

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED
2012 SEP 25 AM 11:34
FEC MAIL CENTER

12030890346

1. (a) Name of Individual, Organization or Corporation Jonathan Frank Blas Diaz		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 21603 GMF		
(c) City, State and ZIP Code Barrigada, GU 96921		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only Name of Employer Self		Occupation Educator

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y
07 / 04 / 2012

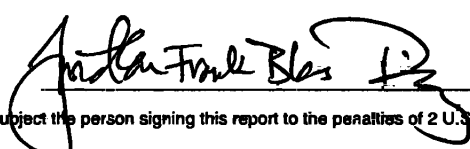
THROUGH

M M / D D / Y Y Y Y
11 / 04 / 2012

6. TOTAL CONTRIBUTIONS \$1,000.00

7. TOTAL INDEPENDENT EXPENDITURES \$1,000.00

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Jonathan Frank Blas Diaz		08/18/2012

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Jonathan Frank Blas Diaz

A. Full Name (Last, First, Middle Initial) Guam Federation of Teachers		Date of Receipt 08 / 10 / 2012
Mailing Address P.O. Box 2301		Amount of Each Receipt this Period \$115.00
City Hagatna	State GU Zip Code 96932	
FEC ID number of contributing federal political committee. C		
Name of Employer None		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional)	\$115.00
TOTAL This Period (last page carry total to Line 6)	\$115.00

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Jonathan Frank Blas Diaz

Full Name (Last, First, Middle Initial) of Payee Guam Federation of Teachers		Date 08 / 10 / 2012
Mailing Address P.O. Box 2301		Amount \$115.00
City Hagatna	State GU	
Purpose of Expenditure Xerox Copies 11x17 reg standard colored, 2 sided		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: Jonathan Frank Blas Diaz		Office Sought: <input checked="" type="checkbox"/> House State: GU <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2012		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NONE		Date ____ / ____ / ____
Mailing Address		Amount \$, .
City	State	
Purpose of Expenditure		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input 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	
Purpose of Expenditure		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$	\$	\$115.00
(b) SUBTOTAL of Unitemized independent Expenditures.....	\$	\$.
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	\$	\$	\$115.00

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
9/18/12

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

9/25/12
DATE PREPARED

12030890349