

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

ADDRESS (number and street)

635 N UNIVERSITY

PO BOX 630866

Check if different than previously reported. (ACC)

NACOGDOCHES TX 75963-0866

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00529719

3. IS THIS REPORT

X

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:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Convention (12C)

Special (12S)

Report for the:

M M / D D / Y Y Y Y

Election on

in the State of

(d) 30-Day

POST-Election

X

General (30G)

Runoff (30R)

Special (30S)

Report for the:

Election on

11 06 2012

in the State of

TX

5. Covering Period

09 24 2012

through

11 26 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

MARY ANN DERBY

Signature of Treasurer

Mary Ann Derby

Date

12 06 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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FEC FORM 3X
Rev. 12/2004

12030981471

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NACOGAUCHES COUNTY REPUBLICAN PARTY PAC

Report Covering the Period:

From: 09 24 2012

To: 11 26 2012

12030981472

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	0
(b) Cash on Hand at Beginning of Reporting Period	0	
(c) Total Receipts (from Line 19)	10,193.75	10,193.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,193.75	10,193.75
7. Total Disbursements (from Line 31)	8,103.44	8,103.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,090.31	2,090.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	0

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)

Page 3

Write or Type Committee Name

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

Report Covering the Period: From: 09'^M24'^D 2012^Y To: 11'^M26'^D 2012^Y

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.....	10,193.75	10,193.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,193.75	10,193.75
(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).....▶	10,193.75	10,193.75
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 H9).....	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)).....▶	10,193.75	10,193.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10,193.75	10,193.75

12030981473

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	6,128.88	6,128.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6,128.88	6,128.88
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 Committees (such as PACs)	0	0
(d) Total Contribution Refunds (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" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	1,974.56	1,974.56
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	1,974.56	1,974.56
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8,103.44	8,103.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8,103.44	8,103.44

12030981474

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)	10,193.75	10,193.75
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,193.75	10,193.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6,128.88	6,128.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6,128.88	6,128.88

12030981475

**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 / OF
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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)
NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

12030981476

Full Name (Last, First, Middle Initial) A. NONE		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period , , . 0
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Amount of Each Receipt this Period , , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
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	Amount of Each Receipt this Period , , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
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	Amount of Each Receipt this Period , , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , .	

SUBTOTAL of Receipts This Page (optional).....▶	, , . 0
TOTAL This Period (last page to this line number only).....▶	, , . 0

**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 1 OF 3

<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)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

Full Name (Last, First, Middle Initial)

A. TEXAS GOP STORE		Date of Disbursement 09.28.2012
Mailing Address 404 I-45 SOUTH HUNTSVILLE TX 77340		Amount of Each Disbursement this Period , 627.85
City CAMPAGN SIGNS	State Zip Code TX 77340	
Purpose of Disbursement ROMNEY-RYAN	Category/ Type	
Candidate Name P		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. SFA COLLEGE REPUBLICANS		Date of Disbursement 10.03.2012
Mailing Address 4300 NORTH STREET NACOGDOCHES TX 75962		Amount of Each Disbursement this Period , 200.00
City PUT OUT HIGHWAY SIGNS	State Zip Code TX 75962	
Purpose of Disbursement GENERAL ELECTION-ROMNEY	Category/ Type	
Candidate Name PRESIDENT		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. TEXAS GOP STORE		Date of Disbursement 10.05.2012
Mailing Address 404 I-45 S. HUNTSVILLE TX 77340		Amount of Each Disbursement this Period , 720.13
City CAMPAGN SIGNS	State Zip Code TX 77340	
Purpose of Disbursement ROMNEY-RYAN	Category/ Type	
Candidate Name ROMNEY-RYAN		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	, 1,547.98
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)

PAGE 2 OF 3

<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)

NACOGUCHES COUNTY REPUBLICAN PARTY PAC

Full Name (Last, First, Middle Initial)

