Image# 12951385393 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than	All Authorized	Committee			Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	=/10	ample: If typir or the lines.	g, type	12FE4M5	
Tomorrow is Meaningfu	II PAC-TIM PA	AC				
ADDRESS (number and street)	228 S WASHINGT	TON ST STE 115				
Check if different						
than previously reported. (ACC)	ALEXANDRIA				VA	22314
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲
C C00495887		3. IS THIS REPORT	\sim	IEW N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Apr 20 (M4)		ul 20 (M7)		(Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day		Primary (12P	\	General	(12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRF-FI		Convention (Special (
October 15 Quarterly Report (Q3	3)					
January 31 Year-End Report (YE	≣)	Election on	M M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E		General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	Tiopoit I	Election on	M = M /	D D /	Y = Y = Y	in the State of
5. Covering Period 01	01 Y	2012	through	03	31	2012
I certify that I have examined this Type or Print Name of Treasurer	•	e best of my kno	wledge and b	elief it is tru	e, correct and	d complete.
Signature of Treasurer Lisa L			[Electronically	Filed] D	ate 04	/ D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
NOTE: Submission of false, errone	ous, or incomplete i	nformation may su	ubject the pers	on signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE FRECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Tomorrow is Meaningful PAC-TIM P	AC	
Report Covering the Period: From: 01	01 2012 To:	03 31 2012
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		12500.00
(b) Cash on Hand at Beginning of Reporting Period	12500.00	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12500.00	12500.00
7. Total Disbursements (from Line 31)	2592.41	2592.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9907.59	9907.59
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)	708.39	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission	

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

Tomorrow is Meaningful PAC-TIM PAC	Tomorrow is	Meaningful	PAC-TIM PAC
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R	eport Covering the Period: From: 01	M / D D / Y Y Y Y Y Y TO:	03 / 31 / 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)	0.00	0.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5)	0.00	0.00
17.	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	0.00	0.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	0.00

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Ashirity (force Only add 1944)	1044 1110 1 31104	Outeridat Teat to Bate
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(,,		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	92.41	92.41
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	92.41	92.41
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	2500.00	2500.00
Independent Expenditures	200	200
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use conocale i)		
Loan Repayments Made	0.00	0.00
Laura Mada	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(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
(3001 03 1 703)		
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Caror Biobarcomente	0.00	
Federal Election Activity (2 U.S.C. §431(2)	0))	
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I odorar oriaro		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		0.00
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		and the second s
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2592.41	2592.41
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2592.41	2592.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 0X (1101. 02/2000)	i ago o	
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	92.41	92.41
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	92.41	92.41

Transaction Disbursement Disbur	SCHEDULE B (FEC Form 3X)	llaa aanarata aahadula(a)		NUMBER: PAGE 6 OF 7	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliditing contributions from such recommittee. NAME OF COMMITTEE (in Fulf) TOMOTROW is Meaningful PAC-TIM PAC Full Name (Last, First, Middle Initial) Lipid Name (Last, First, Middle Initial) Cardidate Name Office Sought: State: Disbursement Candidate Name Office Sought: State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement For: Category Type Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement For: Category Type Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement For: Category Type Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement Candidate Name Category Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category Type Office Sought: Full Name Category Office Sought: House Disbursement Tor: Category Type Office Sought: Disbursement Tor: Disbursement Tor: Category Type Office Sought: Disbursement Tor:	ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the (check only one)		,		
Amount of Each Disbursement Candidate Name Coffice Sought: House Disbursement Disbursem		Detailed Summary Page			
NAME OF COMMITTEE (in Full) TOMOTOW Is Meaningful PAC-TIM PAC Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH Mailing Address P.O. BOX 188 City CARNEL Purpose of Disbursement State: NY District: 19 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code NY 10512 Transaction ID : SB23.4116 Amount of Each Disbursement this Period Type Other (specify) Date of Disbursement Transaction ID : SB23.4116 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category Type Date of Disbursement this Period Amount of Each Disbursement this Period Category Type Date of Disbursement this Period Category Type Date of Disbursement this Period Amount of Each Disbursement this Period Category Type Date of Disbursement this Period Category Type District: State: Disbursement Ton: Sanate Primary General Category Type Date of Disbursement this Period District: State: Disbursement This Page (optional)					
Tomorrow is Meaningful PAC-TIM PAC Full Name (Last, First, Middle Initial) Amount of Each Disbursement Transaction ID : S823.4116 Amount of Each Disbursement Ithis Period Category/ Type Office Sought: House President President State: Disbursement Candidate Name Office Sought: House President President State: Disbursement Candidate Name Office Sought: House President State: Disbursement Candidate Name Office Sought: House President State: Disbursement For: Senate President State: District: Disbursement For: Senate President State: District: District: District: Disbursement Title Period Amount of Each Disbursement this Period Category/ Type Office Sought: House President Disbursement For: Senate Primary General Primary General President District: District: District: District: District: District: Disbursement For:	· · · · · · · · · · · · · · · · · · ·	ie and address of any point	car committee to	SOIICIT COTITIDUTIONS	nom such committee.
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Mailing Address P.O. BOX 188 City State Zip Code NY 10512 Purpose of Disbursement Political Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement For: 2012 Senate President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Prinary General Prinary General Prinary General President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Prinary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Disbursement this Period Category/ Type Disbursement Disbursement Tor: Candidate Name Category/ Type Disbursement Disbursement Tor: Candidate Name Category/ Type Disbursement Tor: Category/ Type Disbursement Tor: Category/ Type Disbursement Tor: Senate Primary General Primary General Category/ Type Disbursement Tor: Category/ Type Date of Disbursement This Period Date of	_			Data of Disburger	mont
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CARMEL NY 10512 Purpose of Disbursement Political Contribution Candidate Name NAN HAYWORTH Office Sought:	Mailing Address P.O. BOX 188				
Purpose of Disbursement Political Contribution Candidate Name NAN HAYWORTH Office Sought:				Transaction ID	: SB23.4116
Candidate Name NAN HAYWORTH Office Sought:		10512			
NAN HAYWORTH Office Sought: House President Pres			011	Amount of Each I	Disbursement this Period
Office Sought:					2500.00
Senate President Other (specify) State: NY District: 19 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Other (specify) Tippe Date of Disbursement this Period Other (specify) Amount of Each Disbursement this Period Other (specify) Amount of Each Disbursement this Period Other (specify) Category/ Type Office Sought: House State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate President Other (specify) Category/ Type Office Sought: House Other (specify) State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Other (specify) State: District: Substortal of Disbursements This Page (optional)		nent For: 2012	Туре		
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SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼			
SOBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	State. DISTRICT.				
	SUBTOTAL of Disbursements This Page (optional)			40.	2500.00
TOTAL This Period (last page this line number only)					2500.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 7
FOR LINE NUMBER: (check only one)

	9
X	10

OF

NAME OF COMMITTEE (In Full) Tomorrow is Meaningful PAC-TIM PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Consulting** Huckaby Davis Lisker Mailing Address 228 S Washington Street Suite 115 City State Zip Code Alexandria 22314 Transaction ID: SD10.4120 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 708.39 708.39 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 708.39 1) SUBTOTALS This Period This Page (optional)..... 708.39 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 708.39 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)