FEC FORM 3X	AN	D DISE	OF REC BURSEN An Authoriz	IENTS			Office Use Only	
1. NAME OF COMMITTEE (in fu		EC MAILING		Example:If typin over the lines	ng, type			
	Centers Inc. PA	C 						
ADDRESS (number and	street)	2 Lexington Av	venue 4th Floor					
Check if differ than previously reported. (ACC		w York					10016 	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCOD	e 🔺
C00476812			3. IS THIS REPOR		NEW (N) <b>OR</b>	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) Report(Q2) 5 Report(Q3) 11 Report(YE) iid-Year		lection for the:	13)		Sep 2		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year Only	on-election /) (MY) on Report	Post -	Election X for the: Election on	General (3		Runoff (30	IR) in the State of	Special (30S)
5. Covering Period	10	01	2010	through	11	22	2010	
I certify that I have exam Type or Print Name of T Signature of Treasurer		ncent Tallmar		ge and belief it		and complete.	01	2010
-			informer - 1' -	a da la ser el				<u> </u>
NOTE : Submission of f	aise, erroneous,	or incomplete	Information may	subject the pe	rson signing this	s Report to the	FEC FORI (Rev. 12/200	W 3X

Image# 10992274195

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1	Write or Type Committee Name ProCure Treatment Centers Inc. PAC		
I	Report Covering the Period: From:	0 1 Y Y Y Y 0 1 2 0 1 0	To:
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 <sup>Y Y Y</sup>		0.00
	(b) Cash on Hand at Begining of Reporting Period	17778.61	
	(c) Total Receipts (from Line 19)	333.69	20112.30
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18112.30	20112.30
7.	Total Disbursements (from Line 31)	3050.00	5050.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15062.30	15062.30
9.	Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	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

FE6AN026

### Image# 10992274196

# DETAILED SUMMARY PAGE OF RECEIPTS

Ŭ	FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	3 / 9
v	Vrite or Type Committee Name ProCure Treatment Centers Inc. PAC		
R	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:		
	<ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	188.45	19026.90
		145.24	1085.40
	<ul> <li>(ii) Unitemized</li> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)</li> </ul>	333.69	20112.30
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	<ul> <li>(d) Total Contributions (add Lines</li> <li>11(a)(iii),(b) and (c)) (Carry</li> <li>Totals to Line 33, page 5)</li> </ul>	333.69	20112.30
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(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
8.	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 Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	333.69	20112.30
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	333.69	20112.30

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#### Image# 10992274197

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 9	
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
1.	Operating Expenditures: — (a) Shared Federal/Non-Federal —			
	Activity (from Schedule H4)	0.00	0.00	
	(i) Federal Share			
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating	E0.00	E0.00	
	Expenditures	50.00	50.00	
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) <b>&gt;</b>	50.00	50.00	
2.	Transfers to Affiliated/Other Party			
	Committees	0.00	0.00	
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	2000.00	
	Independent Expenditure	0.00	2000.00	
	(use Schedule E)	0.00	0.00	
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00	
	(use Schedule F)	0.00	0.00	
	Loan Repayments Made	0.00	0.00	
		0.00	0.00	
	Loans Made Refunds of Contributions To:	0.00	0.00	
	(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	0.00	0.00	
	(add Lines 28(a), (b), and (c)) >			
•	Other Disbursements	3000.00	3000.00	
	Federal Election Activity (2 U.S.C 431(20))			
	(a) Shared Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share			
	(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	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3050.00	5050.00	
<b>,</b>	Total Enderal Disburgements			
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	3050.00	5050.00	

# **DETAILED SUMMARY PAGE**

of Disbursements

	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)	333.69	20112.30
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	333.69	20112.30
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.00	50.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	50.00	50.00

