

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

ADDRESS (number and street)

133 SOUTH HARBOR DRIVE SOUTH

☐ Check if different than previously reported. (ACC)

VENICE

FL

34285

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00493239

3. IS THIS
REPORT☒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

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

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 ERIC ROBINSON

Signature of Treasurer

ERIC ROBINSON

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 13 2013

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		5174.85
(b) Cash on Hand at Beginning of Reporting Period.....	8376.65	
(c) Total Receipts (from Line 19)	0.00	6500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8376.65	11674.85
7. Total Disbursements (from Line 31)	2025.20	5323.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6351.45	6351.45
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)	0.00	



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

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 01 2013

To:

M M / D D / Y Y Y Y Y
06 30 2013

I. Receipts

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

6000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

6500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.00

6500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

6500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2025.20	5323.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2025.20	5323.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2025.20	5323.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2025.20	5323.40

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)	0.00	6500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	6500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2025.20	5323.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2025.20	5323.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

Full Name (Last, First, Middle Initial)

A. ROBINSON HANKS YOUNG & ROBERTS PA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2013

Mailing Address 133 S HARBOR DR

City	State	Zip Code
VENICE	FL	34285

Transaction ID : SB21B.4244Purpose of Disbursement
ONLINE CORPORATE RENEWAL COSTS

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Dennis Ross

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2013

Mailing Address 170 FITZGERALD ROAD
SUITE 1

City	State	Zip Code
LAKELAND	FL	33813

Transaction ID : SB21B.4241Purpose of Disbursement
REIMB FOR AIRLINE TRAVEL COSTS

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

621.80

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2013

Mailing Address 111 WEST RIO SALADO PARKWAY

City	State	Zip Code
TEMPE	AZ	85281

Transaction ID : SB21B.4241.0Purpose of Disbursement
AIRLINE TICKET COST

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

313.80

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1121.80

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

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

308.00

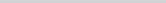
[MEMO ITEM]

173.80

05 / 15 / 2013

173.80

[MEMO ITEM]



173.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

Full Name (Last, First, Middle Initial)

A. Dennis Ross

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

Mailing Address 170 FITZGERALD ROAD
SUITE 1

City LAKELAND State FL Zip Code 33813

Purpose of Disbursement
REIMB FOR AIRLINE TICKET COST

002

Candidate Name

Category/
Type**Transaction ID : SB21B.4251**

Amount of Each Disbursement this Period

365.80

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

Mailing Address 111 WEST RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRLINE TICKET EXPENSE

002

Candidate Name

Category/
Type**Transaction ID : SB21B.4251.0**

Amount of Each Disbursement this Period

365.80

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Dennis Ross

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Mailing Address 170 FITZGERALD ROAD
SUITE 1

City LAKELAND State FL Zip Code 33813

Purpose of Disbursement
REIMB FOR AIRLINE TICKET

002

Candidate Name

Category/
Type**Transaction ID : SB21B.4253**

Amount of Each Disbursement this Period

363.80

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

729.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TAXPAYERS INCENSED BY GOVERNMENT EXCESS AND REGULATION PAC

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 111 WEST RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRLINE TICKET EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SB21B.4253.0

Amount of Each Disbursement this Period

363.80

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

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

0.00

2025.20