

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ProCure Treatment Centers Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		15395.99
(b) Cash on Hand at Beginning of Reporting Period.....	16636.90	
(c) Total Receipts (from Line 19)	2809.31	4100.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19446.21	19496.21
7. Total Disbursements (from Line 31).....	8000.00	8050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11446.21	11446.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ProCure Treatment Centers Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1890.50	2305.85
(ii) Unitemized	918.81	1794.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2809.31	4100.22
(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)	2809.31	4100.22
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))..... ▶	2809.31	4100.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2809.31	4100.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN 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	0.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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	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	1000.00	1000.00
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)) ..	8000.00	8050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	8050.00

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)	2809.31	4100.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2809.31	4100.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	50.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

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

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 16
(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)
ProCure Treatment Centers Inc. PAC

A. John Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 N. Walnut St.
 City State Zip Code
 Bloomington IN 47404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProCure Treatment Centers Inc. President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : A2011-2240762
 Amount of Each Receipt this Period
 0.10

B. John B Frick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 N Grand Blvd
 City State Zip Code
 Oklahoma City OK 73112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProCure Treatment Centers Inc. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 363.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2011
Transaction ID : A2011-2527422
 Amount of Each Receipt this Period
 181.80

C. John B Frick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 N Grand Blvd
 City State Zip Code
 Oklahoma City OK 73112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProCure Treatment Centers Inc. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 545.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : A2011-3215921
 Amount of Each Receipt this Period
 181.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 363.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

A. John B Frick
Full Name (Last, First, Middle Initial)

Mailing Address 5400 N Grand Blvd

City	State	Zip Code
Oklahoma City	OK	73112

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ProCure Treatment Centers Inc.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.20**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

Transaction ID : A2011-3215931

Amount of Each Receipt this Period

181.80

B. John B Frick
Full Name (Last, First, Middle Initial)

Mailing Address 5400 N Grand Blvd

City	State	Zip Code
Oklahoma City	OK	73112

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ProCure Treatment Centers Inc.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2011			

Transaction ID : A2011-3422068

Amount of Each Receipt this Period

181.80

C. Laura Keester
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

City	State	Zip Code
New York	NY	10016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ProCure Treatment Centers Inc.	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : A2011-3215927

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	413.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial)
A. Laura Keester

Mailing Address 192 Lexington Avenue 4th Floor

City State Zip Code
 New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ProCure Treatment Centers Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : A2011-3215937

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Laura Keester

Mailing Address 192 Lexington Avenue 4th Floor

City State Zip Code
 New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ProCure Treatment Centers Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A2011-3422074

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Susan L Michaud

Mailing Address 70 Everett Ave. Suite 505

City State Zip Code
 Chelsea MA 02150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ProCure Treatment Centers Inc. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : A2011-3215922

Amount of Each Receipt this Period
 28.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.08

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

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

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

FOR LINE NUMBER: PAGE 10 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

A. Susan L Michaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Everett Ave. Suite 505
 City Chelsea State MA Zip Code 02150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProCure Treatment Centers Inc. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : A2011-3215932
 Amount of Each Receipt this Period
 28.08

B. Susan L Michaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Everett Ave. Suite 505
 City Chelsea State MA Zip Code 02150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProCure Treatment Centers Inc. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A2011-3422069
 Amount of Each Receipt this Period
 14.04

C. Marcia Shields
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Lexington Avenue 4th Floor
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ProCure Treatment Centers Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : A2011-2533188
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 542.12
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial)
A. Kelli Wilson

Mailing Address 192 Lexington Avenue 4th Floor

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ProCure Treatment Centers Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2011
Transaction ID : A2011-2527416

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Kelli Wilson

Mailing Address 192 Lexington Avenue 4th Floor

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ProCure Treatment Centers Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2011
Transaction ID : A2011-2767712

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Kelli Wilson

Mailing Address 192 Lexington Avenue 4th Floor

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ProCure Treatment Centers Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : A2011-3215925

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

A. Kelli Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer ProCure Treatment Centers Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : A2011-3215935

Amount of Each Receipt this Period
50.00

B. Kelli Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer ProCure Treatment Centers Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : A2011-3422072

Amount of Each Receipt this Period
50.00

c. Craig Zwerling
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer ProCure Treatment Centers Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : A2011-2240763

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **114.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial) A. Craig Zwerling		Date of Receipt MM / DD / YYYY 07 / 22 / 2011 Transaction ID : A2011-2240768
Mailing Address 192 Lexington Avenue 4th Floor		Amount of Each Receipt this Period 70.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer ProCure Treatment Centers Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.48	

Full Name (Last, First, Middle Initial) B. Craig Zwerling		Date of Receipt MM / DD / YYYY 08 / 20 / 2011 Transaction ID : A2011-2527415
Mailing Address 192 Lexington Avenue 4th Floor		Amount of Each Receipt this Period 28.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer ProCure Treatment Centers Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.48	

Full Name (Last, First, Middle Initial) C. Craig Zwerling		Date of Receipt MM / DD / YYYY 09 / 17 / 2011 Transaction ID : A2011-2527423
Mailing Address 192 Lexington Avenue 4th Floor		Amount of Each Receipt this Period 28.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer ProCure Treatment Centers Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.48	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial)
A. Craig Zwerling

Mailing Address 192 Lexington Avenue 4th Floor

City	State	Zip Code
New York	NY	10016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ProCure Treatment Centers Inc.	Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : A2011-3215924

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)
B. Craig Zwerling

Mailing Address 192 Lexington Avenue 4th Floor

City	State	Zip Code
New York	NY	10016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ProCure Treatment Centers Inc.	Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : A2011-3215934

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)
C. Craig Zwerling

Mailing Address 192 Lexington Avenue 4th Floor

City	State	Zip Code
New York	NY	10016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ProCure Treatment Centers Inc.	Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : A2011-3422071

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	1890.50

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial)

A. Committe To Re-elect Ed Towns

Mailing Address 438 Lewis Avenue

City State Zip Code
Brooklyn NY 11233

Purpose of Disbursement
Contribution

011

Candidate Name

Edolphus Towns

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : B395719

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Families for Lankford

Mailing Address PO Box 1639

City State Zip Code
Bethany OK 73008

Purpose of Disbursement
Contribution

011

Candidate Name

James Lankford

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : B395307

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Families for Lankford

Mailing Address PO Box 1639

City State Zip Code
Bethany OK 73008

Purpose of Disbursement
Contribution

011

Candidate Name

James Lankford

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : B395367

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

7000.00

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)

<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

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial)

A. Doak for Insurance Commissioner

Mailing Address P.O. Box 7377

City Edmond State OK Zip Code 73083

Purpose of Disbursement
P-2014 State Insur. Comm. OK

011

Category/
Type

Candidate Name
John Doak

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2011			

Transaction ID : B399575

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00
