b>02 / 13 / 2012</b>
Mailing Address <b>17 Heald Street</b>		Amount <b>51.45</b>
City <b>Goffstown</b>	State <b>NH</b>	
Zip Code <b>03045</b>		<b>Transaction ID : SE.4358</b>
Purpose of Expenditure <b>Staples...printing</b>	Category/Type <b>006</b>	Office Sought: <input type="checkbox"/> House    State: <b>ME</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Paul</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>579.09</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>89.92</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>579.09</b>

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.

*Kristin Noble*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **04 / 15 / 2012**