

**FEC
FORM 3X**

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

RECEIVED
2012 OCT 15 AM 11:43

FEC MAIL CENTER

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

T o b y , R o t h , f o r , C o n g r e s s , ' 9 6 , C o m m i t t e e

ADDRESS (number and street)

8 1 5 0 , L e e s b u r g , P i k e

Check if different than previously reported. (ACC)

V i e n n a V A 2 2 1 8 2 -

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

C 0 0 1 4 0 3 8 0

3. IS THIS REPORT NEW OR AMENDED (N) (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) | 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 0 7 / 0 1 / 2 0 1 2 through 0 9 / 3 0 / 2 0 1 2

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 Suzanne Roth

Signature of Treasurer

Suzanne Roth

Date

1 0 / 0 5 / 2 0 1 2

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

12030904330

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Toby Roth for Congress '96 Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

 /

| | |
|---|---|
| D | D |
| 0 | 1 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 2 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

 /

| | |
|---|---|
| D | D |
| 3 | 0 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 2 |

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 6. (a) Cash on Hand January 1, | <table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>2</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 2 | <table border="1" style="border-collapse: collapse;"><tr><td>6</td><td>6</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table> | 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table border="1" style="border-collapse: collapse;"><tr><td>6</td><td>6</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table> | 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="border-collapse: collapse;"><tr><td>6</td><td>6</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table> | 6 | 6 | 9 | 0 | 6 | 0 | <table border="1" style="border-collapse: collapse;"><tr><td>6</td><td>6</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table> | 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | |
| 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="border-collapse: collapse;"><tr><td>6</td><td>6</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table> | 6 | 6 | 9 | 0 | 6 | 0 | <table border="1" style="border-collapse: collapse;"><tr><td>6</td><td>6</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table> | 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | |
| 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | 9 | 0 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
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| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | |
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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

12030904331

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2012

To:

MM / DD / YYYY
09 / 30 / 2012

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).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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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 | | |
| (ii) Non-Federal Share..... | | |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | | |
| 26. Loan Repayments Made..... | | |
| 27. Loans Made..... | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | | |
| 29. Other Disbursements | 6 6 9 0 6 0 | 6 6 9 0 6 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share..... | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 6 6 9 0 6 0 | 6 6 9 0 6 0 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6 6 9 0 6 0 | 6 6 9 0 6 0 |

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

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**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 | OF |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input checked="" 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 | | |

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)
Toby Roth for Congress '96 Committee

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Thoroughbred Retirement Foundation | | Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 2 |
| Mailing Address 10 Lake Avenue | | Amount of Each Disbursement this Period , 1 0 5 0 . 0 0 |
| City | State Zip Code Saratoga Springs NY 12866 | |
| Purpose of Disbursement Donation | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Thoroughbred Retirement Foundation | | Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 2 |
| Mailing Address 10 Lake Avenue | | Amount of Each Disbursement this Period , 5 , 5 0 0 . 0 0 |
| City | State Zip Code Saratoga Springs NY 12866 | |
| Purpose of Disbursement Donation | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: 7th | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. St. Catherine's of Sienna | | Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 2 |
| Mailing Address 1020 Springvale Road | | Amount of Each Disbursement this Period , 1 4 0 . 6 0 |
| City | State Zip Code Great Falls VA 22066 | |
| Purpose of Disbursement Donation | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | |
|---|-------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | , 6 6 9 0 . 6 0 |
| TOTAL This Period (last page this line number only).....▶ | , 6 , 6 9 0 . 6 0 |

12030904335

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

10/15/12

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


PREPARER

10/15/12
DATE PREPARED

(3/2005)

12030904336