

**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

Veterans for a Strong America Action Group

ADDRESS (number and street) ▼

P.O. Box 1246

☐ Check if different than previously reported. (ACC)

Sioux Falls

SD

57101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00521302

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ 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)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the State of

NV

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y /

through

M M M /

D D D /

Y Y Y Y Y Y /

10

01

2012

10

17

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 Dan Backer

Signature of Treasurer

Dan Backer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y /

06

04

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Veterans for a Strong America Action Group

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

|                                                                                                                                                                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2012</span> |                         | 0.00                              |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | 5.00                    |                                   |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | 28125.00                | 73140.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | 28130.00                | 73140.00                          |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | 14125.00                | 59135.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | 14005.00                | 14005.00                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | 14000.00                |                                   |



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Veterans for a Strong America Action Group

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 2 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 7 |   | 2 | 0 | 1 | 2 |

**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).....

28125.00

73140.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

28125.00

73140.00

(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) ..... ▶

28125.00

73140.00

## 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))..... ▶

28125.00

73140.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

28125.00

73140.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                                                    | 5.00                          | 15.00                             |
| (b) Other Federal Operating Expenditures .....                                                 | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 5.00                          | 15.00                             |
| 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) .....                                            | 14120.00                      | 59120.00                          |
| 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 .....                                  | 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)) ..      | 14125.00                      | 59135.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14120.00                      | 59120.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 28125.00                      | 73140.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 28125.00                      | 73140.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 0.00                              |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

See contemporaneously filed Form 99.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 12

(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)

Veterans for a Strong America Action Group

Full Name (Last, First, Middle Initial)

**A. Veterans for a Strong America**

Mailing Address P.O. Box 1246

City State Zip Code  
Sioux Falls SD 57101

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

53015.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 04 2012

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

8000.00

Full Name (Last, First, Middle Initial)

**B. Veterans for a Strong America**

Mailing Address P.O. Box 1246

City State Zip Code  
Sioux Falls SD 57101

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

59140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 12 2012

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

6125.00

Full Name (Last, First, Middle Initial)

**C. Veterans for a Strong America**

Mailing Address P.O. Box 1246

City State Zip Code  
Sioux Falls SD 57101

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

73140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2012

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

14000.00

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

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

28125.00

28125.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 8 OF 12

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Veterans for a Strong America Action Group

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bieber Communications

Nature of Debt (Purpose):

Post card production and postage

Mailing Address 3609 W. Mac Arthur Blvd.  
Ste. 812City State Zip Code  
Santa Anna CA 92704

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4248

Amount Incurred This Period

14000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

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

1) **SUBTOTALS** This Period This Page (optional)..... ►

14000.00

2) **TOTALS** This Period (last page this line number only)..... ►

14000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

14000.00

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SD10

Transaction ID : SD10.4248

This debt was paid to the vendor on October 22, 2012. Technical problems with FEC File are preventing the committee from showing this obligation as being paid. Additionally, the committee has reported on this filing period making a \$14,000.00 payment to the vendor in question regarding this matter.

Form/Schedule:

Transaction ID:

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

 PAGE 10 OF 12  
 FOR LINE 24 OF FORM 3X

|                                                                                          |  |                                                                                     |  |
|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Veterans for a Strong America Action Group</b>         |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00521302                                   |  |
| 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<br><b>ATC Consulting Group</b>      |                    | Date<br>MM / DD / YYYY<br><b>10 / 09 / 2012</b>                                                                                                  |                                     |
| Mailing Address <b>9411 Bolsa Ave.</b><br><b>Suite D`</b>                            |                    | Amount<br><b>8000.00</b>                                                                                                                         |                                     |
| City<br><b>Westminster</b>                                                           | State<br><b>CA</b> | Zip Code<br><b>92683</b>                                                                                                                         | Transaction ID : <b>SE.4146</b>     |
| Purpose of Expenditure<br>Phone Bank                                                 | Category/<br>Type  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President             | State: <b>NV</b><br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>MITT ROMNEY</b> |                    | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                           |                                     |
| Calendar Year-To-Date Per Election for Office Sought<br><b>8000.00</b>               |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |                                     |

