

# 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

Winning Our Future

ADDRESS (number and street) 2100 Riverside Parkway

Check if different than previously reported. (ACC) Suite 119 #351

Lawrenceville GA 30043

2. **FEC IDENTIFICATION NUMBER ▼** C00507525 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" type="checkbox"/> Jan 31 (YE)                |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYYYY in the State of   

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of   

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

12 / 01 / 2011 through 12 / 31 / 2011

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 Brent A. Mudd

Signature of Treasurer Brent A. Mudd *[Electronically Filed]* Date MM / DD / YYYYYY

01 / 31 / 2012

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Winning Our Future**

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"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2087171.00"/>	<input type="text" value="2087171.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2087171.00"/>	<input type="text" value="2087171.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="910668.48"/>	<input type="text" value="910668.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1176502.52"/>	<input type="text" value="1176502.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

Winning Our Future

Report Covering the Period: From: 12 / 01 / 2011 To: 12 / 31 / 2011

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).....	2080250.00	2080250.00
(ii) Unitemized .....	6921.00	6921.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2087171.00	2087171.00
(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) .....	2087171.00	2087171.00
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))..... ▶	2087171.00	2087171.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2087171.00	2087171.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	122287.93	122287.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	122287.93	122287.93
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) .....	788380.55	788380.55
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)) ..	910668.48	910668.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	910668.48	910668.48

**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) .....	2087171.00	2087171.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2087171.00	2087171.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	122287.93	122287.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	122287.93	122287.93

**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 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**Winning Our Future**

**A. Brian Bowers**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 390283

City Edina	State MN	Zip Code 55439
---------------	-------------	-------------------

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

Name of Employer Financial Recovery Services	Occupation Executive
---	-------------------------

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
12	/	30	/	2011

**Transaction ID : SA11AI.4385**

Amount of Each Receipt this Period  
500.00

**B. Charles Byrd**  
Full Name (Last, First, Middle Initial)

Mailing Address 2321 Henpeck

City Franklin	State TN	Zip Code 37064
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Investor
--------------------------	------------------------

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
12	/	20	/	2011

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
500.00

**C. Mason Cobb**  
Full Name (Last, First, Middle Initial)

Mailing Address 3013 363rd St.

City Federal Way	State WA	Zip Code 98003
---------------------	-------------	-------------------

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

Name of Employer Victoria Surgical Services, PS	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 7 OF 19
	<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)  
**Winning Our Future**

**A. Darrel Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Mathis St.  
City Fitzgerald State GA Zip Code 31750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Collins Cardiology Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2011  
**Transaction ID : SA11AI.4201**  
Amount of Each Receipt this Period 500.00

**B. Joyce Goetz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3480 Streamside Lane M201  
City Thousand Oaks State CA Zip Code 91360  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2011  
**Transaction ID : SA11AI.4249**  
Amount of Each Receipt this Period 500.00

**C. Frank Hanna Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 535 Silverleaf Drive  
City Summerville State GA Zip Code 30747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 12 / 07 / 2011  
**Transaction ID : SA11AI.4535**  
Amount of Each Receipt this Period 15000.00  
In-kind - Legal Fees (Womble Carlyle Sandridge & Rice, LLP)

**SUBTOTAL** of Receipts This Page (optional).....▶ 16000.00  
**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 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Winning Our Future**

**A. Steve Hansen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3228 Silver Bush Place  
 City State Zip Code  
 Catheys Valley CA 95306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : SA11AI.4324**  
 Amount of Each Receipt this Period  
 1000.00

**B. Nancy Layman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1666  
 City State Zip Code  
 Ellijay GA 30540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : SA11AI.4389**  
 Amount of Each Receipt this Period  
 250.00

**C. Floyd Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 Shannondale Way  
 City State Zip Code  
 Maryville TN 37803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : SA11AI.4314**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 9 OF 19
	<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)  
**Winning Our Future**

**A. Oren Lukatz**  
Full Name (Last, First, Middle Initial)

Mailing Address 3355 Las Vegas Blvd. S.

City Las Vegas	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation N/A
-----------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
250000.00

**B. Yasmin Lukatz**  
Full Name (Last, First, Middle Initial)

Mailing Address 3355 Las Vegas Blvd. S.

