FEC FORM 5

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations (ar Name of Individual, Organization or Corporation check if different than previously reported 3. FEC Identification Number ☐ Yes □ No Is the filer a qualified nonprofit corporation? Occupation Individual filers only Name of Employer 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report ☐ July 15 Quarterly Report 24-Hour Report October 15 Quarterly Report Vanuary 31 Year-End Report 48-Hour Report b) le this Report en amendment? 5. COVERING PERIOD: FROM 6. TOTAL CONTRIBUTIONS..... 7. 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 tion of, any candidate or authorized committee or agent of either, or any political pany committee or its agent. In addition, (if the Independent expenditures reported hardin were made by a corporation) I certify that the corporation is a qualified numbrofit corporation under the Commission's regulations. DATE TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE

For further information, contact:

NOTE: Sub-

Federal Eaction Commission, 999 E Brest, R.W., Wishington, D.C. 20463 Toll Free 800-424-9550, Local 202-694-1100

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SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE OF 3

THE PORT OF THE PROPERTY AND PR	and Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions
	and Statements may not be sold or used by any pering the name and address of any political committee	to solicit contributions from such committee.
NAME OF FILER (IN Full)	(K ^	
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Full Mame (Leat, First, Middle Initial)	EUT	Date of Receipt
Mailing Address		ां ठा वठाव
LR28 W. CAMI	NO DO OFO State Zip Code	
<u>Peoria</u>	<u>HZ 85383</u>	Amount of Each Receipt this Period
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Full Name (Cast, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code	Date of Receipt M. M. J. J. D. M. D. J.

CHEDULE S-E REMIZED INDEPENDENT EXPENDITURES	PAGE OF OF FORM S
MARE OF FILER (In Full)	<u>,</u>
TRENT FRANKS	
Full Name (Last, First, Middle Initial) of Payee	Date
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Purpose of Exponditure Category Category	Office Sought: House State:
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MITT ROMNEY FOR PresideNT!	Disbursament For: Primary General
Celendar Year-To-Date Per Election for Office Sought 13,000.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
GREG HENGLER	II 02 2012
808 VIA LORENTE	Amount
CAMACIIO CA 93012	
Purpose of Expenditure Vide Production Fairing Type OL Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: Senate District:
Name of Federal Condidate Supported or Opposed by Especialists: MITT ROMNEY FOR PRESIDENT	Check One: Support Oppose
Calcadas Vans To Brita Box Floriday	Disbursement For: Primary General
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Full Name (Last, First, Middle InNail) of Payee Real Action Mailing Address 11330 CAMPO Rd City State Zip Code LA Mesa, CA 91941 Purpose of Expenditure Category/ Type O11	Deta 11 02 2012 Amount 3,000-00 Office Sought: House State: Senate
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Full Name (Last, First, Middle Inklat) of Payer RIAL ACTION Mailing Address 11330 CAMPO Rd City State Zip Gode LA MESA CA 91941 Purpose of Expenditure Link Distribution Type 04 Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROM NEY TOR	Date 1 02 2012 Amount 3:000.00 Office Sought: House State: Senate President President Check One: V Support Gapose Disturbement For: Primary V General Other (specify)
Full Name (Last, First, Middle Inklat) of Payee RLAI ACTION Mailing Address 11330 CAMPO Rd City State Zip Gode LA MESA. CA 91941 Purpose of Expenditure Link Distribution Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROM NEY TOR CONTROL OF OTHER CONTROL OF OTHER Sought Calendar Year-To-Date For Election for Office Sought 3.000.00	Dete 1 02 2012 Amount 3:000-00 Office Sought: House State: Senate District: President Check One: V Support Oppose Distructement For: Primary V General Other (specify)
Full Name (Last, First, Middle Initial) of Payee RIAL ACTION Mailing Address 11330 CAMPO Rd City State Zip Gode City State Zip Gode Purpose of Expenditure Category/ Type O4 Name of Federal Candidate Supported of Opposed by Expenditure: MITT ROM NRY FOR COLONIA Category/ Type O4 Category	Date 1 02 2012 Amount 3,000-00 Office Sought: House State: Senate District: President Check One: V Support Oppose Disburgement For: Primary V General Other (specify)

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify): 7/9/13 DATE PREPARED **PREPARER**

(3/2005)