Image# 12950336432								PAGE 1 / 24
FEC FORM 3X	AND	ORT O DISBI er Than An	URSE		s		Office Use	Only
1. NAME OF	TYPE OF	r print 🔻		mple: If typi	ng, type	12FE4M		
COMMITTEE (in full)			ove	r the lines.		1010111		
ADDRESS (number and stre		OX 3798						
Check if different								
than previously reported. (ACC)	PHOE	NIX				AZ	85030	
2. FEC IDENTIFICATIO	N NUMBER	▼	CITY 🔺			STATE 🔺	Z	IP CODE 🔺
C C00503540			3. IS THIS REPORT		NEW (N) OR		MENDED A)	
4. TYPE OF REPOR	R	lonthly eport ue On:	Feb 20 (M2)		May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			Mar 20 (M3) Apr 20 (M4)		Jun 20 (M6) Jul 20 (M7)		p 20 (M9) t 20 (M10)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Rep	ort (Q1) (c)	12-Day	, pr 20 (m r)	Primary (12F		Genera		Runoff (12R)
July 15 Quarterly Rep		PRE-Electio Report for t		Convention		Special	. ,	
October 15 Quarterly Rep	ort (Q3)	noport for t						
X January 31 Year-End Rep	ort (YE)	E	Election on	M M /		Y Y Y		n the State of
July 31 Mid-Y Report (Non-e Year Only) (M	lection) 30-Day POST -Elect Report for t	· L	General (300	G)	Runoff	(30R)	Special (30S)
Termination R (TER)	eport		Election on	M M /	D D /	Y Y Y Y		n the State of
5. Covering Period	07 / D		011	through	M M 12	/ D D 31	2011	
I certify that I have examin	-		est of my kno	wledge and	belief it is tru	ue, correct a	nd complete	
Type or Print Name of Trea	asurer Rober	t Hockensmith						
Signature of Treasurer	Robert Hockens	mith		[Electronical]	y Filed]	Date 01	M / D 1	2012
NOTE: Submission of false,	erroneous, or i	ncomplete infor	mation may su	bject the per	son signing th	his Report to	the penalties	of 2 U.S.C. §437g.
Office Use								FORM 3X v. 12/2004
Only								v. 12/2004

01/31/2012 17 : 02

SUMMARY PAGE	
OF RECEIPTS AND DISBURSEMENTS	

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISDURSEMENTS	Page 2
W	rite or Type Committee Name		
J	IANPAC		
Re	eport Covering the Period: From:	07 01 / Y Y Y Y Y 2011 To:	12 / D D / Y Y Y Y Y 12 31 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	21912.13	21912.13
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	21912.13	21912.13
7.	Total Disbursements (from Line 31)	5470.89	5470.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16441.24	16441.24
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)	704.53	

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

FEC Form 3X (Rev. 06/2004)

 $\mathsf{Page}~\mathbf{3}$

Write or Type Committee Name

JANPAC

I. Receipts	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5250.00	5250.00
(i) Itemized (use Schedule A)	3230.00	
	11662.13	11662.13
(ii) Unitemized (iii) TOTAL (add	11002.13	7 7 7
Lines 11(a)(i) and (ii)	16912.13	16912.13
	10012.10	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	21912.13	21912.13
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		,,,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	21912.13	21912.13
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	21912.13	21912.1

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	5470.89	5470.89
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	5470.89	5470.8
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5470.89	5470.8
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5470.89	5470.89

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L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
 Total Contributions (other than loans) (from Line 11(d), page 3) 	21912.13	21912.13					
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00					
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	21912.13	21912.13					
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	5470.89	5470.89					
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00					
3. Net Operating Expenditures (subtract Line 37 from Line 36)	5470.89	5470.89					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