|                                                                                      |                                 |                                                                                                                                                  |                                     |
|--------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>ATC Consulting Group</b>      |                                 | Date<br>MM / DD / YYYY<br><b>10 / 12 / 2012</b>                                                                                                  |                                     |
| Mailing Address <b>9411 Bolsa Ave.</b><br><b>Suite D`</b>                            |                                 | Amount<br><b>6120.00</b>                                                                                                                         |                                     |
| City<br><b>Westminster</b>                                                           | State<br><b>CA</b>              | Zip Code<br><b>92683</b>                                                                                                                         | Transaction ID : <b>SE.4163</b>     |
| Purpose of Expenditure<br>Phone Bank                                                 | Category/<br>Type<br><b>001</b> | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President             | State: <b>NV</b><br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>MITT ROMNEY</b> |                                 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                           |                                     |
| Calendar Year-To-Date Per Election for Office Sought<br><b>14120.00</b>              |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |                                     |

|                                                           |                 |
|-----------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....    | <b>14120.00</b> |
| (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.

Dan Backer

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 04 / 2013**

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

 PAGE 11 OF 12  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                              |                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Veterans for a Strong America Action Group</b>                                                                                             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00521302       </div> |
| 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<br><b>Bieber Communications</b><br><b>[MEMO ITEM]</b> |                   | Date<br><div style="border: 1px solid black; padding: 2px;">           10 / 17 / 2012         </div>                                                        |
| Mailing Address 3609 W. Mac Arthur Blvd.<br>Ste. 812                                                   |                   | Amount<br><div style="border: 1px solid black; padding: 2px;">           14000.00         </div>                                                            |
| City Santa Anna State CA Zip Code 92704                                                                |                   |                                                                                                                                                             |
| Purpose of Expenditure<br>postcard mailing                                                             | Category/Type 004 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>MITT ROMNEY                          |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                      |
| Calendar Year-To-Date Per Election for Office Sought                                                   |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |

|                                                                |               |                                                                                                                                                  |
|----------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |               | Date                                                                                                                                             |
| Mailing Address                                                |               | Amount                                                                                                                                           |
| City State Zip Code                                            |               |                                                                                                                                                  |
| Purpose of Expenditure                                         | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ |
| 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<br><input type="checkbox"/> Other (specify) _____            |

|                                                                  |                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px;">0.00</div>     |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px;"></div>         |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px;">14120.00</div> |

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.

Dan Backer

Signature

[Electronically Filed]

Date

06 / 04 / 2013

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**PAGE 12 OF 12  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Veterans for a Strong America Action Group

|                                                                           |             |                   |                                 |                                   |  |                                                                                                                                                                                                                                                                                                                             |   |                                   |
|---------------------------------------------------------------------------|-------------|-------------------|---------------------------------|-----------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------|
| <b>A. Full Name (Last, First, Middle Initial)</b><br>Wells Fargo Bank, NA |             |                   | <b>Transaction ID : H4.4169</b> |                                   |  | <b>Allocated Activity or Event:</b><br><input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |   |                                   |
| Mailing Address 101 N. Phillips Ave.                                      |             |                   |                                 |                                   |  | <b>Allocated Activity or Event Year-To-Date</b><br>15.00                                                                                                                                                                                                                                                                    |   |                                   |
| City<br>Sioux Falls                                                       | State<br>SD | Zip Code<br>57104 |                                 |                                   |  | Date <input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>                                                                                                                                                                                                                  |   |                                   |
| Purpose of Disbursement:<br>Bank Fees                                     |             |                   |                                 | <input type="text" value="001"/>  |  |                                                                                                                                                                                                                                                                                                                             |   |                                   |
| Activity or Event Identifier:<br>Administrative                           |             |                   |                                 | Category/<br>Type                 |  |                                                                                                                                                                                                                                                                                                                             |   |                                   |
| FEDERAL SHARE                                                             |             |                   | +                               | NONFEDERAL SHARE                  |  |                                                                                                                                                                                                                                                                                                                             | = | TOTAL AMOUNT                      |
| <input type="text" value="0.00"/>                                         |             |                   |                                 | <input type="text" value="5.00"/> |  |                                                                                                                                                                                                                                                                                                                             |   | <input type="text" value="5.00"/> |

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

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

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

|                                   |   |                                   |   |                                   |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| FEDERAL SHARE                     | + | NONFEDERAL SHARE                  | = | TOTAL AMOUNT                      |
| <input type="text" value="0.00"/> |   | <input type="text" value="5.00"/> |   | <input type="text" value="5.00"/> |

**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                      |
| <input type="text" value="0.00"/> |  | <input type="text" value="5.00"/> |  | <input type="text" value="5.00"/> |