A. <u>ATT</u>		Date of Disbursement	<u>10.16.2012</u>
Mailing Address		<u>TEXAS PO Box 13326 AUSTIN TX 78711-3326</u>	
City	State	Zip Code	
<u>PHONE & INTERNET HEADQUARTERS</u>			
Purpose of Disbursement		Amount of Each Disbursement this Period	
<u>GENERAL ELECTION</u>		, <u>1,511.07</u>	
Candidate Name		Category/Type	
<u>ALL</u>			
Office Sought:	House	Disbursement For:	
	Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

B. <u>TXU ENERGY</u>		Date of Disbursement	<u>11.05.2012</u>
Mailing Address		<u>PO Box 13326 AUSTIN TX 78711-3326</u>	
City	State	Zip Code	
<u>UTILITY HEADQUARTERS</u>			
Purpose of Disbursement		Amount of Each Disbursement this Period	
<u>GENERAL ELECTION</u>		, <u>386.63</u>	
Candidate Name		Category/Type	
<u>ALL</u>			
Office Sought:	House	Disbursement For:	
	Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

C. <u>TEXAS GOP STORE</u>		Date of Disbursement	<u>11.15.2012</u>
Mailing Address		<u>404 I-45 SOUTH HUNTSVILLE TX 77340</u>	
City	State	Zip Code	
<u>CAMPAIGN SIGNS</u>			
Purpose of Disbursement		Amount of Each Disbursement this Period	
<u>ROMNEY - RYAN</u>		, <u>1,226.80</u>	
Candidate Name		Category/Type	
Office Sought:	House	Disbursement For:	
	Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, <u>3,124.50</u>
TOTAL This Period (last page this line number only).....▶	, , .

12030981478

**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 3 OF 3

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

Full Name (Last, First, Middle Initial)

A. TXU ENERGY
Mailing Address PO BOX 13326 AUSTIN TX 78711-3326
City _____ State _____ Zip Code _____
Purpose of Disbursement UTILITIES HEADQUARTERS
Candidate Name GENERAL ELECTION
Office Sought: House Senate President
State: _____ District: _____
Disbursement For: Primary General Other (specify) _____

Date of Disbursement

11.26.2012

Amount of Each Disbursement this Period

333.36

B.
Mailing Address _____
City _____ State _____ Zip Code _____
Purpose of Disbursement _____
Candidate Name _____
Office Sought: House Senate President
State: _____ District: _____
Disbursement For: Primary General Other (specify) _____

Date of Disbursement

M M . D D . Y Y Y Y

Amount of Each Disbursement this Period

C.
Mailing Address _____
City _____ State _____ Zip Code _____
Purpose of Disbursement _____
Candidate Name _____
Office Sought: House Senate President
State: _____ District: _____
Disbursement For: Primary General Other (specify) _____

Date of Disbursement

M M . D D . Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 333.36
TOTAL This Period (last page this line number only)..... 5,005.84

12030981479

**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 1 OF 2

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

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NAME OF COMMITTEE (In Full)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

Full Name (Last, First, Middle Initial)

A. TOWN SQUARE MEDIA		Date of Disbursement 10 01 2012
Mailing Address PO BOX 200101 HOUSTON TX 77216-0101		Amount of Each Disbursement this Period 300.00
City State Zip Code ADVERTISING		
Purpose of Disbursement GENERAL ELECTION CAMPAIGN HQ	Category/ Type	
Candidate Name ALL OFFICES		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. DAILY SENTINEL		Date of Disbursement 10 15 2012
Mailing Address PO BOX		Amount of Each Disbursement this Period 351.45
City State Zip Code ADVERTISING		
Purpose of Disbursement GENERAL ELECTION CAMPAIGN HQ	Category/ Type	
Candidate Name ALL OFFICES		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. TOWN SQUARE MEDIA		Date of Disbursement 10 26 2012
Mailing Address PO BOX 200101 HOUSTON TX 77216-0101		Amount of Each Disbursement this Period 200.00
City State Zip Code ADVERTISING		
Purpose of Disbursement GENERAL ELECTION ACTIVITY	Category/ Type	
Candidate Name ALL OFFICES		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	851.45
TOTAL This Period (last page this line number only).....▶	

