

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PRIDE MOBILITY PRODUCTS CORP PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		32239.02
(b) Cash on Hand at Beginning of Reporting Period.....	32875.34	
(c) Total Receipts (from Line 19)	43713.68	57850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76589.02	90089.02
7. Total Disbursements (from Line 31).....	19000.00	32500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57589.02	57589.02
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)

Write or Type Committee Name

PRIDE MOBILITY PRODUCTS CORP PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

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).....	43713.68	56850.00
(ii) Unitemized	0.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43713.68	57850.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	43713.68	57850.00
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))..... ▶	43713.68	57850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43713.68	57850.00

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	32500.00
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)) ..	19000.00	32500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	32500.00

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)	43713.68	57850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43713.68	57850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Chris Blackmore
Full Name (Last, First, Middle Initial)

Mailing Address 96 Masters Drive

City Pottstown State PA Zip Code 19464

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pride Mobility Products Occupation: Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **12 / 30 / 2011**

Transaction ID : **SA11AI.5343**

Amount of Each Receipt this Period: **100.00**

B. Felicia Byrne
Full Name (Last, First, Middle Initial)

Mailing Address 2551 County Road 201

City Lampass State TX Zip Code 76550

FEC ID number of contributing federal political committee. **C**

Name of Employer: N/A Occupation: Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **11 / 04 / 2011**

Transaction ID : **SA11AI.5389**

Amount of Each Receipt this Period: **5000.00**

C. Kirsten Delay
Full Name (Last, First, Middle Initial)

Mailing Address RR 1, Box 215D

City Falls State PA Zip Code 18615

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pride Mobility Products Corp. Occupation: Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **12 / 30 / 2011**

Transaction ID : **SA11AI.5344**

Amount of Each Receipt this Period: **954.56**

SUBTOTAL of Receipts This Page (optional)..... **6054.56**

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

**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 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial) A. Jean Etheart		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 300 Bulford Rd.		Transaction ID : SA11AI.5345
City Shavertown	State PA	Zip Code 18708
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer Pride Mobility Products	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Chuck Finn		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 27 Machell Ave.		Transaction ID : SA11AI.5346
City Dallas	State PA	Zip Code 18612
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer Pride Mobility Products Corp.	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Kirk Grau		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 4109 Teabury Ct.		Transaction ID : SA11AI.5347
City Flower Monud	State TX	Zip Code 75068
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00	
Name of Employer Pride Mobility Products Corp	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Thomas Kretchik
Full Name (Last, First, Middle Initial)

Mailing Address 182 Susquehanna

City Exeter State PA Zip Code 18643

FEC ID number of contributing federal political committee. **C**

Name of Employer Pride Mobility Products Corp. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period
 5000.00

B. Allison Meuser
Full Name (Last, First, Middle Initial)

Mailing Address 116 Osprey Point Drive

City Osprey State FL Zip Code 34229

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period
 5000.00

C. Dan Meuser
Full Name (Last, First, Middle Initial)

Mailing Address Pole 292

City Harveys Lake State PA Zip Code 18618

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Pennsylvania Occupation Secretary of Revenue

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Scott Meuser
Full Name (Last, First, Middle Initial)

Mailing Address 44 E. Overbrook Rd.

City Shavertown	State PA	Zip Code 18708
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pride Mobility Products Corp.	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period
5000.00

B. Stanley Meuser
Full Name (Last, First, Middle Initial)

Mailing Address 116 Osprey Point Dr.

City Osprey	State FL	Zip Code 34229
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pride Health Care, Inc.	Occupation Board member
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period
5000.00

C. Veronica Meuser
Full Name (Last, First, Middle Initial)

Mailing Address 116 Osprey Point Drive

City Osprey	State FL	Zip Code 34229
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Homemaker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

A. James Mulhern
 Full Name (Last, First, Middle Initial)
 Mailing Address 269 Mountain View Dr.
 City Nanticoke State PA Zip Code 18634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pride Mobility Products Corp. Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.5348
 Amount of Each Receipt this Period
 100.00

B. Walter Niziolek
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Overview Ct
 City Drums State PA Zip Code 18222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pride Mobility Products Corp. Occupation Senior Vice President - Global Manufac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.5349
 Amount of Each Receipt this Period
 954.56

C. Joseph J. O'Brien
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 N. Abington Rd.
 City Clarks Green State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pride Mobility Products Corp. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.5350
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1154.56
TOTAL This Period (last page this line number only)..... ▶

**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 11 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial) A. Michael K Pafford		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 501 S. Oak St.		Transaction ID : SA11AI.5351
City Gilbert	State AZ	Zip Code 85233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Pride Mobility Products Corp.	Occupation Regional Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Julie Piriano		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 2760 Castlewood Ct.		Transaction ID : SA11AI.5352
City Aurora	State IL	Zip Code 60504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Pride Mobility Products	Occupation Director, Rehab Industry Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Edward Raquet		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 16408 Blue Whetstone Ln.		Transaction ID : SA11AI.5353
City Odessa	State FL	Zip Code 33556
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 954.56
Name of Employer Pride Mobility Products Corp.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1754.56
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial)
A. Paul Rising

Mailing Address 9915 S. Melbourne Circle

City Highland Ranch State CO Zip Code 80130

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pride Mobility Products Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Ann Sadusky

Mailing Address 2 Fairway Dr.

City Exeter State PA Zip Code 18643

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pride Mobility Products Corp. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period
700.00

Full Name (Last, First, Middle Initial)
C. WALTER SCHAFFNER

Mailing Address PO BOX 44

City LEHMAN State PA Zip Code 18627

FEC ID number of contributing federal political committee. **C**

Name of Employer: N/A Occupation: RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1800.00**

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

**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 13 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

A. Gerald J. White
Full Name (Last, First, Middle Initial)

Mailing Address 278 Mibdale Rd.

City Hunlock Creek	State PA	Zip Code 18621
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pride Mobility Products Corp.	Occupation VP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period
100.00

B. Tom J. Wychock
Full Name (Last, First, Middle Initial)

Mailing Address 51 Pine Ridge Dr.

City Wilkes Barre	State PA	Zip Code 18705
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pride Mobility Products Corp.	Occupation Controller
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period
1000.00

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	43713.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial)

A. BURGESS, MICHAEL C. DR.

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2011

Transaction ID : SB23.5379

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 LEWIS AVENUE

City BROOKLYN State NY Zip Code 11233

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.5382

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 50 E ST, SE
SUITE 1

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2011

Transaction ID : SB23.5377

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2011

Transaction ID : SB23.5370

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SB23.5386

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SB23.5390

Amount of Each Disbursement this Period

5000.00

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

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
PRIDE MOBILITY PRODUCTS CORP PAC

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : SB23.5381

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEYSTONE VICTORY FUND

Mailing Address PO BOX 15320

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2011			

Transaction ID : SB23.5373

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR LAMAR SMITH

Mailing Address PO BOX 6155

City State Zip Code
SAN ANTONIO TX 78209

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : SB23.5384

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

19000.00
