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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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

American Legacy Alliance

ADDRESS (number and street) PO Box 1964

X Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00500512

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X 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)

Table with columns for report due dates: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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)

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2012 through 06 30 2012

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 Mr. Timothy R Hathaway

Signature of Treasurer Mr. Timothy R Hathaway Date 07 15 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.

Table with 8 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

12030852428



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Legacy Alliance**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 01 2012 To: M M / D D / Y Y Y Y 06 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).....	0	0
(ii) Unitemized.....	736.35	1382.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	736.35	1382.38
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	736.35	1382.38
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	736.35	1382.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	736.35	1382.38

12030852430

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	673.68	1243.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	673.68	1243.21
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Cmmittees (such as PACs).....	0	0
(d) Total Contribution Refands (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Sitare.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	673.68	1243.21
32. Total Federal Disbursements (subtract Line 21(d)(ii) and Line 30(a)(ii) from Line 31).....	673.68	1243.21

12030852431

**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) .....	736.35	1382.38
34. Total Contribution Refunds (from Line 28(d)) .....	. 0	. 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	736.35	1382.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	673.68	1243.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	. 0	. 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	673.68	1243.21

12030852432

**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 6 OF 12

<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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Charge.COM**

Date of Disbursement

M M / D D / Y Y Y Y  
04 02 2012

Mailing Address 9715 West Broward Blvd  
Suite 182

City Plantation State FL Zip Code 33324

Transaction ID : 1

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Amount of Each Disbursement this Period

54.76

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B. Charge.COM**

Date of Disbursement

M M / D D / Y Y Y Y  
05 02 2012

Mailing Address 9715 West Broward Blvd  
Suite 182

City Plantation State FL Zip Code 33324

Transaction ID : 2

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Amount of Each Disbursement this Period

54.91

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C. Charge.COM**

Date of Disbursement

M M / D D / Y Y Y Y  
06 04 2012

Mailing Address 9715 West Broward Blvd  
Suite 182

City Plantation State FL Zip Code 33324

Transaction ID : 3

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Amount of Each Disbursement this Period

54.91

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , 164.58

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

12030852433

**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 7 OF 12

<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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Authorize.NET**

Date of Disbursement

M M / D D / Y Y Y Y  
04 03 2012

Mailing Address P.O. Box 8999

City State Zip Code  
San Francisco CA 94128

Transaction ID : 4

Purpose of Disbursement  
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , 40.1

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. Authorize.NET**

Date of Disbursement

M M / D D / Y Y Y Y  
05 03 2012

Mailing Address P.O. Box 8999

City State Zip Code  
San Francisco CA 94128

Transaction ID : 5

Purpose of Disbursement  
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , 40.05

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. Authorize.NET**

Date of Disbursement

M M / D D / Y Y Y Y  
06 04 2012

Mailing Address P.O. Box 8999

City State Zip Code  
San Francisco CA 94128

Transaction ID : 6

Purpose of Disbursement  
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , 40.05

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , 120.20

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

12030852434

**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 8 OF 12
	<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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Date of Disbursement

M M / D D / Y Y Y Y  
04 20 2012

Mailing Address 1601 Trapelo Road

City State Zip Code  
Waltham MA 02451

Transaction ID : 7

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Amount of Each Disbursement this Period  
 , , . 15

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B. Constant Contact**

Date of Disbursement

M M / D D / Y Y Y Y  
05 21 2012

Mailing Address 1602 Trapelo Road

City State Zip Code  
Waltham MA 02451

Transaction ID : 8

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Amount of Each Disbursement this Period  
 , , . 15

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C. Constant Contact**

Date of Disbursement

M M / D D / Y Y Y Y  
06 20 2012

Mailing Address 1603 Trapelo Road

City State Zip Code  
Waltham MA 02451

Transaction ID : 9

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Amount of Each Disbursement this Period  
 , , . 15

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	, , . 45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	, , .

12030852435

**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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

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

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 10

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

35

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Date of Disbursement

M M / D D / Y Y Y Y  
04 06 2012

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 11

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Date of Disbursement

M M / D D / Y Y Y Y  
04 06 2012

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 12

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

10

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , 60.00

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

12030852436

**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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 07 / 2012

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 13

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , . 15

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B. Bank of America**

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 07 / 2012

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 14

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , . 10

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C. Bank of America**

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 07 / 2012

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 15

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , . 15

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , 40.00

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

12030852437

**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 11 OF 12

<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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 07 / 2012

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Transaction ID : 16

Purpose of Disbursement  
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , . 10

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Charge.COM**

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 19 / 2012

Mailing Address 9715 West Broward Blvd  
Suite 182

City State Zip Code  
Plantation FL 33324

Transaction ID : 17

Purpose of Disbursement  
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , . 185

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Charge.COM**

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 19 / 2012

Mailing Address 9715 West Broward Blvd  
Suite 182

City State Zip Code  
Plantation FL 33324

Transaction ID : 18

Purpose of Disbursement  
Credit Card Processing Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , . 19.95

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , . 214.95

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

12030852438

**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)  
**American Legacy Alliance**

Full Name (Last, First, Middle Initial)

**A. Activist Manager, Inc.**

Date of Disbursement

M M / D D / Y Y Y Y  
03 07 2012

Mailing Address 211 N Union St.  
Suite 100

Transaction ID : 19

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
Website Hosting

001

, , 28.95

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B.**

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**C.**

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	, , 28.95
<b>TOTAL</b> This Period (last page this line number only).....▶	, , 673.68

12030852439

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)  
7/16/12

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

Jm N  
PREPARER  
(3/2005)

7/18/12  
DATE PREPARED

12030852440