

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2013 JUL -8 AM 10:27  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

Southern Arizona Conservative Political Action Committee

ADDRESS (number and street) PO Box 1504

Check if different than previously reported. (ACC)

Sahuarita AZ 85629

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 005012046

3. IS THIS REPORT X 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)

- X July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Convention (12C)	Special (12S)	
Election on	M M / D D / Y Y Y Y		in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Election on	M M / D D / Y Y Y Y		in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 Donald T. Woolley

Signature of Treasurer *Donald T. Woolley* Date 07 / 01 / 2013

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							
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**FEC FORM 3X**  
Rev. 12/2004

13031082198

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Southern Arizona Conservative Political Action Committee**

Report Covering the Period: From: <sup>M</sup>01 / <sup>D</sup>01 / <sup>Y</sup>2013 To: <sup>M</sup>06 / <sup>D</sup>30 / <sup>Y</sup>2013

13031082199

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		, 1 6 1 . 5 0
(b) Cash on Hand at Beginning of Reporting Period.....	, 1 6 1 . 5 0	
(c) Total Receipts (from Line 19) .....	, 6, 9 7 7 . 0 0	, 6, 9 7 7 . 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	, 7, 1 3 8 . 5 0	, 7, 1 3 8 . 0 0
7. Total Disbursements (from Line 31).....	, 2, 0 5 1 . 4 8	, 2, 0 5 1 . 4 8
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 5, 0 8 7 . 0 2	, 5, 0 8 7 . 0 2
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 0 . 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 0 . 0 0	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Southern Arizona Conservative Political Action Committee**

Report Covering the Period: From: <sup>M</sup>01 / <sup>D</sup>01 / <sup>Y</sup>2013 To: <sup>M</sup>06 / <sup>D</sup>30 / <sup>Y</sup>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		
(i) Itemized (use Schedule A).....	, 7 0 0 . 0 0	, 7 0 0 . 0 0
(ii) Unitemized .....	, 6,2 7 7 . 0 0	, 6,2 7 7 . 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 6,9 7 7 . 0 0	, 6,2 7 7 . 0 0
(b) Political Party Committees .....	, 0 . 0 0	, 0 . 0 0
(c) Other Political Committees (such as PACs).....	, 0 . 0 0	, 0 . 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	, 6,9 7 7 . 0 0	, 6,9 7 7 . 0 0
12. Transfers From Affiliated/Other Party Committees.....	, 0 . 0 0	, 0 . 0 0
13. All Loans Received.....	, 0 . 0 0	, 0 . 0 0
14. Loan Repayments Received.....	, 0 . 0 0	, 0 . 0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, 0 . 0 0	, 0 . 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, 0 . 0 0	, 0 . 0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	, 0 . 0 0	, 0 . 0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, 0 . 0 0	, 0 . 0 0
(b) Levin Funds (from Schedule H5).....	, 0 . 0 0	, 0 . 0 0
(c) Total Transfers (add 18(a) and 18(b))..	, 0 . 0 0	, 0 . 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 6,9 7 7 . 0 0	, 6,9 7 7 . 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 6,9 7 7 . 0 0	, 6,9 7 7 . 0 0

13031082200

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</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 .....	6,124.8	6,124.8	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6,124.8	6,124.8	
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).....	0.00	0.00	
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 .....	500.0	500.0	
(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)).....	500.0	500.0	
29. Other Disbursements .....	1,389.0	1,389.0	
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))..	2,051.48	2,051.48	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,051.48	2,051.48	

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**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) .....	, 6,9 7 7.0 0	, 6,9 7 7.0 0
34. Total Contribution Refunds (from Line 28(d)) .....	, , 5 0.0 0	, , 5 0.0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 6,9 2 7.0 0	, 6,9 2 7.0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, , 6 1 2.4 8	, , 6 1 2.4 8
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, , 0.0 0	, , 0.0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, , 6 1 2.4 8	, , 6 1 2.4 8

