

**REPORT OF RECEIPTS AND DISBURSEMENTS
FOR A COMMITTEE OR ORGANIZATION
SUPPORTING A NOMINATING CONVENTION
(Summary Page)**

RECEIVED

1. (a) Name of Committee (in full) <u>CITIZENS FOR PROSPERITY AND REFORM.</u> (b) Address (Number and Street) <u>2600 MICHELSON DR # 1700</u> (c) City, State and ZIP Code <u>IRVINE, CA 92612</u>	2. FEC Identification Number <u>C00523298</u>
(b) Address (Number and Street) <u>MOVEMENT, LLC</u>	3. Type of Committee/Organization: <input checked="" type="checkbox"/> Convention Committee <input type="checkbox"/> Host Committee <input type="checkbox"/> Other <u>EXPENDITURE COMM.</u> (specify)

4. TYPE OF REPORT (Check appropriate box(es)):

(a) POST CONVENTION REPORT

QUARTERLY REPORT (check one) April 15 July 15 October 15 January 31

FINAL REPORT

(b) Is this an Amendment? YES NO

SUMMARY OF RECEIPTS AND DISBURSEMENTS

5. Covering Period FROM: THROUGH:

	Column A This Period	Column B Calendar Year-to-Date
SECTION A — CASH BALANCE SUMMARY		
6. (a) Cash on Hand January 1, 20 <u>12</u>		40.00
(b) Cash on Hand at Beginning of Reporting Period	40.00	
(c) Total Receipts (From Line 20)	0 40.00	0
(d) Subtotal (Add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0	0
7. Total Disbursements (From Line 25)	0	0
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	40.00	0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)	0	
SECTION B — SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS		
11. Convention Expenditures (From Line 21(c))	0	0
12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))	0	0
(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)	0	0
(b) Expenditures from Prior Years Subject to Limitation	N/A	N/A
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))		0

I certify that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.

08/06/12 (BS)

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

For Further Information Contact: Federal Election Commission
Toll Free 800/424-9530
Local 202/694-1100

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FEC FORM 4 (Revised 1/2001)

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(Page 2 of FEC Form 4)**

Name of Committee (in Full)	Report Covering the Period: FROM: _____ TO: _____	
RECEIPTS	Column A This Period	Column B Calendar Year-to-Date
13. Federal Funds (Itemize all on Schedule A)	0	
14. Contributions to Defray Convention Expenses:		
(a) Itemized (Use Schedule A)	0	
(b) Unitemized	0	
(c) Subtotal of Contributions to Defray Convention Expenses (Add Lines 14(a) and 14(b))	0	0
15. Transfers from Affiliated Committees	0	0
16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))		
(a) Loans Received	0	
(b) Loan Repayments Received	0	
(c) Subtotal of Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))	0	0
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:		
(a) Itemized (Use Schedule A)	0	
(b) Unitemized	0	
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (Add Lines 17(a) and 17(b))	0	0
18. Other Refunds, Rebates, Returns of Deposits:		
(a) Itemized Other Refunds, Rebates, Returns of Deposits	0	
(b) Unitemized Other Refunds, Rebates, Returns of Deposits	0	
(c) Subtotal of Other Refunds, Rebates, Returns of Deposits (Add Lines 18(a) and 18(b))	0	0
19. Other Income:		
(a) Itemized (Use Schedule A)	0	
(b) Unitemized	0	
(c) Subtotal of Other Income (Add Lines 19(a) and 19(b))	0	0
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c))	0	0
DISBURSEMENTS		
21. Convention Expenditures:		
(a) Itemized (Use Schedule B)	0	
(b) Unitemized	0	
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))	0	0
22. Transfers to Affiliated Committees	0	0
23. Loans and Loan Repayments Made:		
(a) Loans Made	0	
(b) Loan Repayments Made	0	
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a) and 23(b))	0	0
24. Other Disbursements:		
(a) Itemized (Use Schedule B)	0	
(b) Unitemized	0	
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))	0	0
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))	0	0

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**SCHEDULE A (FEC Form 4)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 13 16b	<input type="checkbox"/> 14a 17a	<input type="checkbox"/> 15 18a	<input type="checkbox"/> 16a 19a	

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)
CITIZENS FOR PROSPERITY AND REFORM MOVEMENT, LLC

Full Name (Last, First, Middle Initial) A. SIDHU BILL S.		Date of Receipt M / D / Y Y Y Y
Mailing Address 23016 LAKE FOREST DR. #A417		Amount of Each Receipt this Period
City LAGUNA HILLS	State Zip Code CA 92657	
FEC ID number of contributing federal political committee. C00523290		Amount of Each Receipt this Period
Name of Employer SELF	Occupation BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

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

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

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

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 8/7/12
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
PREPARER
 (3/2005)

8/8/12
DATE PREPARED