24

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
Α.				Date of Receipt								
	Mailing Address 7131 East Caballo Circle Suite 150			M M / D D / Y Y Y Y Y 11 22 2011								
	City	State	Zip Code	Transaction ID : SA11AI.4600								
	Paradise Valley	AZ	85253	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		500.00								
	Name of Employer	Occupation										
	North Valley Plastic Surgery	Plastic Surg	geon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.00									
	Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Molly Greene	Date of Receipt										
	Mailing Address 239 W. Lamar			12 27 _2011 _								
	City	State	Zip Code	Transaction ID : SA11AI.4809								
	Phoenix	AZ	85013	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		500.00								
	Name of Employer	Occupation										
	Salt River Project	Governmen	t Relations Manager									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3										
	Other (specify)		500.00									
с.	Full Name (Last, First, Middle Initial) Dave Hartley	Date of Receipt										
	Mailing Address 5711 70th Ave Ct West	11 30 2011										
	City	State	Zip Code	Transaction ID : SA11AI.4179								
	University Place	WA	98467	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer	Occupation										
	Self	Insurance E	Broker									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		050.00									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)			1250.00								

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

7 7

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

24

TIEMIZED RECEIPTS		D RECEIPIS for each category of the Detailed Summary Page					11b 14	11c	12	17							
	y information copied from such Reports and S for commercial purposes, other than using the						pose o	f soliciting	g contrib	outions							
	NAME OF COMMITTEE (In Full)																
Α.	Full Name (Last, First, Middle Initial) Mike Ingram							Date of Receipt									
	Mailing Address 6094 E. Cholla Dr.		7.0.1		M M / D D / Y Y Y Y Y 10 24 2011												
	City Paradise Valley	State AZ	Zip Code 85253		Transaction ID : SA11AI.4736 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7		100	00.00							
	Name of Employer	Occupation															
	El Dorado Holdings Receipt For:	Owner	Year-to-Date ▼	_													
	Primary General Other (specify)	Aggregate	1000.00														
В.	Full Name (Last, First, Middle Initial)						Date of Receipt										
	Mailing Address 14223 N. 14th Dr.																
	City Phoenix	State AZ	Zip Code 85023		Transaction ID : SA11AI.4748 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					,		100	00.00							
	Name of Employer Cardiovascular Consultants	Occupation Doctor															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00														
<u>с</u> .	Full Name (Last, First, Middle Initial) David W Kimmerle			[Date o	of Re	eceipt										
	Mailing Address 1141 W. Dunlap Ave						M M / D D / Y Y Y Y 11 09 2011										
	City Phoenix	State AZ	Zip Code 85021					: SA11AI		od.							
	FEC ID number of contributing federal political committee.	С			_ Amount of Each Receipt this Period 250.00												
	Name of Employer	Occupation	1	-													
	Sanderson Ford																
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00														
s	UBTOTAL of Receipts This Page (optional)						7		225	0.00							
Т	OTAL This Period (last page this line number	only)					,	,									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

24

		Detailed Summary Page		11a 13	-	11b	-	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t				or the		pose		soliciting	g contribu	itions
NAME OF COMMITTEE (In Full)										
Full Name (Last, First, Middle Initial) A. Meera Krishna				Date of	f Re	eceip	t			
Mailing Address 1376 S. Hettema St.				м м 10	/		24	/ Y	2011	Y
City	State	Zip Code			act			SA11AI.		
Yuma	AZ	85364	A	mount	t of	Each	n Re	eceipt th	nis Perioc	
FEC ID number of contributing federal political committee.	С					3		- 7	500	0.00
Name of Employer	Occupation	1								
N/A	Housewife									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00								
Full Name (Last, First, Middle Initial) B. Ram Krishna				Date of	f Re	eceip	t			
Mailing Address 1376 S. Hettema St.							D 24	/ Y	2011	Y
City	State	Zip Code						SA11AL		
Yuma	AZ	85364	A	mount	t of	Each	n Re	eceipt th	nis Perioc	
FEC ID number of contributing federal political committee.	С				3		,	500	0.00	
Name of Employer Self-Employed	Occupation Doctor									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Dennis E. Mitchem	·			Date of	f Re	eceip	t			
Mailing Address 77 East Missouri Ave Unit 63				м м 12	/		D 01	/ Y	ү ү 2011	Y
City Phoenix	State AZ	Zip Code 85012	A					SA11AI. eceipt th	. 4220 nis Perioc	
FEC ID number of contributing federal political committee.	C					7		- 7	500	0.00
Name of Employer	Occupation	I	\neg							
N/A	Retired									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		500.00								
SUBTOTAL of Receipts This Page (optional).						7			1500	.00
TOTAL This Period (last page this line number	er only)					7				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Dotailod Su