13031082202

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Bob Sharpe</b>		Date of Receipt 04 / 10 / 2013
Mailing Address 4549 E. Ft. Lowell Road		Amount of Each Receipt this Period  , , 500.00
City Tucson	State AZ	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼  , , 500.00
Name of Employer Rancho Sahuarita Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ally Miller</b>		Date of Receipt 05 / 17 / 2013
Mailing Address PO Box 89128		Amount of Each Receipt this Period  , , 200.00
City Tucson	State AZ	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼  , , 200.00
Name of Employer Pima County	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period  , , .
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼  , , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	, , 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	, , 700.00

13031082203

**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 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 checked="" 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)

Full Name (Last, First, Middle Initial)

**A.** Cow Palace

Mailing Address  
28802 S. Nogales Highway

City Amado State AZ Zip Code 85645

Purpose of Disbursement  
Catering Cost and Room Rental for Fundraiser

Candidate Name  
N/A

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
04 / 20 / 2013

Amount of Each Disbursement this Period  
1,389.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

**TOTAL** This Period (last page this line number only)..... ▶ , 1,389.00

13031082204

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

LOAN SOURCE Full Name (Last, First, Middle Initial) <b>NONE</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , .	, , .	, , .

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	. % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

**SUBTOTALS** This Period This Page (optional)..... ▶ , , .

**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.

13031082205





**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
NONE		
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional)..... ▶	, , .
2) TOTALS This Period (last page this line number only)..... ▶	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	, , 0.00

13031082207

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

NAME OF COMMITTEE (In Full) <b>Southern Arizona Conservative Political Action Committee</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 0 05012046</b>
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>NONE</b>		Date M M / D D / Y Y Y Y
Mailing Address		Amount  , , -
City	State      Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y
Mailing Address		Amount  , , -
City	State      Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶				
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶				
(c) TOTAL Independent Expenditures.....▶				<b>0 0 0</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.

Date M M / D D / Y Y Y Y

Signature \_\_\_\_\_

13031082208

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee <b>NONE</b>
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <b>NONE</b>				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City State Zip Code				M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶				, , .	
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City State Zip Code				M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶				, , .	
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City State Zip Code				M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
Aggregate General Election Expenditure for this Candidate ▶				, , .	

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	, , .
<b>TOTAL</b> This Period (last page this line number only).....▶	, , <b>0.00</b>

13031082209

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %  
Nonfederal ..... %

This ratio applies to (check all that apply):

Administrative                  Generic Voter Drive                  Public Communications Referencing Party Only

13031082210

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
 Southern Arizona Conservative Political Action Committee

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

13031082211

ACTIVITY OR EVENT IDENTIFIER <b>NONE</b> <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  .    %	NONFEDERAL %  .    %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  .    %	NONFEDERAL %  .    %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  .    %	NONFEDERAL %  .    %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  .    %	NONFEDERAL %  .    %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  .    %	NONFEDERAL %  .    %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  .    %	NONFEDERAL %  .    %

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NONE	M M / D D / Y Y Y Y	, , .

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	, , .
<b>ii) Generic Voter Drive</b> .....	, , .
<b>iii) Exempt Activities</b> .....	, , .
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	, , .
b) _____	, , .
c) Total Amount Transferred For Direct Fundraising .....	, , .
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	, , .
b) _____	, , .
c) Total Amount Transferred For Direct Candidate Support.....	, , .
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL This Period (Administrative)</b> .....	, , .
<b>TOTAL This Period (Generic Voter Drive)</b> .....	, , .
<b>TOTAL This Period (Exempt Activities)</b> .....	, , .
<b>TOTAL This Period (Direct Fundraising)</b> .....	, , .
<b>TOTAL This Period (Direct Candidate Support)</b> .....	, , .
<b>TOTAL This Period (Public Communications Referring Only to Party)</b> .....	, , .
<b>TOTAL This Period (Total Amount Transferred)</b> .....	, , . <b>0.00</b>

13031082212

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**Southern Arizona Conservative Political Action Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> NONE		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address		Allocated Activity or Event Year-To-Date _____ M M / D D / Y Y Y Y Date		
City	State			Zip Code
Purpose of Disbursement:		Category/ Type		
Activity or Event Identifier:				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
, , .		, , .		, , .

