| FEC<br>FORM 3                                 | _            | <b>ND</b>    | DISBL                        |   | EIPTS                            |                 | 2012                 | RECEIVED                         |  |  |  |
|---|--------------|--------------|------------------------------|---|----------------------------------|-----------------|----------------------|----------------------------------|--|--|--|
| 1. NAME OF<br>COMMITTEE (in                   | full)        | TYPE OR      | PRINT <b>V</b>               |   | ample: If typir<br>er the lines. | ng, type        | 12FE HEC MAIL CENTER |                                  |  |  |  |
| FILIENOS                                      | 1-10,F       | PAR          | NELL                         | _,0,∓;G(                                      | <u> </u>                         | <u></u>         |                      |                                  |  |  |  |
|   | ┶╌-┠╌-┡╌-╄   | ╾┖╾┚╸╴       | └ <del>┈└<u></u>╶╎┈╿╶┙</del> | <u> </u>                                      | <u></u>                          | ╧┿╼╧┥╌          | <u></u>              | <u></u>                          |  |  |  |
| ADDRESS (number ar                            | nd street)   | 19:5:8       | <u>H</u> ISI                 | SI HWM INT BUSIFINESS I I I I I I I I I I I   |                                  |                 |                      |                                  |  |  |  |
|   |              |              | └─┹╌╄╌╞╶╽                    | <u>, , , , , , , , , , , , , , , , , , , </u> |                                  |                 |                      |                                  |  |  |  |
| than previo<br>reported. (A                   |              | GAR          | DIEIN                        | )EN CILITY                                    |                                  |                 |                      | SCI 129576-L                     |  |  |  |
| 2. FEC IDENTIFIC                              | CATION N     | UMBER 🔻      |                              |   |                                  |                 | STATE                |                                  |  |  |  |
| <u>c005</u>                                   | 054          | ९७           | 3.                           | is this<br>report                             | NEV<br>(N)                       | OR              | AMEN<br>(A)          | DED STATE ▼ DISTRICT             |  |  |  |
| 4. TYPE OF RE<br>(a) Quarterly R<br>April 15  |              |              | (b)                          | I2-Day <b>PRE</b> -                           | Election Repo                    | ?)              | General (            |                                  |  |  |  |
| July 15                                       | Quarterly F  | Report (Q2)  |                              |   | Convention (                     | (12C)           | Special (            | 12S)                             |  |  |  |
| Octobe  | r 15 Quarte  | rly Report ( | Q3)                          | Election on                                   | 55 5 <b>4</b> 7                  | • 6 6 <i>1</i>  | X X Y Y              | in the<br>State of               |  |  |  |
| January                                       | v 31 Year-Er | nd Report (N | ′E) (c) ;                    | (c) 30-Day POST-Election Report for the:      |                                  |                 |                      |                                  |  |  |  |
| Termina                                       | ution Report | (TER)        |                              | Election on                                   | General (30G                     | •               | Runoff (3            |                                  |  |  |  |
| 5. Covering Period                            | ĩ            | r'ð          | 3 ' 70                       | ١ð  | through                          | ۲Ĵ              | - 31                 | 9-0 I I                          |  |  |  |
| I certify that I have e<br>Type or Print Name |              |              |                              |   | -                                | belief it is ti | rue, correct an      | d complete.                      |  |  |  |
| Signature of Treasure                         | N            | ,<br>Po      | unell                        | Pig<br>Porl                                   | بر<br>                           |                 | ් ඊ<br>Date          | 1'25'2012                        |  |  |  |
| · · · · · · · · · · · · · · · · · · ·         | false, erron | eous, or inc | omplete infor                | mation may s                                  | ubject the per                   | rson signing    | this Report to       | the penalties of 2 U.S.C. §437g. |  |  |  |
| Office<br>Use<br>Only                         |              |              |                              |   |                                  |                 |                      | FEC FORM 3<br>(Revised 02/2003)  |  |  |  |

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| SCHEDULE A (FEC Form 3)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and Stateme  |  |   |
|---|--|---|
| or for commercial purposus, other than using the name   NAME OF COMMITTEE (In Full)   Full Name (Last, First, Middle Initial)   | ACOLI DUSS                             | e to solicit contributions from such commutee.                                      |
| A <u>Mailing Address</u> 945 B ChAndle<br>City SULFILL REACH St   | (DC.<br>zip code<br>Zip code<br>SSS    | Date of Receipt   |
| FEC ID number of contributing federal political committee.  | Self Pino Olk red                      | Amount of Each Receipt this Period  |
| V Primary General<br>Other (specify)  | SOOOO                                  |   |
| Full Name (Last, First, Middle Iritial)<br>B. Dissipation PA(NLV)<br>Mailing Address SS PA(NLV)<br>Mailing Address SS PA(NLV)<br>SUFSide Beach Sta  |  | Date of Receipt<br>$\ddot{0}\ddot{9}'\dot{2}\dot{9}'\dot{2}\dot{0}\ddot{1}\ddot{1}$ |
| Attorney  | ion Cycle to-Date                      | Amount of Each Receipt this Period  |
| Full Name (Last, First, Middle Initial)<br>C. <u>Mailing Address</u><br><u>FULL</u><br><u>Gity</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>State</u><br><u>Stat</u> | · · · · · · · · · · · · · · · · · · ·  | Date of Receipt   |
| FEC ID number of contributing<br>federal political committee. C   | ipation<br>SEIL CWPIN/CD               | Amount of Each Receipt this Period  |
| Other (specify)   SUBTOTAL of Receipts This Page (optional)   TOTAL This Period (last page this line number only)   | ······································ | 189000<br>594000  |