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

24

TTEMIZED RECEIPTS			Detailed Summary Page		11a		11b	11c		12	_								
<u> </u>		0			13		14	15		16		17							
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma he name and a	ay not be sold or used by any p address of any political committe	erson f e to so	or the licit co	pur ntrib	pose o outions	f solicitir from su	ig co ch co	ontribut ommitt	tions ee.								
	NAME OF COMMITTEE (In Full)																		
	JANPAC																		
Α.	Full Name (Last, First, Middle Initial) Mary E. Peters	Name (Last, First, Middle Initial) ry E. Peters																	
	Mailing Address 8323 W Via Montoya Dr			12 01 2011 Transaction ID : SA11AI.4468															
	City	State	Zip Code		8														
	Peoria	AZ	85383	Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С					7		_	250	.00								
	Name of Employer	Occupation	l																
	Self	Consultant																	
	Receipt For:	Aggregate	Year-to-Date ▼																
	Other (specify) ▼		250.00																
в.	Full Name (Last, First, Middle Initial)						Date of Receipt												
	Mailing Address																		
		State																	
	City	Zip Code		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.					,		_											
	Name of Employer	Occupation																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]															
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt												
	Mailing Address																		
	City	State	Zip Code		Amoun	t of	Fach I	Receipt	this (Period									
	FEC ID number of contributing federal political committee.	С																	
	Name of Employer	Occupation																	
	Receipt For:	Aggregate	Year-to-Date ▼	\neg															
	Primary General			1															
	Other (specify)																		
s	UBTOTAL of Receipts This Page (optional)						,		1	250.	00]							
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21	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 24 (check only one)
IT	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	11a 11b X 11c 12
		- 1	 	13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
Α.	Full Name (Last, First, Middle Initial) MAGELLAN HEALTH SERVICES, INC. EMPLOYE	EE COMMITT	EE FOR GOOD GOVERNMENT	Date of Receipt
	Mailing Address 55 NOD ROAD			1,1 29 2011
	City	State	Zip Code	Transaction ID : SA11C.4828
	AVON	СТ	06001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C CO	0247262	5000.00
	Name of Employer	Occupation	1	_
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General	Ayyreyale		
	Other (specify)	L	5000.00	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	_
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General	33 - 3		
	Other (specify)		<u></u>	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		7	
	UBTOTAL of Receipts This Page (optional)			5000.00
┢	OTAL This Period (last page this line number of		· · · ·	5000.00
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	CHEDULE B (FEC Form 3X)			-		NUMBEF	R:		PA	GE	11 C)F 24
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page			k only 21b 27	one) 22 28a		23 28b	24 28c	\square	25 29	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				/ perso	on for the		pose (of solicitir		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full)											
Α.	Full Name (Last, First, Middle Initial) Amazon.com					Date o		sburse			Y	Y
	Mailing Address P.O. Box 81226					11		2		20		Y
	City Seattle	StateZip CodeWA98108				Tran	sact	ion ID	: SB21B	.4702		
	Purpose of Disbursement Fundraising Expense / Book for Donors					Amour	nt of	Each	Disburse	ment	this F	Period
	Candidate Name		Cat T	egoi ype	ry/			,			31	.90
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)										
	State: District:	-										
B.	Amazon.com					Date o		sburse		Y Y	Y	Y
	Mailing Address P.O. Box 81226					11		2	2	20)11	
	City Seattle	StateZip CodeWA98108				Tran	sact	ion ID	: SB21B	.4703	;	
	Purpose of Disbursement Fundraising Expense / Book for Donors					Amour	nt of	Each	Disburse	ment	this F	Period
	Candidate Name		Cat	egoi ype	ry/			,	. ,		31	.90
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼										
с.	Full Name (Last, First, Middle Initial) Amazon.com					Date o	_					_
	Mailing Address P.O. Box 81226					M N	/	2		20	11 1	Y
	City Seattle	StateZip CodeWA98108				Tran	sact	ion ID	: SB21B	.4704		
	Purpose of Disbursement Fundraising Expense / Book for Donors Candidate Name			egoi ype		Amour	nt of	Each	Disburse	ment		Period
	Senate President	ement For: Primary General Other (specify) V	<u> </u> 1	3hG				7				
	State: District:					_	_	_	_	_	_	
⊢	UBTOTAL of Disbursements This Page (optional)					H	-	7	- 7	-	95.	70
ľΤ	OTAL This Period (last page this line number only	y)				1		7				