<b>B. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address		Allocated Activity or Event Year-To-Date _____ M M / D D / Y Y Y Y Date		
City	State			Zip Code
Purpose of Disbursement:		Category/ Type		
Activity or Event Identifier:				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
, , .		, , .		, , .

<b>C. Full Name (Last, First, Middle Initial)</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address		Allocated Activity or Event Year-To-Date _____ M M / D D / Y Y Y Y Date		
City	State			Zip Code
Purpose of Disbursement:		Category/ Type		
Activity or Event Identifier:				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
, , .		, , .		, , .

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
, , .		, , .		, , .

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
, , .		, , .		, , .

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
NONE		, , 0 0 0

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		, , .
<b>ii) Voter ID</b>	VOTER ID	
Total Amount Transferred for Voter ID .....		, , .
<b>iii) GOTV</b>	GOTV	
Total Amount Transferred for GOTV .....		, , .
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity .....		, , .

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		, , .
<b>ii) Voter ID</b>	VOTER ID	
Total Amount Transferred for Voter ID .....		, , .
<b>iii) GOTV</b>	GOTV	
Total Amount Transferred for GOTV .....		, , .
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity .....		, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL</b> This Period (Voter Registration).....		, , .
<b>TOTAL</b> This Period (Voter ID) .....		, , .
<b>TOTAL</b> This Period (GOTV).....		, , .
<b>TOTAL</b> This Period (Generic Campaign Activity).....		, , .
<b>TOTAL</b> This Period (Total Amount of Transfers Received) .....		, , 0 0 0

13031082214

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

13031082215

NAME OF COMMITTEE (In Full)  
**Southern Arizona Conservative Political Action Committee**

A. Full Name (Last, First, Middle Initial) / Full Organization Name <p style="text-align: center; font-size: 1.2em;">NONE</p>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date , , .	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE      +      LEVIN SHARE      =      TOTAL AMOUNT		, , .      , , .      , , .	

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date , , .	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE      +      LEVIN SHARE      =      TOTAL AMOUNT		, , .      , , .      , , .	

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date , , .	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE      +      LEVIN SHARE      =      TOTAL AMOUNT		, , .      , , .      , , .	

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , .		, , .	, , .
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
, , 0.00		, , .	, , 0.00
<b>TOTAL This Period for the Levin Share</b>			
		, , .	0.00

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) Southern Arizona Conservative Political Action Committee
NAME OF ACCOUNT NONE

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)	,	,
(b) Unitemized .....	,	,
(c) Total .....	,	,
<b>2. OTHER RECEIPTS .....</b>	,	,
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)	,	,
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....	,	,
(b) Voter ID .....	,	,
(c) GOTV .....	,	,
(d) Generic Campaign .....	,	,
(e) Total .....	,	,
<b>5. OTHER DISBURSEMENTS .....</b>	,	,
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)	,	,
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)	,	,
<b>8. RECEIPTS .....</b> (from Line 3)	,	,
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)	,	,
<b>10. DISBURSEMENTS .....</b> (From Line 6)	,	,
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)	,	0 0 0

13031082216

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
 for each category of the  
 Aggregation Page

FOR LINE NUMBER:  1a  2  
 (check only one)

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)  
**Southern Arizona Conservative Political Action Committee**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name  <b>NONE</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p><b>D.</b></p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>	<p>, ,</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	<p>, , <b>0 0 0</b></p>

13031082217

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (to Full)  
**Southern Arizona Conservative Political Action Committee**

Full Name (Last, First, Middle Initial) / Full Organization Name

A.	<b>NONE</b>	Date of Disbursement
	Mailing Address	M M / D D / Y Y Y Y

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M M / D D / Y Y Y Y

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M M / D D / Y Y Y Y

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M M / D D / Y Y Y Y

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M M / D D / Y Y Y Y

City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

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

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

0 0 0

13031082218

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)

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

*cm p*  
PREPARER

7/8/13  
DATE PREPARED

13031082219