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FEC Schedule A (Form 3) (Revised 02/2009)

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## SCHEDULE C (FEC Form 3) LOANS

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State

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NAME OF COMMITTEE (IR Full)

| HEDULE C (FEC Form 3)<br>ANS                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUME<br>(check only one) |
|---|---|-----------------------------------|
| ME OF COMMITTEE (IN Full)<br>trilods of PArnell D   | 995   |                                   |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Ele   | vion:                             |
| Diggs PArnell                                       |   | Primary<br>General                |
| Mailing Address SS (MAndle MC                       |   | Other (specify)                   |

City

|    | Original Amount of Loan                        | Cumulative Payment To                         | Date                              |          | Balance Ou | Itstanding a | it Close of Th | is Period |
|----|--|---|-----------------------------------|----------|------------|--------------|----------------|-----------|
|    | 35000  | ,   | 350                               | 00       |            |              | ; -            | 00        |
| Ī  | TERMS<br>Date Incurred                         | Date Due                                      | · · · ·                           | Interest | t Rate     |              | Secured:       |           |
|    | 12,06,9011                                     | a na / D D⊂ / Y                               | ע א א                             |          | o          | % (apr)      | Yes            |           |
| ſ  | List All Endorsers or Guarantors (if any) to   | Loan Source                                   |                                   |          |            |              |                |           |
|    | 1. Full Name (Last, First, Middle Initial)     | ) NE  | Name of                           | Employer |            |              | _              |           |
| T  | Mailing Address                                |   | Occupatio                         | תו       |            |              |                | · <u></u> |
|    | City State                                     | ZIP Code                                      | Amount<br>Guarantee<br>Outstandi  |          |            |              |                |           |
| ł  | 2. Full Name (Last, First, Middle Initial)     | <u>, ,, , , , , , , , , , , , , , , , , ,</u> | Name of                           | Employer |            |              |                |           |
|    | Mailing Address                                |   | Occupatio                         | ົກ       |            |              |                |           |
|    | City State                                     | ZIP Code                                      | Amount<br>Guarantee<br>Outstandi  |          | 2          | :            | :              |           |
| ſ  | 3. Full Name (Last, First, Middle Initial)     |   | Name of                           | Employer |            |              |                |           |
| ł  | Mailing Address                                |   | Occupatio                         | 'n       | <u></u>    |              | ·····          |           |
|    | City State                                     | ZIP Code                                      | Arnount<br>Guarantee<br>Outstandi |          |            | <u>.</u>     |                |           |
| ľ  | 4. Full Name (Last, First, Middle Initial)     |   | Name of                           | Employer |            |              |                |           |
|    | Mailing Address                                |   | Occupatio                         | <br>אח   |            |              | •              |           |
|    | City State                                     | ZIP Code                                      | Amount<br>Guarantee<br>Outstandi  |          | 2          | ;            |                |           |
|    | BTOTALS This Period This Page (optional)       |   | ·····-                            |          |            |              | 350            |           |
| 10 | TALS This Period (last page in this line only) | ·   |                                   | ····· ►  |            | ÷.           | .350.          | 00        |

**ZIP Code** 

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

FEC Schedule C (Form 3) (Revised 02/2003)

OF

V 13a

13b

NUMBER:

| Federal Election Commission<br>ENVELOPE REPLACEMENT PAGE FOR INCOMI<br>The FEC added this page to the end of this filing to indica |                                       |
|--|---------------------------------------|
| Hand Delivered   | Date of Receipt                       |
| USPS First Class Mail  | Postmarked                            |
| USPS Registered/Certified  | Postmarked (R/C)                      |
| USPS Priority Mail   | Postmarked                            |
| Delivery Confirmation <sup>™</sup> or Signature Cor  | nfirmation <sup>™</sup> Label         |
| USPS Express Mail  | Postmarked                            |
| Postmark Illegible   | · · · · · · · · · · · · · · · · · · · |
| No Postmark  | · ·                                   |
| Overnight Delivery Service (Specify):  | Shipping Date                         |
| Next Busir   | ness 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                       |
| Date of Other (Specify):   | f Receipt or Postmarked               |
| Jans   | 10/1/12                               |
| PREPARER   | DATE PREPARED                         |