City Las Vegas	State NV	Zip Code 89109
-------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation N/A
-----------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.4538**

Amount of Each Receipt this Period  
250000.00

**C. Earle Mack**  
Full Name (Last, First, Middle Initial)

Mailing Address 2115 Linwood Avenue  
Suite 110

City Fort Lee	State NJ	Zip Code 07024
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Investor
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510000.00
<b>TOTAL</b> 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 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Winning Our Future**

Full Name (Last, First, Middle Initial) <b>A. Stephen Muss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2011
Mailing Address 3301 NE 1st Avenue Suite M511		<b>Transaction ID : SA11AI.4169</b>
City Miami	State FL	Zip Code 33137
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50000.00	
Name of Employer Midtown Miami Design District	Occupation Real Estate Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) <b>B. Jeannie Napolitano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 125 G Ave		<b>Transaction ID : SA11AI.4485</b>
City Coronado	State CA	Zip Code 92118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sivan Ochshorn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011
Mailing Address 3355 Las Vegas Blvd. S.		<b>Transaction ID : SA11AI.4167</b>
City Las Vegas	State NV	Zip Code 89109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500000.00	
Name of Employer Self-Employed	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550250.00
<b>TOTAL</b> 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 11 OF 19
	<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)  
**Winning Our Future**

**A. W.S. Propst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 517 Adams Street  
City Hunstville State AL Zip Code 35801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Commercial Real Estate  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500000.00**

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : SA11AI.4171**  
Amount of Each Receipt this Period  
**500000.00**

**B. Jay Sandstrom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3060 94 Ave. NW  
City New Town State ND Zip Code 58763  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JMS Consulting LLC Occupation Oil Field Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
12 / 24 / 2011  
**Transaction ID : SA11AI.4223**  
Amount of Each Receipt this Period  
**500.00**

**C. Harold Simmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5430 LBJ Fwy Suite 1700  
City Dallas State TX Zip Code 75240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Contran Corporation Occupation Chairman and CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500000.00**

Date of Receipt  
12 / 15 / 2011  
**Transaction ID : SA11AI.4165**  
Amount of Each Receipt this Period  
**500000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2080250.00</b>

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

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NAME OF COMMITTEE (In Full)

**Winning Our Future**

Full Name (Last, First, Middle Initial)

**A. Rebecca A. Burkett**

Mailing Address 1020 McKendree Park Lane

City Lawrenceville State GA Zip Code 30043

Purpose of Disbursement  
Travel Expense Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2011			

Transaction ID : SB21B.4283

Amount of Each Disbursement this Period

1047.40
---------

Full Name (Last, First, Middle Initial)

**B. Define Idea, Inc.**

Mailing Address 1761 Chace Drive

City Hoover State AL Zip Code 35244

Purpose of Disbursement  
Consultant-Web Design and Administration

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2011			

Transaction ID : SB21B.4289

Amount of Each Disbursement this Period

8000.00
---------

Full Name (Last, First, Middle Initial)

**C. John P. Grimaldi**

Mailing Address 25 Tudor City Place

City New York State NY Zip Code 10017

Purpose of Disbursement  
Consultant-Public Relations

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2011			

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

14047.40
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

<input checked="" 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 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)  
**Winning Our Future**

Full Name (Last, First, Middle Initial)

**A. Frank Hanna Jr.**

Mailing Address 535 Silverleaf Drive

City Summerville State GA Zip Code 30747

Purpose of Disbursement  
In-kind - Legal Fees (Womble Carlyle Sandridge & Rice, LLP)

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2011

**Transaction ID : SB21B.4536**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. Iowa Republican Party**

Mailing Address 621 E 9th Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
List Purchase

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : SB21B.4298**

Amount of Each Disbursement this Period

35031.00

Full Name (Last, First, Middle Initial)

**C. Marketel Media, Inc.**

Mailing Address 3315 Temecula Parkway  
Suite A203

City Temecula State CA Zip Code 92592

Purpose of Disbursement  
Delivery expenses

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : SB21B.4540**

Amount of Each Disbursement this Period

300.00

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

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

50331.00

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

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NAME OF COMMITTEE (In Full)  
**Winning Our Future**

Full Name (Last, First, Middle Initial)

**A. Gregg A. Phillips**

Mailing Address 215 Neville Wood Ct.