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SCHEDULE A	(FEC Form 3X) CEIPTS	for	e separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 6 / 9 (check only one) X 11a 11b 11c 12
Any information conject	from such Reports and Statemer		etailed Summary Page	13     14     15     16     1       n for the purpose of soliciting contributions
or for commercial purp	ooses, other than using the name a	and address	of any political committee to	solicit contributions from such committee.
	. ,			
ProCure Treatm	ent Centers Inc. PAC			
Full Name (Last, Fi A. John Cameron	,	Date of Receipt		
Mailing Address	420 N. Walnut St.			10 D D / Y Y Y Y 10 14 2010
City	Si	tate Z	Zip Code	Transaction ID: A2010-2654579
Bloomington	IN	N 4	17404	Amount of Each Receipt this Period
FEC ID number of federal political con				46.15
Name of Employer ProCure Treatmen Inc.	t Centers Occ	cupation esident		_
Receipt For:		gregate Year-	to-Date 🔻	
Primary Other (specif	General y) ▼		369.20	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	420 N. Walnut St.			M M / D D / Y Y Y Y 10 28 2010
City	Si	tate Z	Zip Code	Transaction ID: A2010-2977141
Bloomington	IN	N 4	17404	Amount of Each Receipt this Period
FEC ID number of federal political con				46.15
Name of Employer ProCure Treatmen Inc.	t Contore	cupation esident		
Receipt For:		gregate Year-	to-Date 🔻	
Primary Other (specif	y) ▼		415.35	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	420 N. Walnut St.			M M / D D / Y Y Y Y 1 1 1 1 1 2 0 1 0
City			/ip Code	Transaction ID: A2010-3083418
Bloomington	<u> </u>	N 4	17404	Amount of Each Receipt this Period
FEC ID number of federal political con				46.15
Name of Employer ProCure Treatmen Inc.		cupation esident	_	
Receipt For:	General	gregate Year-	to-Date 🔻	
Other (specif		0 0 0 0	461.50	
SUBTOTAL of Recei	pts This Page (optional)		·····	138.45
TOTAL This Period (	last page this line number only)		· · ·	

A. Form/Schedule : SA11AI Transaction ID : Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ProCure Treatment Centers Inc. PAC	tatements may name and add	Use separate for each cate Detailed Sum y not be sold or us dress of any politi	gory of the mary Page	FOR LINE NUMBER:       PAGE 8/9         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       17
Α.	Full Name (Last, First, Middle Initial) Ann-Marie Koss Mailing Address 192 Lexington Avenue	4th Floor			Date of Receipt
	City <u>New York</u> FEC ID number of contributing federal political committee.	State NY	Zip Code 10016	· · ·	Transaction ID: A2010-2977137 Amount of Each Receipt this Period 25.00
	Name of Employer         ProCure Treatment Centers         Inc.         Receipt For:         Primary         General         Other (specify) ▼	Occupatio Manager Aggregate		225.00	-
В.	Full Name (Last, First, Middle Initial) Ann-Marie Koss Mailing Address 192 Lexington Avenue City	State	Zip Code		Date of Receipt $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	New York FEC ID number of contributing federal political committee.	C	10016		Amount of Each Receipt this Period
	Name of Employer ProCure Treatment Centers Inc. Receipt For: Primary General Other (specify) ▼	Occupatio Manager Aggregate		250.00	_

SUBTOTAL of Receipts This Page (optional)	►	50.00
TOTAL This Period (last page this line number only)	►	188.45

ļ	SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9/9
	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
1		Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
	ProCure Treatment Centers Inc. PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: B370288
Α.	Jim Priest for Attorney General 2010			Date of Disbursement
	Mailing Address PO Box 3265			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 4 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{pmatrix}$
	City Oklahoma City	State Zip Code OK 73101		Amount of Each Disbursement this Period
	Purpose of Disbursement G-2010 State Att. General OK		011	1000.00
	Candidate Name Jim Priest		Category/ Type	
	Office Sought: House Disbur Senate President State: District:	esement For: 2010 Primary X General Other (specify) ▼		
в.	Full Name (Last, First, Middle Initial) Rice for State Senate - Dist. 46			Transaction ID: B370284 Date of Disbursement
	Mailing Address P.O. Box 61333			$\begin{array}{c c} M & M \\ 1 & 0 \end{array} \\ \end{array} / \begin{array}{c c} D & D \\ 1 & 4 \end{array} / \begin{array}{c c} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array} \\ \end{array}$
	City Oklahoma City	StateZip CodeOK73146		Amount of Each Disbursement this Period
	Purpose of Disbursement G-2010 State Senate 46 OK		011	2000.00
	Candidate Name Andrew Rice		Category/ Type	
	Office Sought: House Disbu	sement For: 2010 Primary X General Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	. 🕨	3000.00
TOTAL This Period (last page this line number only)		3000.00
IOTAL This Period (last page this line number only)		

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FEC Schedule B ( Form 3X) (Revised 02/2003)