12030981480

**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 2 OF 2

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

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NAME OF COMMITTEE (In Full)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

Full Name (Last, First, Middle Initial)

A. DAILY SENTINEL		Date of Disbursement 11.07.2012
Mailing Address PO Box 630068 NACOGDOCHES TX 75963		Amount of Each Disbursement this Period , 940.11
City State Zip Code GENERAL ELECTION ACTIVITIES ADV		
Purpose of Disbursement ALL		Category/ Type
Candidate Name ALL		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B. LA LENGUA		Date of Disbursement 10.29.2012
Mailing Address 118 W SHEPHERD LUFKIN TX 75915-1355		Amount of Each Disbursement this Period , 183.00
City State Zip Code ADVERTISING GENERAL ELECTION		
Purpose of Disbursement ALL		Category/ Type
Candidate Name ALL		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	, 1,123.11
TOTAL This Period (last page this line number only).....▶	, 1,974.56

12030981481

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

NONE

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

, , . 0 , . 0 , , . 0

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ , , . 0

TOTALS This Period (last page in this line only) ▶ , , . 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030981482

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) NACOGDOCHES COUNTY REPUBLICAN PARTY PAC		FEC IDENTIFICATION NUMBER 00529719
LENDING INSTITUTION (LENDER) Full Name NONE	Amount of Loan 0	Interest Rate (APR) 0%
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y 0	
City State Zip Code	Date Due M M / D D / Y Y Y Y 0	

12030981483

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: , , ,

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? , , ,
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? , , ,

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Date account established: M M / D D / Y Y Y Y Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name MARY ANN DERBY Signature <i>Mary Ann Derby</i>	DATE 12 06 2012
---	---------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name MARY ANN DERBY Signature <i>Mary Ann Derby</i>		DATE 12 06 2012
Title 12-6-12 TREAS.		

On behalf of Candidate

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

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) **PAC** **NACOGDOCHES COUNTY REPUBLICAN PARTY** **FEC IDENTIFICATION NUMBER** **C00529719**

Check if 24-hour report 48-hour report New report Amends report filed on **MM/DD/YYYY**

12030981485

Full Name (Last, First, Middle Initial) of Payee NONE		Date 12/06/2012
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		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 Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		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..... **0**

(b) SUBTOTAL of Unitemized Independent Expenditures..... **0**

(c) TOTAL Independent Expenditures..... **0**

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.

Mary Ann Rerley
Signature

Date **12/06/2012**

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)			
NACOGDOCHES COUNTY REPUBLICAN PARTY PAC			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	NONE		
	Mailing Address		
City		State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
NONE			
Mailing Address		Date	
City State Zip Code		M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		, , . 0	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code		M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		, , .	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code		M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		Amount	
		, , .	
SUBTOTAL of Expenditures This Page (optional).....▶		, , . 0	
TOTAL This Period (last page this line number only).....▶		, , . 0	

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

NA

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

NA

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

NACOGDOCHES COUNTY REPUBLICAN PARTY DAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><u>NONE</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. 0%	. 0%
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	. %	. %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
NONE		, , .

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	, , .	0
ii) Generic Voter Drive	, , .	0
iii) Exempt Activities.....	, , .	0
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Fundraising	, , .	0
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Candidate Support.....	, , .	0
vi) Public Communications Referring Only to Party (Made by PAC)	, , .	0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	, , .	0
TOTAL This Period (Generic Voter Drive)	, , .	0
TOTAL This Period (Exempt Activities)	, , .	0
TOTAL This Period (Direct Fundraising)	, , .	0
TOTAL This Period (Direct Candidate Support)	, , .	0
TOTAL This Period (Public Communications Referring Only to Party)	, , .	0
TOTAL This Period (Total Amount Transferred).....	, , .	0