City Austin State TX Zip Code 78738

Purpose of Disbursement  
Travel Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : SB21B.4279**

Amount of Each Disbursement this Period

583.62

Full Name (Last, First, Middle Initial)

**B. Piryx Inc.**

Mailing Address 144 2nd Street  
First Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Fundraising-Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

547.94

Full Name (Last, First, Middle Initial)

**C. Richard W. Tyler**

Mailing Address 18314 Foundry Road

City Purcellville State VA Zip Code 20132

Purpose of Disbursement  
Consultant-Media

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : SB21B.4285**

Amount of Each Disbursement this Period

2903.23

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

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

4034.79

**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 checked="" 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 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)  
**Winning Our Future**

Full Name (Last, First, Middle Initial)

**A. Willmark Research, Inc.**

Mailing Address 16 North Astor Street

City Irvington State NY Zip Code 10533

Purpose of Disbursement  
Survey Research

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Willmark Research, Inc.**

Mailing Address 16 North Astor Street

City Irvington State NY Zip Code 10533

Purpose of Disbursement  
Survey Research

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4301**

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

NAME OF COMMITTEE (In Full) <b>Winning Our Future</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507525
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Empire Creative</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 21 / 2011</b>
Mailing Address 245 8th Ave PMB 395		Amount <span style="margin-left: 20px;">6000.00</span>
City New York	State NY	
Zip Code 10011	<b>Transaction ID : SE.4296</b>	
Purpose of Expenditure Radio Production	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">40965.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Empire Creative</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 28 / 2011</b>
Mailing Address 245 8th Ave PMB 395		Amount <span style="margin-left: 20px;">11250.00</span>
City New York	State NY	
Zip Code 10011	<b>Transaction ID : SE.4297</b>	
Purpose of Expenditure Media Production	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">396564.50</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">17250.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>

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.

*Brent A. Mudd*

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2012**



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

NAME OF COMMITTEE (In Full) <b>Winning Our Future</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507525
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 <b>Marketel Media, Inc.</b>		Date 12 / 21 / 2011
Mailing Address 3315 Temecula Parkway Suite A203		Amount 105286.50
City Temecula	State CA	Zip Code 92592
Purpose of Expenditure Radio and Email Advertising/Production	Category/ Type 004	<b>Transaction ID : SE.4541</b>
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Office Sought: <input type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 146251.50		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Marketel Media, Inc.</b>		Date 12 / 28 / 2011
Mailing Address 3315 Temecula Parkway Suite A203		Amount 78553.00
City Temecula	State CA	Zip Code 92592
Purpose of Expenditure Radio and Email Advertising	Category/ Type 004	<b>Transaction ID : SE.4542</b>
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Office Sought: <input type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 475117.50		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	183839.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

Signature Brent A. Mudd      [Electronically Filed]      Date 01 / 31 / 2012

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

NAME OF COMMITTEE (In Full) <b>Winning Our Future</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00507525
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 <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Marketel Media, Inc.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>12 / 29 / 2011</b>
Mailing Address 3315 Temecula Parkway Suite A203		Amount <span style="border: 1px solid black; padding: 2px;">313263.05</span>
City Temecula	State CA	Zip Code 92592
Purpose of Expenditure Radio and Email Advertising and Production	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	<b>Transaction ID : SE.4543</b>
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">788380.55</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Media Advantage, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>12 / 28 / 2011</b>
Mailing Address 3931 South Forrest Blvd.		Amount <span style="border: 1px solid black; padding: 2px;">239063.00</span>
City Baton Rouge	State LA	Zip Code 70817
Purpose of Expenditure Media Buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	<b>Transaction ID : SE.4294</b>
Name of Federal Candidate Supported or Opposed by Expenditure: NEWT GINGRICH		Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">385314.50</span>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">552326.05</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Brent A. Mudd*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Winning Our Future</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00507525
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 <b>Victory Media Group, Ltd.</b>		Date MM / DD / YYYY <b>12 / 20 / 2011</b>
Mailing Address <b>2004 Valley Lo Lane</b>		Amount <b>34965.00</b>
City <b>Glenview</b>	State <b>IL</b>	
Zip Code <b>60025</b>	<b>Transaction ID : SE.4293</b>	
Purpose of Expenditure <b>Phone Calls</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <b>IA</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>NEWT GINGRICH</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>34965.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/ Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>34965.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures.....	<b>788380.55</b>

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.

*Brent A. Mudd*

*[Electronically Filed]*

Date

MM / DD / YYYY  
**01 / 31 / 2012**

Signature