	CHEDULE B (FEC Form 3X)		-			NUMBER	1:		PA	GE	12 C)F 24
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			c only 21b	one)		23	24		25	<u> </u>
		Detailed Summary Page			210	22 28a		23 28b	24 28c	$\left - \right $	29 29	30b
	y information copied from such Reports and State for commercial purposes, other than using the na											
\setminus	NAME OF COMMITTEE (In Full)											
	JANPAC											
Δ	Full Name (Last, First, Middle Initial)					Date o	of Die	shurse	ment			
	Amazon.com					M		D		(Y	Y	Y
	Mailing Address P.O. Box 81226					11			5	_20		
	City Seattle	State Zip Code WA 98108				Tran	sacti	ion ID	: SB21B	.4707		
	Purpose of Disbursement Fundraising Expense / Book for Donors			-		Amour	nt of	Each	Disburse	ment	this F	Period
	Candidate Name		Cate	gor pe	y/						111	.65
	Office Sought: House Disburse Senate	ement For: Primary General	.,	00								
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)											
В.	Amazon.com					Date o	_	sburse		Y Y	Y	Y
	Mailing Address P.O. Box 81226					11			5)11	
	City Seattle	StateZip CodeWA98108				Tran	sacti	ion ID	: SB21B	.4708	5	
	Purpose of Disbursement Fundraising Expense / Book for Donors					Amour	nt of	Fach	Disburse	mont	thic E	Pariod
	Candidate Name		Cate	gor pe	y/	Anour		Laci	Disbuise	inent	111	
	Office Sought: House Disburse	ement For:	.,	1				/	,			
	Senate President	Primary General Other (specify)										
	State: District:	1										
C.	Full Name (Last, First, Middle Initial) Amazon.com					Date o	of Dis	sburse	ement			
	Mailing Address P.O. Box 81226					M N	1 /	D 2		20	11 1	Y
	City Seattle	State Zip Code WA 98108				Tran	sacti	ion ID	: SB21B	.4709)	
	Purpose of Disbursement Fundraising Expense / Book for Donors	00100		-								
	Candidate Name		Cate	gor vpe	y/	Amour	nt of	Each	Disburse	ment	this F	
	Office Sought: House Disburse Senate	ement For: Primary General	. y					7	7			
	State: District:	Other (specify) ▼										
						_	-	-		-	-	_
s	UBTOTAL of Disbursements This Page (optional)							7			334.	95
т	OTAL This Period (last page this line number only	/)						,				