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

NACOG DOCHES COUNTY REPUBLICAN PARTY PAC

A. Full Name (Last, First, Middle Initial) NONE		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date , , , 0	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			
FEDERAL SHARE		+	NONFEDERAL SHARE
, , , 0		=	TOTAL AMOUNT
, , , 0			, , , 0

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date , , , -	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			
FEDERAL SHARE		+	NONFEDERAL SHARE
, , , -		=	TOTAL AMOUNT
, , , -			, , , -

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date , , , -	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			
FEDERAL SHARE		+	NONFEDERAL SHARE
, , , -		=	TOTAL AMOUNT
, , , -			, , , -

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

, , , 0 + , , , 0 = , , , 0

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

, , , 0 + , , , 0 = , , , 0

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SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
NONE		0

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....	0			
ii) Voter ID Total Amount Transferred for Voter ID		0		
iii) GOTV Total Amount Transferred for GOTV			0	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity				0

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration.....				
ii) Voter ID Total Amount Transferred for Voter ID				
iii) GOTV Total Amount Transferred for GOTV				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	0
TOTAL This Period (Voter ID)	0
TOTAL This Period (GOTV).....	0
TOTAL This Period (Generic Campaign Activity).....	0
TOTAL This Period (Total Amount of Transfers Received).....	0

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name NONE		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y . Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE		+	LEVIN SHARE
,			=
,			TOTAL AMOUNT
,			, , . 0

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y . Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE		+	LEVIN SHARE
,			=
,			TOTAL AMOUNT
,			, , . 0

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y . Y Y
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE		+	LEVIN SHARE
,			=
,			TOTAL AMOUNT
,			, , . 0

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
, , . 0		, , . 0	, , . 0
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
, , . 0		, , . 0	, , . 0
TOTAL This Period for the Levin Share			
		, , . 0	

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) NACOGDOCHES COUNTY REPUBLICAN PARTY PAC
NAME OF ACCOUNT NONE

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	COLUMN A TOTAL THIS PERIOD		COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS			
(a) Itemized (Use Schedule L-A)	0		0
(b) Unitemized	0		0
(c) Total	0		0
2. OTHER RECEIPTS	0		0
3. TOTAL RECEIPTS	0		0
(Add Lines 1c and 2)			
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
(a) Voter Registration	0		0
(b) Voter ID	0		0
(c) GOTV	0		0
(d) Generic Campaign	0		0
(e) Total	0		0
5. OTHER DISBURSEMENTS	0		0
6. TOTAL DISBURSEMENTS	0		0
(Add Lines 4e and 5)			
7. BEGINNING CASH ON HAND	0		0
(for Column B, use cash as of January 1st)			
8. RECEIPTS	0		0
(from Line 3)			
9. SUBTOTAL	0		0
(Add Lines 7 and 8)			
10. DISBURSEMENTS	0		0
(From Line 6)			
11. ENDING CASH ON HAND	0		0
(Subtract Line 10 From Line 9)			

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE 1 OF 1

FOR LINE NUMBER:
 (check only one) 1a 2

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)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name NONE		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period , , . 0 Aggregate Year-to-Date , , . 0	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			
D. Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period , , . Aggregate Year-to-Date , , .	
City	State		Zip Code
Name of Employer or Principal Place of Business			
Occupation			

SUBTOTAL of Receipts This Page (optional).....	, , . 0
TOTAL This Period (last page this line number only).....	, , . 0

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE 1 OF 1
(check only one) 4a 4c 5
AW 4b 4d

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)

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

A. NONE

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

, , 0

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

B.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

, , .

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

C.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

, , .

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

D.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

, , .

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

M M / D D / Y Y Y Y

E.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

, , .

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

, , 0

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

, , 0

12030981495

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.

12030981496

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>12/6/12</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>AMP</i>	<i>12/14/12</i>
PREPARER	DATE PREPARED