	CHEDULE B (FEC Form 3X)		-	-	LINE	-		:			PAG	àE 1	3 OI	- 24
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the	, l		ck onl		22		23		4		25 [26
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	y information copied from such Reports and State for commercial purposes, other than using the na													
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	Purpose of Disbursement Credit Card Processing			Amount of Each Disbursement this Period											
	Candidate Name		Cat T	ego ype		4.50									
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼													
	State: District:														
в.	Full Name (Last, First, Middle Initial) Piryx					Date of Disbursement									
	Mailing Address 144 2nd St. 1st Floor														
	San Francisco	State Zip Code CA 94105				Transaction ID : SB21B.4681									
	Purpose of Disbursement Credit Card Processing			-		Amount	t of Eac	h Di	ebureon	oont this	Period				
	Candidate Name		Category/ Type				Amount of Each Disbursement this Period								
	Senate President	ment For: Primary General Other (specify) ▼	1												
	State: District:														
C.	Full Name (Last, First, Middle Initial) • Piryx						Date of Disbursement								
	Mailing Address 144 2nd St. 1st Floor						12 28 2011								
	San Francisco	StateZip CodeCA94105	1			Trans	action I	ID : S	SB21B.4	4680					
	Purpose of Disbursement Credit Card Processing Candidate Name	Cat			Amount of Each Disbursement this Period										
	Office Sought: House Disburse	ment For: Primary General	T	ype					- 7		0.43				
	State: District:	Other (specify)													
s	UBTOTAL of Disbursements This Page (optional)						7		7		7.21				
Т	OTAL This Period (last page this line number only)			. 🕨				7						

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					INE NUMBER: PAGE 23 OF 24												
ITEMIZED DISBURSEMENTS		for each	category of the			k only 21b	y one) 22 23 24 25						25	26					
		Detailed Summary Page				27		8a		28b	+	280	; -	29	30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																		
	NAME OF COMMITTEE (In Full)																		
	Full Name (Last, First, Middle Initial)																		
Α.	Piryx								Date of Disbursement										
	Mailing Address 144 2nd St. 1st Floor							12 30 2011											
	City San Francisco	State CA	Zip Code 94105				Transaction ID : SB21B.4679												
	Purpose of Disbursement Credit Card Processing							Amount of Each Disbursement this Period											
	Candidate Name				egor ype		2.25							2.25					
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General		700							7							
_	State: District:		- J/ V																
в.	Full Name (Last, First, Middle Initial) - Southwest						Date of Disbursement												
	Mailing Address P.O. Box 36647-1CR							11 / 25 / 2011											
	City Dallas	State TX	Zip Code 75235				Transaction ID : SB21B.4706												
	Purpose of Disbursement Travel - Airfare						Amount of Each Disbursement this Perio					Period							
	Candidate Name	C)02 egor ype	ry/									3.80				
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General																
	State: District:																		
C.	Full Name (Last, First, Middle Initial)							Date of Disbursement											
	Mailing Address																		
	City State Zip Code																		
	Purpose of Disbursement							Amount of Each Disbursement this Period											
	Candidate Name	Cate	egor ype								renou								
	Senate President	ment For: Primary Other (spe	General cify) ▼							7									
	State: District:												_	_					
s	UBTOTAL of Disbursements This Page (optional)								_	7		,	_	51	6.05				
т	OTAL This Period (last page this line number only))								7				508	2.93				

Image# 12950336455							
SCHEDULE D (FEC Form 3X)		(1)	PAGE 24 OF 24				
DEBTS AND OBLIGATIONS	(Use separate schedule(s)	FOR LINE NUMBER:					
Excluding Loans	for each	(check only one) 9					
		numbered line)	X 10				
NAME OF COMMITTEE (In Full)							
A. Full Name (Last, First, Middle Initial) of Debte	Full Name (Last, First, Middle Initial) of Debtor or Creditor						
Americopy		Artwork an	d Printing				
Mailing Address 856 E Main St.							
City State	Zip Code						
Mesa	AZ 85203						
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4101				
0.00							
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
80.00		0.00	80.00				
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):				
Integrated Web Strategy		Email Send					
Mailing Address 5330 N 12th St							
Mailing Address 5330 N 12th St.							
City State	Zip Code						
Phoenix	AZ 85014						
Outstanding Balance Beginning This Period		Transact	tion ID : SD10.4103				
0.00							
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
624.53		0.00	624.53				
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):				
Mailing Address							
City	State Zip Code						
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
1) SUBTOTALS This Period This Page (optional)			704.53				
1) SOBTOTALS THIS FEROU THIS Fage (optional)							
2) TOTALS This Period (last page this line numbe	r only)	····· •	704.53				
	C (last page only)		0.00				
3) TOTAL OUTSTANDING LOANS from Schedule	c (last page only)						
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ►	704.53				